

report



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Language barriers in polio vaccine campaigns in Somalia: Focus on Maay speakers in Banadir





A young Shiidle girl uses a rope around her head to carry water for her family at Al-Biri IDP Camp at the outskirts of Mogadishu.

Credit: Mohamud Utaama.

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CLEAR Global's mission is to help people get vital information and be heard, whatever language they speak. It helps other nonprofits to listen to and communicate effectively with the communities they serve - through data and research, translation and audiovisual support, training and advice, and language technology solutions for community engagement.

Humanity and Inclusion for Sustainable Advocacy

Humanity and Inclusion for Sustainable Advocacy (HISA) is a non-governmental and non-profit making organization established in the year 2000 working to improve the situation of women in Somalia. HISA's guiding vision is the belief that, with support, women can become empowered to make positive changes in their lives. HISA strives to minimize the number of women who are subjected to violence by empowering them through access to knowledge and greater economic independence.

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Jubba Valley Development Center (JVDC) is an officially registered local non-governmental organization (LNGO) under the Ministry of Health and Human Services of Jubbaland. It operates as a Non-Political Organization (NPO) and functions as a Community Based Organization representing Minority and Marginalized Groups. JVDC is one of the Minority Lead Organizations and was established in 2002 in Mogadishu, Somalia.

Marginalized Communities Advocacy Network

Marginalized Communities Advocacy Network (MCAN), is a national non-governmental organization (NGO) established in 2006 in Somalia to assist vulnerable, minority and marginalized groups. MCAN promotes, advocates and fosters social, economic and political transformations amongst the vulnerable groups of the marginalized and minority communities in Somalia, in particular youth, children and women, towards protection, poverty reduction and economic development and inclusive political participation through humanitarian action, development, advocacy and capacity building interventions in participatory approaches.

Contents

| | |
|--|-----|
| Summary | 1 |
| Background: language context in Somalia | 2 |
| Methodology | 2 |
| Key findings | 3 |
| Maay speakers do not (fully) understand polio vaccination campaigns | 3 |
| Maay speakers do not (fully) understand images and visual aids | 3 |
| Not understanding vaccination campaigns and information adds to already existing feelings of marginalization and discrimination of Maay speakers | 4 |
| Partial understanding may limit trust in vaccination campaigns | 6 |
| Even when the recording was read in Maay, some terms were not understood | 6 |
| Due to misunderstanding, knowledge about the polio vaccines is low | 6 |
| Because information is not available in their language, many people will not know where to go, or will not access health services. | 7 |
| Maay speakers want health information in their own language | 7 |
| Annexe 1 – Abbreviations | 8 |
| Annexe 2 - Methodology (continued) | 8 |
| Primary data collection | 10 |
| Ethical considerations | 12 |
| Limitations | 12 |
| Annexe 3 - Key terminology in English, Mahaatiri and Maay | 12 |
| Annexe 4 - Image testing | 14 |
| Annexe 5 - Radio spot testing | 16 |
| References | 19 |
| | |
| List of figures and tables | |
| Image 1: A van used by health mobilizers to disseminate health information. | 3 |
| Image 2: Posters that were tested | 4-5 |
| Table 1: Research locations | 9 |
| Table 2: Number of participants | 9 |
| Table 3: Participant profile | 10 |
| Table 4: How posters were tested | 11 |

Summary

‘I need someone I can trust and understand to bring us the polio vaccine and convince me to vaccinate my children. That is what I want.’

Repeated cycles of conflict, famine and floods have led to the forced displacement of large numbers of households within Somalia. Families from the Southern regions, who predominantly speak Maay have fled to internally displaced persons’ (IDP) camps around the capital city of Mogadishu.¹ Health and other humanitarian services are usually provided in the Mahaatiri language within these IDP camps, and the same applies to campaigns to encourage polio vaccination.² Efforts to reach 100 per cent vaccination rates to eradicate polio³ have prompted the question as to whether Maay speakers fully understand (and can be persuaded by) information supplied only in Mahaatiri.

It is often assumed and expected that marginalized and minority groups and speakers of Maay understand and communicate in the dominant Mahaatiri dialect. This research aims to understand if vaccination rates among monolingual Maay speakers in Banadir District in Somalia are linked to language and communication barriers. Through this study CLEAR Global and Minority Rights Group International (MRG) working with three local and minority led partner organisations explore the comprehension of polio vaccination information shared by health workers in Mahaatiri among monolingual Maay speakers. The study aims to explore how well these Maay speakers understand health information in Mahaatiri.

Debates have continued as to whether Maay and Mahaatiri are similar enough to be considered two dialects of one language or are sufficiently different to be considered two distinct languages.⁴ Our research shows that many Maay speakers in fact face great difficulties understanding Mahaatiri, especially people from rural areas and people with low levels of literacy or formal education. It can be extremely difficult for them to understand new or complicated information on unfamiliar topics, such as health information on diseases, transmission pathways and vaccinations. Because of this, Maay speakers who do not speak Mahaatiri are more likely than Mahaatiri speakers to miss vaccinations and other lifesaving health care.⁵

Most monolingual Maay speakers do not understand most of the health messages on polio and polio vaccination campaigns disseminated in Mahaatiri by health workers. Visual aids and images accompanied with Mahaatiri text, used by health workers to explain polio vaccination activities and processes, are also not well understood. People often have to rely on friends and family members as informal translators or try to gauge the meaning through body language. This increases the risk of misunderstanding. As a result, some Maay speakers do not sign up for vaccination outreach programmes due to distrust, or resort to alternative healing strategies.

Background: language context in Somalia

In Somalia, at least 10 different languages or dialects are spoken although this is not officially recognized or widely reported.⁶ Many of these languages do not exist in any written form or are not widely taught as written languages. Despite the lack of census data covering language use, it is clear that the majority of Somalia's population speak one of two languages or dialects: Mahaatiri (predominantly in North and Central Somalia) and Maay (in many parts of Southern Somalia).⁷ Although Maay is a national language, it is used for government administration predominantly in Southwest State and large parts of Southern Somalia, but not in the capital Mogadishu. There may be an assumption that when families from Maay-speaking areas come to Mogadishu, they are able to learn Mahaatiri quickly as the two languages are related. This may be true for some individuals, but it is certainly

not true for all. Individuals interviewed for this study were not all recent arrivals in Mogadishu, and their command of spoken Maahatiri varied (*See Table 2*).

Language has long been a controversial and divisive issue in Somalia. Before the official adoption of a standard writing and spelling system for Somali, English, Italian and Arabic were used for any written purpose. English and Italian were the dominant languages of state bureaucracy and Arabic the language of the Holy Qur'an and instruction in Arabic schools. Maay speakers saw the introduction of a standardized Somali script based heavily on the central-northern varieties of the Somali Mahaatiri language as a denial of their language rights. During the civil war, Maay speakers successfully advocated for Maay to be given the status of a national language alongside Mahaatiri.⁸

Methodology

MRG and CLEAR Global partnered with three health organizations working in Mogadishu (see Annexe 2 for more information about the methodology). Health volunteers organized in-depth interviews with 24 Maay speakers⁹ in three locations and used a range of tools as part of a qualitative approach, including comprehension testing. The researchers asked Maay speakers for their

understanding of several audio-recorded explanations (in Mahaatiri and in Maay) and posters that were used during polio vaccination campaigns by UNICEF, the Ministry of Health (MoH) and partners. The team also tested the understanding of key terminology in Mahaatiri with Maay speakers. Most people interviewed were living in IDP camps and were illiterate (Annexe 2).

Key findings

Maay speakers do not (fully) understand polio vaccination campaigns

Health workers disseminating information about vaccination campaigns share information via speakers mounted on cars, radio broadcasts and provide information during visits at Mother and Child Health Centres (MCHs). The information is typically disseminated in Mahaatiri and our research found that Maay speakers most often do not (fully) understand it.

‘I don’t understand what the vehicles say’, said a man from Wadajir, Banadir, speaking about a mobile polio vaccination campaign using speakers and music boxes on a van illustrated with campaign messages (*see Image 1*). It was frustrating for him, he said: ‘We want to listen to something that we can understand and learn from’. ‘If they speak Maay, I can understand. In Mahaatiri, it’s very difficult for us’, he added. A woman in the same community agreed: ‘The polio campaign team when they come to the camp, they are not people I can understand. So, when they get into the camp while going around to vaccinate children, they are not speaking a language I understand.’

Testing Maay speakers’ comprehension of spoken Mahaatiri shows that almost all people only understood a very small part of the audio recordings in Mahaatiri (*see Annexe 5*). Words do not sound similar, and many of the terms were not mutually intelligible. Most people only understood part of the recording; many did not understand anything. As people have limited comprehension of Mahaatiri, they can only understand some key words and have to guess the topic of the conversation. ‘I could only understand the word “Barkac Yaasha” [displaced people] and I guessed it was about polio vaccination’.

Sometimes informal translators like neighbours or friends help Maay speakers understand information shared by health workers in Mahaatiri. A woman, for example, mentioned that during immunization visits to the health care centre, she relies on an interpreter to facilitate communication. ‘There is a language barrier, but I use an interpreter even though I may understand a little bit.’ In such cases the interpreter is untrained and often has only limited health knowledge. Perhaps as a result, people said that they did not understand everything when they rely on an interpreter and mentioned trusting the information less. ‘Is the immunization administered through the leg or arm? That is what made us not understand each other’,



Figure 1: A van used by health mobilizers to disseminate health information

said one woman who got help from an interpreter from her community.

Maay speakers do not (fully) understand images and visual aids

Visual aids on polio vaccinations were not (fully) understood (*see Annexe 4*). Maay speakers could not understand the Mahaatiri text that explained the images (many are illiterate or do not read Mahaatiri) and said that the images were not representative of their lived experiences. ‘This person does not look like someone I know. I never saw these people. I cannot even say these are Somali people’, said a housewife from Deynile, Banadir. ‘I can feel... those people are not from our community’, said another woman. ‘For me to understand it, it should be made by my people, made relatable, and the workers should also be people who understand our language and culture, people from our community’. Posters and text should be drawn more clearly: ‘They should have larger and clearer fonts’.

Figure 2 is a poster that was designed to explain and educate Somali citizens on the signs and symptoms of polio. People were able to identify that the poster was about a sick child (‘the child is vomiting’; ‘he is just lying still’, ‘he is suffering from fever’), and that a woman was taking care of the child. Some participants understood the message to be about the right to health: ‘whoever is sick should be treated’. None of the Maay speakers in our interviews identified the poster to be about polio.

Calaamadaha hore ee cudurka dabeyshu waa:



Figure 2: A poster designed to explain and educate Somali citizens on the signs and symptoms of polio.

The second image tested (*Fig. 3*) was about polio transmission. It showed the most common transmission routes of polio to children and called for improved general hygiene. Again, none of the participants (many of whom are illiterate and do not read Mahaatiri) connected the images to polio. ‘I don’t understand the writing above the poster’, mentioned one woman. People did recognize ‘a man defecating, food lying there and a child vomiting’. Many associated the poster with general health education about hygiene and disease.

The third poster we tested (*Fig. 4*) showed the process of polio vaccination. Most participants thought it showed a health care setting where women provide care for children. Some recognized it as being about the polio vaccine (‘I see a person at the door who is receiving polio drops through the mouth’; ‘I see a person having polio vaccination dropped in their mouth’). Participants asked for the text to be written in Maay and the people depicted to look more ‘like people in our culture’.

Not understanding vaccination campaigns and information adds to Maay speakers’ existing feelings of marginalization and discrimination

Maay speakers have long faced language discrimination within the majority Mahaatiri-speaking society. Many see the Mahaatiri language as being used to reinforce social inequalities between speakers of Mahaatiri and of other languages. During the colonial era and as part of the state broadcasting body, Radio Mogadishu used to air its news broadcasts in Maay alongside Mahaatiri. At around the time of independence, Radio Mogadishu stopped its Maay broadcasts and continued only in Mahaatiri. Maay speakers already feel discriminated against, and historical feelings of neglect and exclusion may influence current reactions to public health information.

Many participants shared experiences of language-based discrimination in service provision and health care settings. ‘There was a time that I was in the store to buy something and when I wanted to buy my stuff the shopkeeper and I could not understand each other, and I had to leave. [On a different occasion] I went to the hospital to find medicine for my baby, but me and the

Fayruska cudurka dabeysha waxaa uu ka soo faafaa saxarada qof sida feyruska. Waxaa uu jirka ilmaha kale u soo maraa, biyo aan ammaan ahayn iyo gacmo wasakh leh.

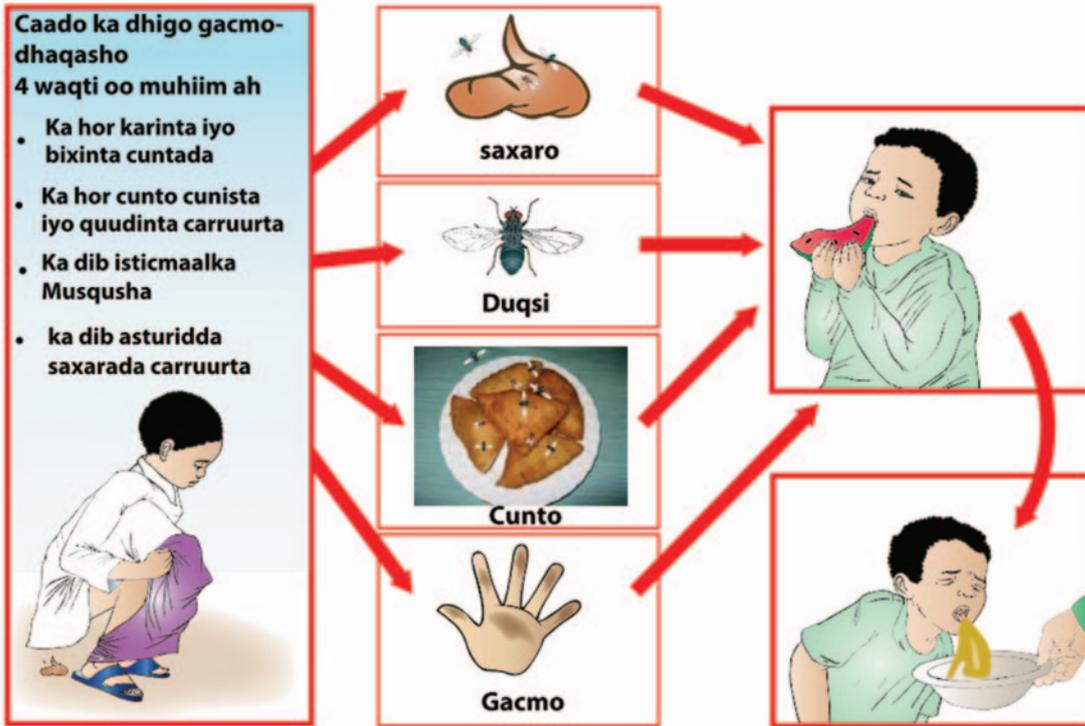


Figure 3: A poster showing the process of polio transmission.

Daawo ma laha cudurka dabeysha, laakiin laba dhibcood oo Tallaal ah ayaa looga hortegi karaa



Figure 4: A poster showing the process of polio vaccination.

health care provider could not understand each other. There were so many times I couldn't understand others, especially those who speak Mahaatiri', said one man.

Such language barriers between participants and health workers have an impact on the access to health care. A man mentioned going to a health centre with his sick child and not understanding the language that was spoken by the doctor: 'I ran away with the child again'. 'Because I don't understand their language, the health worker could not understand me', said a woman from Deynile, who recounts how she sought care for her child: 'At the end of the day, we couldn't understand each other. So that was the problem and I just accepted it since my child was sick and I just hoped he would be treated'. People resort to different coping strategies. For example, the woman from Deynile used hand gestures to explain the signs and symptoms of her child and the need for medication. Maay speakers explained that they sometimes go to the shops or clinic together in 'a large group' for support.

When Maay speakers do not understand Mahaatiri, it makes them feel sad, angry or generally negative. As one participant simply put it: 'Don't bother us with a language that we are unfamiliar with.' But when information was made available in Maay, people said they felt proud and cared for: 'I understood it: headache, nausea, vomiting, bone ache and others, as well paralysis. I felt very proud and glad that I understood more in my own language.' Another man said: 'Yeah! I understood a lot from this radio spot voice [in Maay]! I wish all the radio spots were like this. It would have helped us. I understood it very well! I become emotional even. If all [radio spots] were like this, I would be much happier, but they don't make them all like this. I understood a lot now; I am so excited! Though, I would love it more if they could make it all in Maay'.

Partial understanding may limit trust in vaccination campaigns

When people do not fully understand health information, they become sceptical and suspicious about polio vaccinations. Vaccination campaigns that people do not understand can be frightening. One participant in Deynile gave her view: 'People from the polio vaccination [campaign] came [and] dropped something in the children's mouths. Who are these people who are vaccinating the children? I don't know their language, and they don't know my language.' There is a certain amount of distrust when it comes to vaccines in general: 'Some are afraid of [getting] the disease [from the vaccine]'; 'they think that the vaccine will cause death'. A man mentioned: 'I keep my children in the house [when the vaccination campaign is in my area]. If I don't know their language, I fear my child will be given poison'.

Even when the recording was read in Maay, some terms were not understood

Recordings or audio fragments in Maay were much better understood than text and pictures and the recordings in Mahaatiri. 'When the voice spoke in my own language, I understood it very well', said one participant. However, not all Maay words were equally well understood, as there are different dialects in the Maay language. 'I misunderstood one-third of it', said one elderly man who spoke a different dialect than the one used in the recording. People interviewed for this research spoke the following dialects: Maay-Baidoa, Maay-Hamari, Maay-Bakool, Maay-Koryoley and Maay-Awdhegle. Still, any Maay dialect was much better understood than the Mahaatiri of the health workers. 'They added some words that I didn't understand, but it is the same dialect as the Maay I speak, and so I understood a lot of it, Alhamdulillah', said one woman.

Medical terminology is not well understood by research participants even if it is translated into Maay. This is logical: many Maay speakers rely on alternative healing and traditional medicine, in part because conventional medical care is often not available. 'I still don't understand this polio terminology and there are other words I am still struggling with', said one elderly Maay speaker from Deynile after listening to audio recordings in her own language. 'There are numerous terms that we struggle to understand. When we visit health centres, we often encounter unfamiliar names for certain illnesses, as they are referred to using different terminology than what we are accustomed to', said one man. Many people have not received formal education, are illiterate and have never been taught medical terms in Maay.

The following terms in Mahaatiri or Maay were largely not recognized or fully understood: oral vaccination, immunity, polio, paralysis, symptoms, consequences, fever, high temperature, swallowing, talking, virus, different types of poliomyelitis, infection, flu. Words that were more commonly understood were symptoms such as sore throat, headache, abdominal pain, aching muscles, vomiting, tiredness, stiffness of the neck and diarrhoea. Also, some words looked and sounded similar in Maay and in Mahaatiri, for example: headache, vaccination, and abdominal pain (*See Annexe 3*). However, the majority of the terms were distinctly different in the two languages (*See Annexe 5*).

Knowledge about polio vaccination is low

Many of the research participants do not have a good understanding of the signs and symptoms of polio, its treatment, and preventive measures that can be taken.

Using the concept of *dabeel jinni* in polio campaigns

Many Maay speakers identified 'polio' in Maay as *dabeel* or *dabeel jinni*. 'In our culture, *dabeel* is believed to be a result of a demon wind, and the treatment involves smoke and ritual sacrifices', explained one woman. In local knowledge, a *dabeel* can spread on the wind or be caught from sitting under a tree. 'There is something, that when you sit down under a tree, it passes. We call it *hanfar* (a wind). So, we say wind-demons (*dabeel jinni*), we recognize a demon wind'. Many people used such words to describe polio.

Where health workers used the term *dabeel* to describe polio, it helped Maay speakers understand, while health workers gained trust and credibility. 'We learnt that *dabeel* can also be prevented with vaccination. This is a new concept, as we have always associated *dabeel* with the traditional smoke treatment', one woman mentioned. She reported getting her children vaccinated after hearing the explanation from health workers. Translating and contextualising terminology related to alternative understandings of health, diseases and treatment may help people understand the content better.

Misinformation about the vaccine (particularly that the vaccine can cause paralysis) and how polio should be treated was observed in a number of the interviews. ('Treatment is known as applying tropical herbal medicine on the head, drinking medicine and reciting the Qur'an over the sick person'). Some people – often those who understood (more) Mahaatiri - were aware of the existence of polio and its risks to individual and family health. 'I understand that the polio disease is highly dangerous, causing muscle and body pain as well as fatigue. If an individual does not receive the vaccine, they may be susceptible to paralysis or the loss of a limb', said one participant. But there were many alternative explanations for how polio could spread, including: 'For us, polio is something that passes on to the women while sleeping outside at night'.

Because information is not available in their language, many people will not know where to go or will not access health services

For some, the language barriers discussed in this paper could prevent them from seeking care. 'If I become sick, I won't seek medication, and I have no idea', said one man from Deynile, who said he could not understand the health worker providing care and therefore did not want to seek care. A woman from Deynile added: 'I've never heard of immunization, and I don't need it'. Not understanding where to access trusted biomedical health services may also lead people to seek only traditional health care: 'If someone is paralyzed, they're just massaged and treated with traditional healing methods, and they're just kept indoors. We don't know about its transmission, we cannot understand it, and I have never heard of it', added a man.

Maay speakers want health information in their own language

All Maay speakers interviewed requested information about polio vaccines in their own language. They felt that making the information available in Maay would increase vaccine uptake. 'It would be good that people who know my language speak, so that I don't refuse whatever they do, and that is how I would vaccinate the children, because now, I have no idea what they are talking about', said one woman. 'We would like everything that we're hearing to be replaced with Maay', said one man. Maay-speaking health workers would be better trusted, participants told us. 'I need someone I can trust and understand to bring us the polio vaccine and convince me to vaccinate my children. That is what I want', said another woman.

People also want health information to be delivered in a way that is understandable and culturally and linguistically sensitive. In Banadir, where polio vaccinations are reaching 95 per cent of families, a one-size-fits-all approach may not be the most effective way of reaching every child. Health communication material, including posters and radio spots, should be developed so that diverse groups of people can understand them. This means using simple terms and words that people without formal education understand and including images of people who look like the Maay-speaking community. Because Maay is a language used by the authorities in some areas of Somalia, materials exist in Maay which have been used for some time with Maay speakers in those areas. There is almost no cost to adapting these to make oral materials available in Maay.

Annexe 1: Abbreviations

| | | | |
|-------------|---|-------------|---|
| CCCM | Camp Coordination and Camp Management | KII | key informant interview |
| IDP | internally displaced person | MCAN | Marginalised Communities Advocacy Network |
| JVDC | Jubba Valley Development Centre | MCH | Mother and Child Health Centre |
| HISA | Humanity & Inclusion for Sustainable Advocacy | MoH | Ministry of Health |

Annexe 2: Methodology

This study used a qualitative research approach. We first spoke with two groups of community health workers, with one in Baidoa whose mother tongue is Maay, who operate in a district where Maay is the dominant language and where some health information provision is in Maay. The other was a group of Mahaatiri mother tongue language speakers in Banadir. The aim of these workshops was primarily to elicit common ways of stating or explaining information about vaccination in the two dialects or languages. We audio-recorded health workers

explaining the three chosen posters. In a second step, the research team invited 24 mother tongue Maay speakers to take part in in-depth key informant interviews (KIIs). See *Table 2* for an overview. In the KIIs we tested comprehension of audio materials, posters and terminology in Mahaatiri and Maay. The research was conducted in three research sites in Banadir region (Deynile, Dharkenley and Wadajir). See *Table 1* for an overview of the sites the research was conducted in and its specificities.

Table 1: Research locations

| Location | Specificities |
|-------------------|---|
| Deynile | Deynile is the largest district in the south-eastern Banadir region of Somalia. The district includes the northern part of the national capital, Mogadishu. Deynile is home to a range of diverse communities and has experienced significant population growth in recent years due to displacement caused by conflict around the country. According to the CCCM Cluster Somalia, in October 2022, Deynile accommodated 1,302 verified IDP sites with a total of 739,137 registered individuals. ⁹ |
| Wadajir | Wadajir district is located within the Banadir region of Somalia. It encompasses the southern-central part of the city, Mogadishu. Wadajir is known locally for its multicultural population and plays a significant role contributing to the economic and social dynamics of the region. The district comprises residential neighbourhoods, commercial centres and hosts several government institutions. It is renowned for its bustling markets, including Suuqa Weyn and Suuqa Jareerta (Bantu market), and is one of the districts that hosts a significant number of Somali Bantu (who are amongst the most marginalized minority groups in Somalia). |
| Dharkenley | Dharkenley is a district located in the Banadir region of Somalia. It encompasses the southern part of the capital city Mogadishu. Dharkenley is a particularly densely populated district and is known for its vibrant markets, bustling streets and diverse communities. One prominent market in Dharkenley is known as Suuq Liif. The district hosts many minority and other marginalized groups, including Somali Bantus and Banadiri. There are also a number of IDP camps. |

Table 2: Number of participants

| Type | Territory | | | Total |
|-----------------------|-----------|------------|----------|-----------|
| | Deynile | Dharkenley | Wadajir | |
| Women (20 – 30 years) | 5 | – | 2 | 7 |
| Women (31 – 40 years) | 3 | 1 | – | 4 |
| Women (41 – 50 years) | 1 | – | – | 1 |
| Women (51 – 60 years) | 1 | – | – | 1 |
| Men (20 – 30 years) | 1 | 1 | – | 2 |
| Men (31 – 40 years) | 5 | 1 | 2 | 8 |
| Men (41 – 50 years) | – | – | – | – |
| Men (51 – 60 years) | – | – | 1 | 1 |
| Total | 16 | 3 | 5 | 24 |

Table 3: Participant profile

| Indicator | Percentage |
|------------------------|---|
| Gender | 46% male, 54% female |
| Age | 20 – 30 years – 38% 31 – 40 years – 50% 41 – 50 years – 4% 51 – 60 years – 8% |
| Profession | Carpenter – 4% Cook – 4% Housemaid – 4% Housewife – 42% Labourer – 17% Porter – 4% Shopkeeper – 4% Unemployed – 21% |
| Education level | Illiterate – 83% Learnt Qur'an – 12% Literate – 4% |
| Length of stay | 1 – 3 months – 4% 4 – 6 months – 8% 7 – 9 months – 17% 10 – 12 months – 17% 13 – 15 months – 4% 16 – 18 months – 4% 19 – 21 months – 8% 22 – 24 months – 33% 25 months – 4% |
| Location | Deynile – 67% Dharkenley – 13% Wadajir – 21% |

Primary data collection

Primary data collection was carried out by researchers from three health organizations: Marginalised Communities Advocacy Network (MCAN), Jubba Valley Development Centre (JVDC) and Humanity & Inclusion for Sustainable Advocacy (HISA). Researchers that spoke Mahaatiri and Maay were selected for this research. We focused on comprehension testing:

- 1 For the oral materials, we played several options to Maay speakers. First, we played a pre-recorded clip in Mahaatiri; we used the actual clip broadcast by the authorities on radio stations to inform people about vaccination campaigns. Secondly, we played a newly recorded clip of healthworkers speaking Mahaatiri and

explaining one of the information posters. Thirdly, we played a specially recorded clip (recorded in Baidoa), explaining the same poster in Maay.

- 2 For the printed materials, we showed a few posters used by health workers in vaccination campaigns (see Image 2) without any text printed on them first. Then we shared the posters with the explanatory text in Mahaatiri. The participants were then asked to reflect on the content. See in *Table 4* how the posters were distributed among the groups.

All interviews were recorded and subsequently transcribed and translated to English. The analysis of all material was done by an English-speaking researcher of CLEAR Global.

Posters that were tested

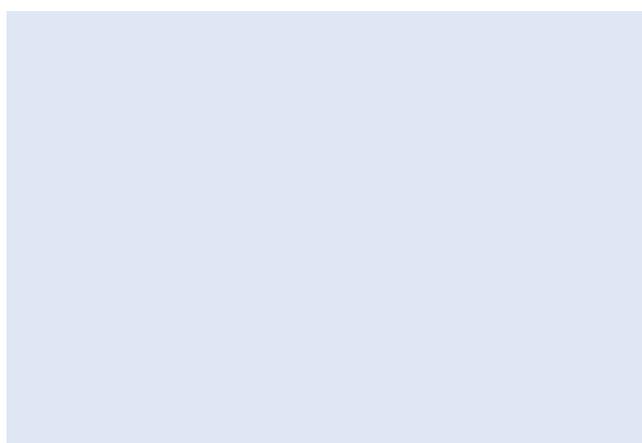


Table 4: How posters were tested

| Testing | Which group |
|--------------------------|------------------------------|
| Radio spot – Mahaatiri | All |
| Transmission – Mahaatiri | Transmission poster 1 (HISA) |
| Transmission - Maay | Transmission poster 1 (HISA) |
| Symptoms – Mahaatiri | Symptoms poster 2 (JVDC) |
| Symptoms - Maay | Symptoms poster 2 (JVDC) |
| Vaccination – Mahaatiri | Vaccination poster 3 (MCAN) |
| Vaccination – Maay | Vaccination poster 3 (MCAN) |

Ethical considerations

The research team followed standard research ethics procedures, including following an informed consent procedure, anonymization of the data, and safe storage of data. Additionally, a procedure was set up to ensure that participants were provided with the opportunity to ask questions about vaccines and polio at the end of the interview. In that way, they were provided with the opportunity to gain health information from trained health workers as part of the research (without contaminating the research findings).

Limitations

The research team faced several challenges. Awareness of language diversity is low in Somalia, and as noted above some Maay speakers do pick up degrees of Mahaatiri through their interactions in the community in Banadir over time. It was not always easy to identify whether a participant spoke Mahaatiri in addition to Maay by asking a single question. The Somali education system uses exclusively Mahaatiri written texts. In Maay-speaking areas, teachers supplement these by using Maay orally in the classroom, but the result is that Maay is a language which few individuals have learnt to read and write well. Finding a team who could interview and transcribe content into Maay from recordings was challenging. Finding translators who could translate from written Maay into English was even more difficult.

Annexe 3: Key terminology in English, Mahaatiri and Maay

| English | Mahaatiri | Maay |
|------------------------------------|--|---|
| Abdominal pain | <i>calool xanuun</i> | <i>alool dhuuri / uur dhuuri</i> |
| Aching muscles | <i>murqo xanuun</i> | <i>Murug dhuuri</i> |
| Bowel | <i>Saxaro</i> | <i>Udu / xaar</i> |
| Consequences | <i>Cawaaqibta</i> | <i>Natiijo humy</i> |
| Dangerous | <i>halis ah</i> | <i>Wal eed iyo eeda lanka obsadoow</i> |
| Diarrhea | <i>Shuban</i> | <i>Shuban</i> |
| 'Different types of poliomyelitis' | <i>'Noocyada kala duwan ee cudurka dabaysha'</i> | <i>'Udurky dabeely inta l shal bahaaw'</i> |
| Difficulty breathing | <i>Neefsashada oo adkaata</i> | <i>neefta ii kokooyaase / neefta oo kokooyaase</i> |
| Disabled person | <i>Curiyaan / Naafo</i> | <i>Jiis / Boosow</i> |
| Fever | <i>Xumad / qandho</i> | <i>Qandhydy / kor ugaar</i> |
| Headache | <i>madax xanuun</i> | <i>madi dhuuri / madaga i dhuuriyooye - suffering from headache</i> |
| High temperature | <i>Heer kulka sare</i> | <i>Habriir / Ugaar</i> |
| Hunger | <i>Gaajo</i> | <i>Baahi / yurqud / lees / shaafad</i> |
| Immunity | <i>Difaaca jirka</i> | <i>difaaca korka</i> |

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| English | Mahaatiri | Maay |
|-----------------------|----------------------------------|---|
| Malnourishment | <i>Nafaqo-daro</i> | <i>Nahal daro / hiil daro</i> |
| Oral vaccination | <i>Talaalka afka</i> | <i>Tilaalkyafky / Goojo</i> – the vaccine being dropped into the mouths of children |
| Paralysis | <i>Curiyaan / Naafo</i> | <i>Boos / jiis</i> |
| Polio | <i>Dabayl / Cudurka dabaysha</i> | <i>dabeel (jinni)</i> – which translates to wind/dust/ghost. |
| Protection | <i>Ilaalin / difaacid</i> | <i>magan galyo / waardi</i> – keeping an eye on something / <i>iska waardiyeeyaase</i> – watch over yourself |
| Safe | <i>Amaan</i> | <i>nabad galyo</i> |
| Sick / sickness | <i>Xanuun</i> | <i>Jiro</i> |
| Sore throat | <i>dhuun xanuun</i> | <i>Dhuun dhuuri</i> |
| Stiffness of the neck | <i>Qoorta oo adkaata</i> | <i>qoor adeeg</i> |
| Strong | <i>Xoog badan</i> | <i>Hoogun / hoogaa laya</i> |
| Swallowing | <i>Laqid</i> | <i>dhunjin</i> |
| Symptoms | <i>Calaamado</i> | <i>Alaamado</i> |
| Transmission | <i>iskugudbin</i> | <i>iska daarasho / dhibaal eh</i> – something that is handed over to each other |
| Treatment | <i>Daawayn</i> | <i>Daween qof oo ladaaweeyaaw</i> – treating someone |
| Tiredness | <i>Daal</i> | <i>Noog</i> |
| Vaccination | <i>Talaal</i> | <i>Tilaal</i> |
| Vaccine | <i>Cirbada talaalka</i> | <i>Irbydy tilaalky</i> |
| Virus | <i>Vaayras</i> | <i>vaayras</i> |
| Vomiting | <i>Hunqaaco / matag</i> | <i>Mantaq / mandah</i> |
| Weak | <i>Daciif ah</i> | <i>tawar daro / hiil daro / taag daro</i> |

Annexe 4: Image testing

| Image | What people saw | What they did not understand | What they would suggest for improvements |
|---|---|---|---|
|  | <p>A sick child and his mother</p> <p>'That there is a child who is lying here, but I don't know what has happened to him. What is it called? This is vomiting, and one, what is it called? His mother is standing beside him, and she is holding his head, and this is lifting his legs up, and this one's neck is stiff, but I don't know what happened to him, and this one's neck is bending, and I can't tell what it is.'</p> <p>'This child, whose mother is standing beside him, is suffering from fever, and this other child is vomiting. I don't know what happened to him.'</p> | <p>That the image was about polio symptoms.</p> <p>The words written on the poster as not understandable as they are in Mahaatri and not in Maay.</p> | <p>The language should be Maay, and the fonts should be bolder, clearer. Also: 'the pictures of the children should be increased.'</p> <p>For better understanding, the child should be depicted more realistically and not like a toy.</p> <p>The cure should be shown, for example, through before and after images: 'I think it would be better if there was a photo of them after they have taken the prescription and are feeling better. So that we can see where they are ill and where they were relieved.'</p> |
|  | <p>Left: A person sitting / defecating</p> <p>Middle: Understood as concepts/symbols standing for stool, flies, greed, hands/fingers, food, by some as unhygienic: 'I understand without poor hygiene that the polio disease can start.'</p> <p>'I understand a person stooling and vomiting and I see that fly is ready to take so the man is vomiting, and I see diarrhoea.'</p> <p>Right (top): A person sticking something red in his mouth / eating / a man with a spoon.</p> <p>Right (bottom): A person has something in his mouth / a person is eating.</p> | <p>That the image is about polio transmission.</p> <p>The symbols (faeces, flies, food, hands) do not tell a story on their own without accompanying text.</p> <p>The vomiting is not identified as such by some, but as eating.</p> <p>The words written on the poster are not understandable as they are in Mahaatri and not in Maay.</p> | <p>The text should be written in Maay.</p> <p>People should look more like people in the community: 'I also would like those people to have been made (drawn/to look like) the Somali people. Those people are not from our community, and I would like it to be written with in Maay and the people to be made Maay people.'</p> |

... continued overleaf

| Image | What people saw | What they did not understand | What they would suggest for improvements |
|---|---|---|--|
|  | <p>People shared the following explanations on the image:</p> <ul style="list-style-type: none"> – Some humans / women are pictured, writing down something – A child is given medication and or water – Someone is dropping something in the mouth of a child – Someone is giving polio vaccination to a child: 'I see a child receiving polio drops' – There is a lady with a bag doing 'awareness training' | <p>The overall scene is very confusing, but some people understood this image to be about polio vaccination campaigns.</p> <p>The words written on the poster are not understandable as they are in Mahaatri. The words are also too small to read.</p> | <p>The text should be written in Maay: 'this is not something that I understand. Don't disturb me on this. If you make it in Maay, I will understand.'</p> <p>The text should be in bigger fonts: 'so as for this writing, we need it to be made in a bigger font size.' Also, the people depicted should look like Somali people.</p> |

Annexe 5: Radio spot testing

| What people understood | Suggestions for improvement |
|--|--|
| Audio spot 1: Mahaatiri – pre-recorded | |
| <p>Partial understanding of familiar key words:</p> <p>‘First the things I listened now though I don’t understand well Mahaatiri, now the things I heard from the audio. I can only mention like the (barkac yaasha) the displaced peoples that he mentioned as well he added also the vaccination against polio disease. I understood only those but I don’t understand anything about Mahaatiri; Maay would have been better.’</p> <p>‘We are rural dwellers, the Mahaatiri language we don’t understand quite well. Now what I listened was like when he mentioned about the vaccination disease and a bit of poliomyelitis disease that he added. so, Mahaatiri we don’t understand it well. we would have liked Maay but the Mahaatiri which people listen to from the radio, we don’t understand it well.’</p> <p>‘I just hear immunization, and I don’t know what it means, and I never heard this voice; I just hear it. It is just saying, “Immunization, immunization”, but there is nothing that I am getting. I am unable to understand it.’</p> <p>‘Nothing else that I understood, only the disease and the vaccine that he mentioned.’</p> <p>‘I didn’t not understand anything, I just heard the elders arguing, so I couldn’t understand.’</p> <p>‘I understood some such as the polio vaccine and taking the children to the health centre. I understood the audio in some parts but I didn’t understand it very thoroughly.’</p> <p>Native speakers speak too fast in Mahaatiri:</p> <p>‘No one understands even the voice of the broadcast. If I could understand the voice—it’s a quick voice.’</p> <p>‘The reason I did not get is because the radio spot was too fast.’</p> <p>‘There is nothing else that I understood apart from that they are talking about immunization.’</p> <p>Some Maay speakers have zero understanding of Mahaatiri</p> <p>‘I did not understand anything. I have been here for 5 years without understanding Mahaatiri, so for me, what they are saying in their language I don’t understand. I go into the Bakara market and come back, even the Banadiri people whom I interacted with don’t understand them and never bothered me. I stick to my language: Maay. I have been here for 5 years even though I don’t know how to speak their language. If I am told to bring the children, whatever they do, I take them.’</p> | <p>Provide the recording in Maay:</p> <p>‘The same recording should be done in Maay so that everyone can listen to the one that they understand.’</p> <p>‘I have no idea what is missing; I don’t know what they are saying. If they can explain for me, that would be great. Saying that Mam, this is good for the children, because I don’t understand them as well; they don’t even know my language. If they tell me, Mam, this is this, this is this, let them say that I have no idea about this.’</p> <p>‘A lot should be added for the workers and Maay people. Up until now, I didn’t understand anything. For me, I could understand if the person was Maay.’</p> <p>‘In my opinion, I would want it recorded or written in this language because it is my language (Maay).’</p> <p>‘Yes, the Maay language was missing, I am sure if it was in Maay, I would have understood the audio.’</p> <p>‘We would like to receive information in Maay but we don’t understand Mahaatiri.’</p> <p>‘I would like to request that they report both mother tongue and Maay, yes, both of them the difference between the person who listens and the person who doesn’t understand their mother tongue and Maay.’</p> <p>‘I would like to listen to the radio from Mahaatiri and to add Maay and its local dialects. Some people want Mahaatiri and some of us want Maay, to be balanced and let everyone listen whatever he/she may understand.’</p> <p>‘I would like it can be changed in Maay.’</p> <p>‘Yes, the Mahaatiri language needs to be replaced with the Maay language. we don’t understand it (Mahaatiri) we need the Maay language.’</p> <p>‘For the radio audio recording I want it to be replaced with Maay language. I don’t know Mahaatiri but, let them change it to Maay.’</p> <p>‘I would like for them to record my language, which is my voice and that I can understand.’</p> |

| What people understood | Suggestions for improvement |
|--|---|
| Audio spot 1: Mahaatiri – pre-recorded | |
| <p>‘There is nothing that I understand because it is just messing up everything. I will be just lying to you if I tell you there is a thing or two or three that I got from it.’</p> <p>‘I listened to it, but there is nothing that I understand.’</p> <p>Health information in general is low: ‘There is nothing that I have understood from the audio that I just listened to, it is only in Mahaatiri, and I don’t understand Mahaatiri. I also don’t know what polio is.’</p> <p>‘There’s something that she said about polio and the vaccine. The rest I didn’t understand because the audio is in a language that I do not understand. I don’t know anything about it.’</p> | |
| Audio spot 2: Mahaatiri - read by a health worker | |
| <p>Only partial understanding of the spoken Mahaatiri: ‘Some I did not understand, but this one I did understand the health centre and fever, and they said weakness, while others were talking more.’</p> <p>‘I understand that I have body pain. I should go to the medical centre. I understood only that.’</p> <p>‘Man, this sound isn’t clear, and this disease is cholera, and we know cholera as dehydration or diarrhoea and vomiting, but it was not that clear to me. I am giving you the general idea that I got from it.’</p> <p>‘I got something like health, and cholera that they were saying, but nothing else.’</p> <p>‘I have not understood anything; I just got health. I would like to listen to audio of my language, and I could tell you that I have understood.’</p> <p>‘Yes, in this audio I understood that the child’s faeces and urine should be taken to the health centre if any fever is seen. The rest I don’t know.’</p> <p>‘I heard some words I know. I don’t understand their purpose, but I heard them say ten and fourteen days and the polio disease.’</p> <p>‘I did not understand any of the ones I listened to.’</p> <p>‘Yes, I have a limited understanding of a few specific terms such as “Polio” and “taking the victims to medical facilities.” Apart from these terms, I do not comprehend the rest of the discussion.’</p> <p>‘The little I understood about it was fever, fatigue, weakness, diarrhoea and vomiting, that is all I understood. God bless you.’</p> <p>‘I understood only vomiting; diarrhoea and severe fever.’</p> | <p>Provide the recording in Maay: ‘There is missing Maay language, so I can understand the report and give my opinion.’</p> <p>‘First, this question is similar to the one you previously asked me, and I have already mentioned that it would be preferable for the staff in the discussion to use the Maay language for better understanding and communication.’</p> <p>‘Since they are addressed in some important points, I would like it if they could change it to my language so that I can understand and provide my answers. I have not understood anything from the previous one as well as this. I want to learn the Maay language.’</p> <p>‘Firstly, between the first voice and the second voice, I did not understand anything. The understanding of the vaccine is missing Maay, so Maay should be added.’</p> <p>‘As I previously said, don’t bother us with vocal sounds that we are unfamiliar with.’</p> <p>‘Just bring us another language if you want information from me or explain to you just play for me a language that I know.’</p> <p>‘This audio clip is just like I told you before. I want you to add Maay. Why are we missing Maay? How can you not get Maay from the place you recorded this audio file? We want the Maay language recorded. We want to listen to something that we can understand and learn from. That is my language.’</p> <p>‘The issue here is that we don’t understand the Mahaatiri language. We would prefer to be informed in our own language, as that is what we can comprehend. We are unable to understand Mahaatiri.’</p> |

| What people understood | Suggestions for improvement |
|---|--|
| Audio spot 2: Mahaatiri - read by a health worker | |
| <p>'I understand that I have body pain. I should go to the medical centre. I understood only that.'</p> <p>Many did not even understand anything: 'This voice I did not understand anything.'</p> <p>'I have not understood anything from it, just things mixing "juluk juluk" (weird sound).'</p> <p>'I didn't understand anything with this voice.'</p> <p>'As you said, the sound was Mahaatiri language, but I didn't understand anything.'</p> <p>'So, the audio that I just listened to is the same as the old one and there's no difference between the two. It is still in Maahatiri. I didn't understand anything from this one as well as the first one.'</p> | <p>'Because the reporter person from the radio channels If he speaks my language, I will understand him but those other languages it is not a language that I will understand when they say "maxa/maha!" (why) I would think like if they are attacking me, I do fear.'</p> |
| Audio spot 3: Maay – read by a health worker | |
| <p>When the recording was shared in Maay, it was understood better: 'This audio that I have listened to is Masha Allah. It is the thing that I was talking about'.</p> <p>Some words in Maay may need to be explained, as people don't know their meaning. It would be important to translate biomedical terms to simple language.</p> <p>'I have heard what is known as paralysis, but I haven't understood what that means.'</p> <p>'I have heard what is known as "disabled." What is disabled?'</p> <p>'The symptoms that started with him were not know at first but if I heard that he understood, there were the symptoms that started with him more tired, high fever, diarrhoea and vomiting which I did not understand.'</p> <p>'There are many words that I have heard that are related to health because I have not studied health and I have heard many words that are related to health.'</p> <p>'I haven't learnt health education so I will use I did not learn the education of health.'</p> <p>Not all Maay dialects are the same, but dialects can be mutually understandable: 'Yes, we may understand two-thirds of it, but I misunderstood one-third of it.'</p> <p>'They added some words that I didn't understand, but it is the same dialect as Maay, I understood a lot of it, Alhamdulillah.'</p> | <p>Make translations available in Maay: 'We would like the awareness to be Maay'</p> <p>'Because you are the ones who are concerned about health, we want you to do everything it takes to make sure that the speakers are in the two languages, Maay and Mahaatiri, so that the other people can understand as well.'</p> <p>'First, in general, say to me in Somali. I would say that every person understands his own language and the persons who speaks Mahaatiri should be written in his language and the one who speaks Maay should be written for him in Maay as well.'</p> <p>'I understood this one very well and their opinion I will give is if there could be change in the language so that we can understand all and all Somalis and to benefit from the polio vaccine.'</p> <p>Provide key terminology list in Maay: 'From my perspective, I believe it would be beneficial to have the specific terms I mentioned earlier translated or explained in Maay, so that both I and individuals who speak Maay can have a better understanding of the discussion.'</p> |

References

- 1 We use the spelling Maay throughout this report, although this language is also referred to as Mai, Maay Maay and Mai Mai.
- 2 UNICEF agreed with the approach to provide information about vaccination benefits in Maay in a number of IDP camps where residents are known to include those from the South, likely to be Maay speakers. This decision was taken after our fieldwork was concluded. However as at November 2023, we were unable to obtain evidence that this new policy was being implemented with discussions with UNICEF's Ministry of Health partners still ongoing.
- 3 Surveys suggest that the current rates hover around or are just over 95 per cent, which is impressive in this context but sadly has not reached the level whereby polio has been eradicated.
- 4 <https://cornerstone.lib.mnsu.edu/cgi/viewcontent.cgi?article=1275&context=etds>
- 5 <https://clearglobal.org/resources/language-use-in-somalia-research-report/> and <https://clearglobal.org/resources/language-use-in-somalia-quantitative-research/>
- 6 Ibid.
- 7 Ibid.
- 8 Eno, Mohamed A. (2008, p. 221) *The Bantu Jareer Somali: Unearthing Apartheid in the Horn of Africa*. London: Adonis & Abbey Publishers.
- 9 Interviewees were selected on the basis that they spoke any dialect of Maay but did not speak/understand any Mahaatiri or had a very limited grasp of Mahaatiri. Many Maay speakers in Banaadir have learnt to speak Mahaatiri. These individuals were not relevant for the specific purposes of this study. It is not known what proportion of the population of the IDP camps in and around Mogadishu are only able to speak or understand Maay and do not have a functional level of Mahaatiri.

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Global**



Language barriers in polio vaccine campaigns in Somalia: Focus on Maay speakers in Banadir

In this collaborative report, CLEAR GLOBAL, HISA, JVDC, MCAN and Minority Rights Group International explore the comprehension of polio vaccination messages among IDPs in Mogadishu, Banadir District, southeastern Somalia who speak only or primarily Maay. Repeated cycles of conflict, famine and floods have seen large numbers of households move within Somalia. Thus, the need for inclusive health provision within IDP camps is of vital importance. The report is based on interviews conducted with 24 Maay speakers in three IDP camp locations using a range of tools including qualitative approaches such as comprehension testing. The results show that those who speak only or primarily Maay do not fully understand most of the health messages on polio and polio vaccination presented within current vaccination campaigns which use another dialect or language spoken in Somalia (Mahaatiri). Visual aids and images accompanied by Mahaatiri text, which are used by health workers to explain polio to Maay speakers, are also not well understood. These findings show that for those who speak only Maay, the language of communication is a barrier, meaning that some do not sign up for vaccination outreach programmes, and that this contributes to the frustration of considerable efforts to reach 100% vaccination rates to eradicate polio in the area.

Levels of trust in polio eradication campaigns within the IDP camps are low, these research findings show, not least because of a lack of representation of ethnicity within current visual aids, and given the absence of culturally and linguistically sensitive translation of polio eradication campaigns to Maay speaking populations.

This report will be a vital resource to health workers, human rights activists, polio experts, researchers and United Nations health campaigns seeking to understand the need for intercultural health policies in Somalia, and the need to prioritise the demands of displaced minority groups. Access to health is being undermined as a result of assumptions made or beliefs held about the ability of Maay and Mahaatiri speakers to understand both languages which affects how information is disseminated, with detrimental impacts on the rates of vaccination.

This report also concludes that unless health campaigns aimed at eradicating polio in Somalia address linguistic, ethnic and cultural specificity, and issues of marginalisation of minority groups is prioritised within polio campaigns at the level of recruitment of and training for workers and appropriate design of literature and visual aids, goals to reach 100% rate of vaccination among local populations in Banadir District will remain challenging.



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