CONTEXT

The first case of COVID-19 was officially confirmed in Somalia in March.[1] This co-occurred with a large-scale locust invasion and floods; a situation that is predicted to further exacerbate socio-economic vulnerabilities of the population.[2] Disruption of supply chains due to pandemic and weather conditions led to depletion of stock and increase of prices of food and non-food items (NFIs), thus putting additional burden on the most vulnerable people.[3]

The central and southern regions of Somalia are characterised by relatively high levels of needs, insecurity, and limited humanitarian access. Simultaneously, these regions host the largest proportion of internally displaced persons (IDPs); an estimated 1.4 million of the approximately 2.6 million IDPs in Somalia reside in this part of the country.[4] The majority of IDPs settle in camps located around large urban centres. Security and logistical constraints limit the data available on population needs in these territories.

To help address these critical information gaps and to assist humanitarian planning in Somalia, REACH monitors needs in southern and central Somalia through the assessment of hard-to-reach areas. This assessment provides monthly data and analysis on the humanitarian situation in the settlements located in the 7 target regions.[5]

METHODOLOGY

The Hard-to-Reach Areas assessment uses an Area of Knowledge (AoK) methodology, whereby the settlements are assessed remotely through the face-to-face interviews with key informants (KIs) who have been displaced to IDP camps around Baidoa and Mogadishu. Due to disruption of the face-to-face data collection after the start of the pandemic, the assessment 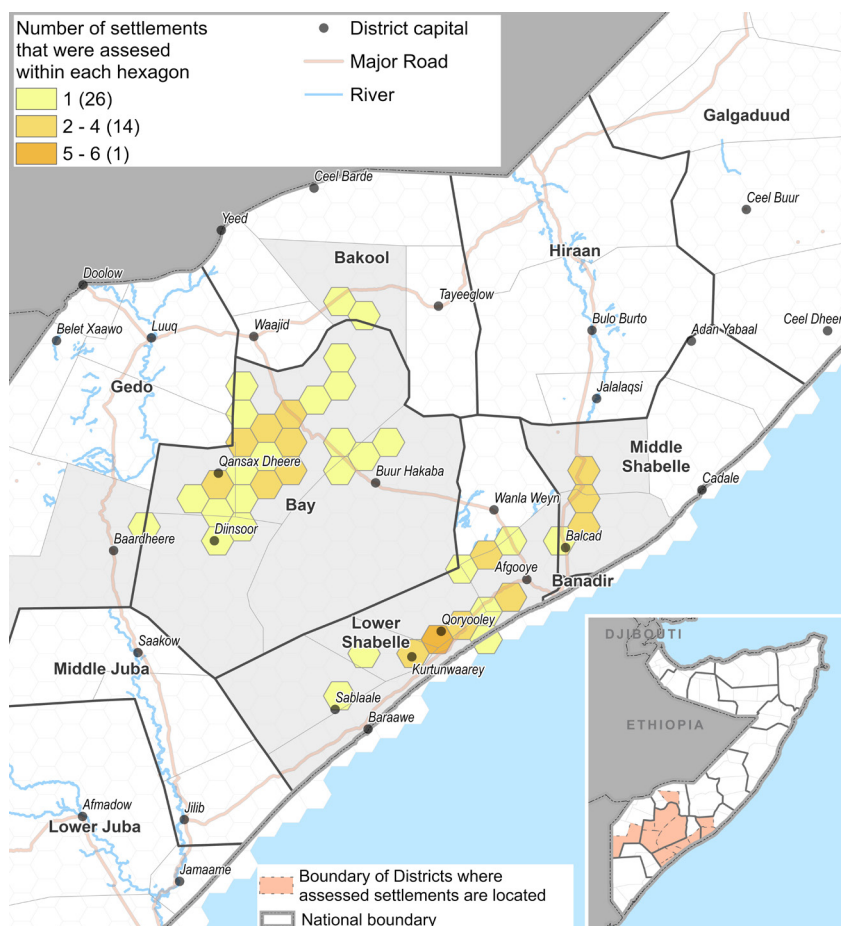team adapted the KI selection criteria and switched to remote data collection. The KIs who are interviewed were pre-selected during the previous rounds of data collection. The data collection took place between 21 April and 14 May.

The additional selection criteria all KIs must meet for the remote rounds are either 1) having visited their previous settlement, or 2) having talked to someone living there, in the month prior to data collection. The minimum number of interviews required to report on each settlement is two. KI responses are aggregated to the settlement level. For more details on this, see the methodology section on p.6. For all data presented in this factsheet, the recall period is one month preceding data collection.

Recognizing the risk of COVID-19 for vulnerable populations in Somalia, REACH, following consultations with the cluster partners, introduced indicators to better humanitarians' understanding of additional challenges that people from the assessed settlements might face as a result of the pandemic. These indicators, marked with C19, might help to estimate the potential impact of the pandemic, such as its impact on the level of access to information about the virus, potential barriers to services induced by the pandemic, as well as related risk perceptions. Importantly, observed changes of these variables might occur due to the cumulative effect of several co-existing factors that are not limited to or driven by health threats. C19 indicators have to be viewed in consideration of the general limitations of the AoK methodology.
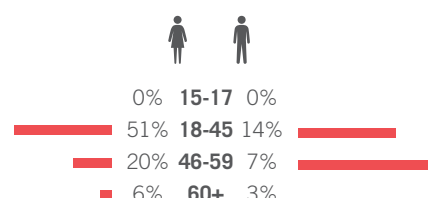
Findings from this assessment should be considered as **indicative only** and are not representative of the whole population of the assessed regions. Rather, they are best understood as an initial indication of needs in assessed settlements. Unless specified otherwise, the findings in this factsheet are presented as a percentage of aggregated settlement-level responses.

COVERAGE MAP

Number of settlements that were assesed within each hexagon
- 1 (26)
- 2 - 4 (14)
- 5 - 6 (1)

- District capital
- Major Road
- River

Boundary of Districts where assessed settlements are located
National boundary

KEY INFORMANT PROFILE

AGE DISTRIBUTION

	Female	Age	Male
	0%	15-17	0%
	51%	18-45	14%
	20%	46-59	7%
	6%	60+	3%

Number of key informants: 197

Number of assessed settlements: 69

23% of KIs reported having visited the settlements on which they report in the month prior to data collection

77% of KIs reported having talked to someone who still lives in the settlement they report on in the month prior to data collection

1. OCHA. Somalia COVID-19 Impact Update No.1. https://bit.ly/2RU3yVO
2. GIEWS - Global Information and Early Warning System. Country Briefs. Somalia. https://bit.ly/2Wxzl1O
3. Ibid.
4. UNHCR Operational Portal. Horn of Africa Somalia Situation.
5. Target regions: Bay, Bakool, Gedo, Middle Shabelle, Lower Shabelle, Middle Jubba and Lower Jubba.

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🥣 FOOD SECURITY AND LIVELIHOODS

4% of assessed settlements reportedly had no access to a functional market[6]

For these settlements, the most commonly reported barriers to access were[7]

Distance	67%	
Security	33%	

C19 Reported change of price for food, by % of assessed settlements

Prices increased	74%	
Prices didn't change	13%	
No consensus	13%	
Prices decreased	0%	

% of assessed settlements that reported increase of prices for food in the month preceding data collection

Legend:
- 0% (8)
- 21% - 40% (1)
- 41% - 60% (5)
- 61% - 80% (1)
- 81% - 100% (26)
- Boundary of Districts where assessed settlements are located

(Map regions: Mudug, Galgaduud, Bakool, Hiiraan, Gedo, Middle Shabelle, Bay, Banadir, Lower Shabelle, Middle Juba, Lower Juba)
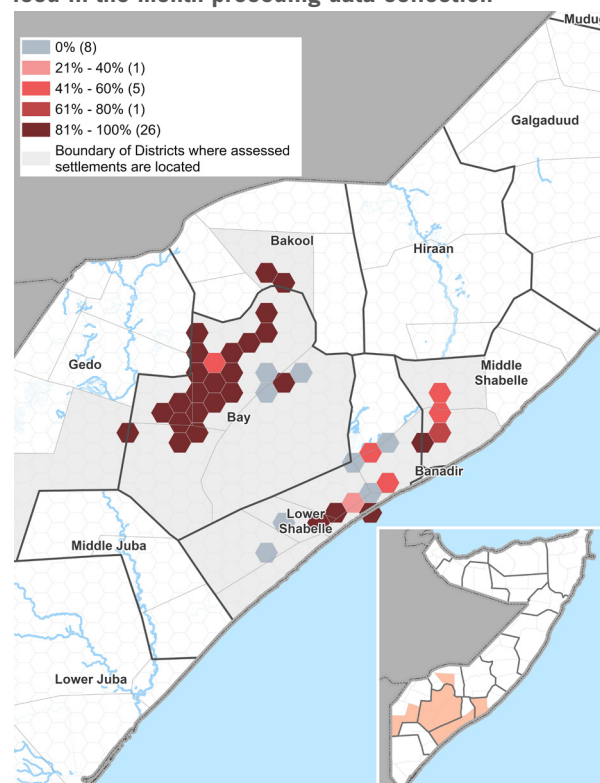
📖 EDUCATION

Children from **96%** of settlements reportedly had access to education in the month preceding data collection

Most commonly reported types of education services that children from the assessed settlements were able to access[7]

Quranic school for girls	91%	
Quranic school for boys	89%	
Primary school for girls	5%	
Primary school for boys	5%	

Most commonly reported barriers to access education for girls from the assessed settlements[8]

Cost of studies	26%	
Early marriage	12%	
School remained closed	7%	

Most commonly reported barriers to access education for boys from the assessed settlements[9]

Cost of studies	41%	
School remained closed[10]	7%	
Security	1%	
Early marriage	1%	

% of assessed settlements where KIs reported that children did not have access to education services

Legend:
- 0% (39)
- 21% - 40% (1)
- 81% - 100% (1)
- Boundary of Districts where assessed settlements are located

(Map regions: Mudug, Galgaduud, Bakool, Hiiraan, Gedo, Middle Shabelle, Bay, Banadir, Lower Shabelle, Middle Juba, Lower Juba)

....
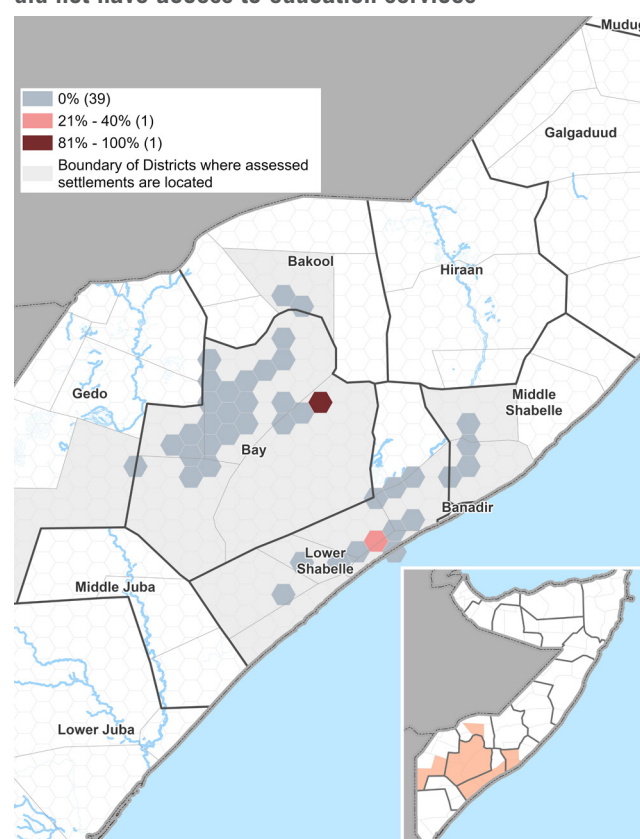
6. Only 3 settlements reported that they did not have access to a functional market in the month preceding data collection.

7. The respondents could choose more than 1 option, therefore the sum of responses may exceed 100%.

8. 20% of assessed settlements reported no barriers and for 32% there was no consensus.

9. 20% of assessed settlements reported no barriers and for 29% there was no consensus.

10. This includes possibility of closure due to COVID-19 outbreak, however not exclusively.

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78% of assessed settlements reportedly had access to any health services

In only **1** out of all assessed settlements, people from the settlement reportedly had access to any type of clinic in the month prior to data collection.

Types of health services most commonly reported as being available from the assessed settlements[7]

Drugstore	67%
Mobile clinic	17%

Most commonly reported barriers for accessing healthcare, by % of assessed settlements[7]

Absence of qualified staff	58%
Distance	46%
Cost of services	42%

C19 Most commonly reported steps people from the assessed settlements were undertaking to protect themselves from COVID-19[7]
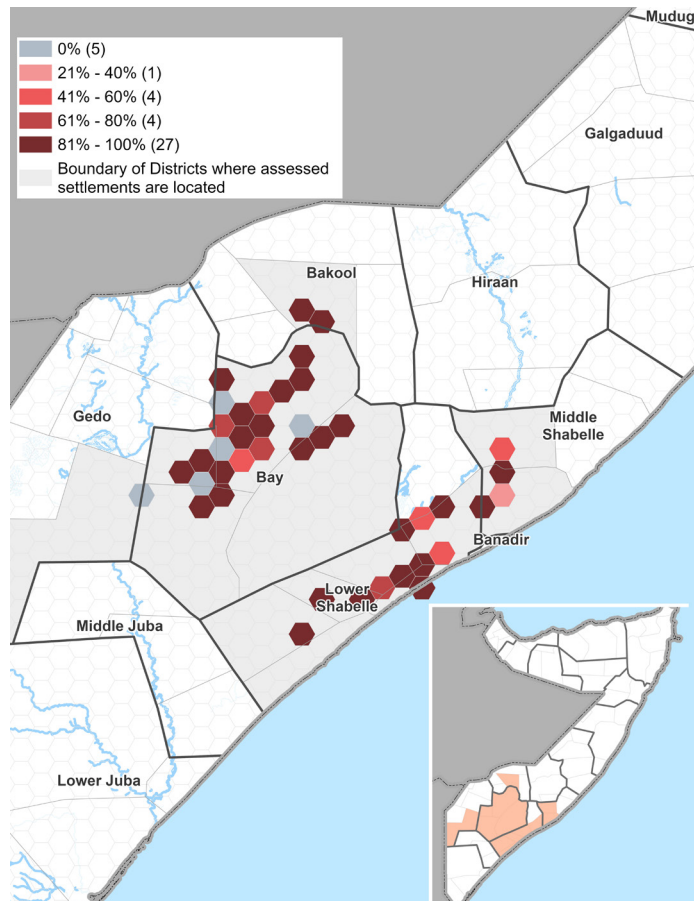
Wash hands with water	83%
Wash hands with soap	74%
Pray	7%
Keep physical distance	4%

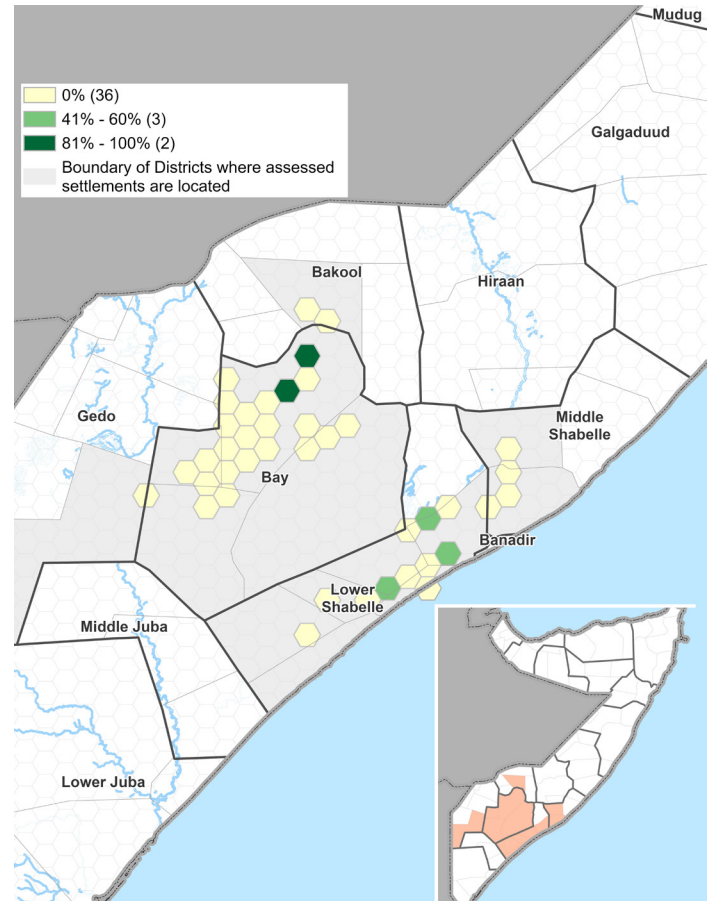**C19 In 11% of assessed settlements, health workers reportedly provided basic health services within the settlement[11][12][13]**

C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services

Once a week	63%
Less often than once a month	25%
2-3 times days per month	13%
Once a month	0%

% of assessed settlements where KIs reported no access to any type of health services

Legend:
- 0% (5)
- 21% - 40% (1)
- 41% - 60% (4)
- 61% - 80% (4)
- 81% - 100% (27)
- Boundary of Districts where assessed settlements are located

C19 % of assessed settlements reported that health workers provided basic health services within the settlement

Legend:
- 0% (36)
- 41% - 60% (3)
- 81% - 100% (2)
- Boundary of Districts where assessed settlements are located

11. The healthcare workers include: community health worker, nurse, doctor or midwife.
12. Basic health services include examination, first aid and health education.
13. The health workers were not necessarily based in the assessed settlements.

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KIs from **54%** of assessed settlements reported at least one type of protection incident that happened in the month preceding data collection

In those settlements, the most commonly reported types of protection incidents were[7]

Theft	41%
Conflict in settlement	35%
Tax collection	11%

Groups most commonly reported as mediators in the event of conflict, by % of assessed settlements where protection incidents were reported[7]

|	
Community leaders	86%
Clan leaders	46%
Local authorities	11%

Most commonly reported types of protection incidents that happened to people trying to move out of the settlement[7]

Family separation	59%
Remaining relatives are targeted	17%
Loss of property	14%

% of assessed settlements where KIs reported that people were able to leave and return safely

57% No
29% Yes
14% No consensus

% of assessed settlements where KIs reported protection incidents that happened to people trying to move out of the settlement

0% (17)
41% - 60% (5)
61% - 80% (3)
81% - 100% (16)
Boundary of Districts where assessed settlements are located
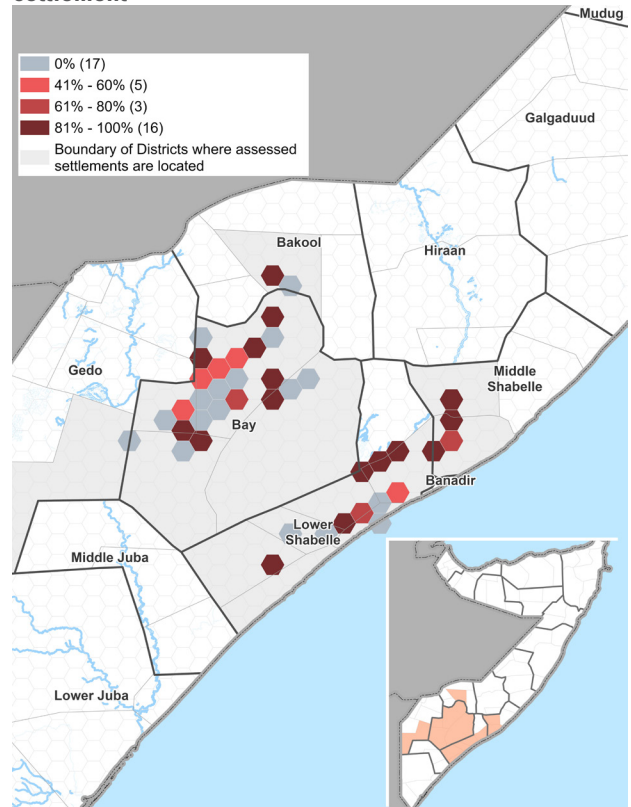
SHELTER AND NFIs

KIs in **22%** of assessed settlements reported shelters had been destroyed or seriously damaged in the month preceding data collection

Most commonly reported reasons why shelters were destroyed or seriously damaged, by % of assessed settlements where serious shelter damage or destruction was reported
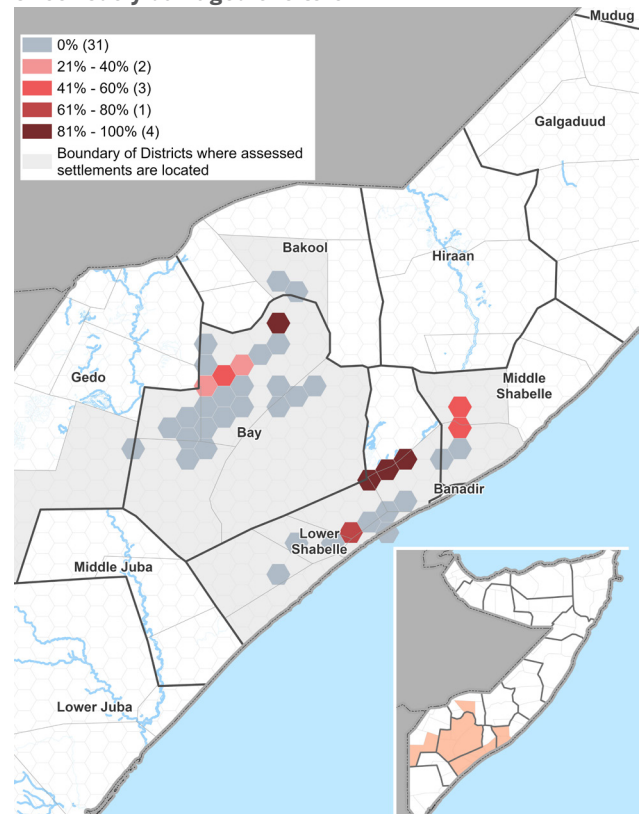
Conflict or looting	42%
Flooding	42%
No consensus	15%

% of assessed settlements where any people were reportedly sleeping in the open in the month prior to data collection

6% Yes
77% No
17% No consensus

C19 Reported change of the price of NFIs, by % of assessed settlements

Prices increased	**72%**
No consensus	**16%**
Prices didn't change	**12%**
Prices decreased	**0%**

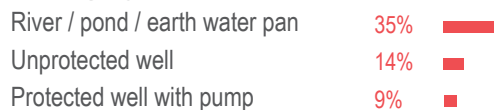**% of assessed settlements where KIs reported destroyed or seriously damaged shelters**

0% (31)
21% - 40% (2)
41% - 60% (3)
61% - 80% (1)
81% - 100% (4)
Boundary of Districts where assessed settlements are located

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Most commonly reported source of water for drinking and cooking, by % of assessed settlements[14]

River / pond / earth water pan	35%
Unprotected well	14%
Protected well with pump	9%

% of assessed settlements where people reportedly had insufficient access to water

- 30% Insufficient access
- 57% Sufficient access
- 13% No consensus

C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing

- 55% Did not use / no access
- 35% Had access and used
- 10% No consensus
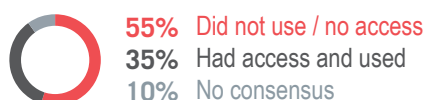
C19 Reported change of the price of soap, by % of assessed settlements
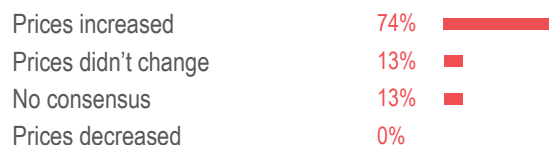
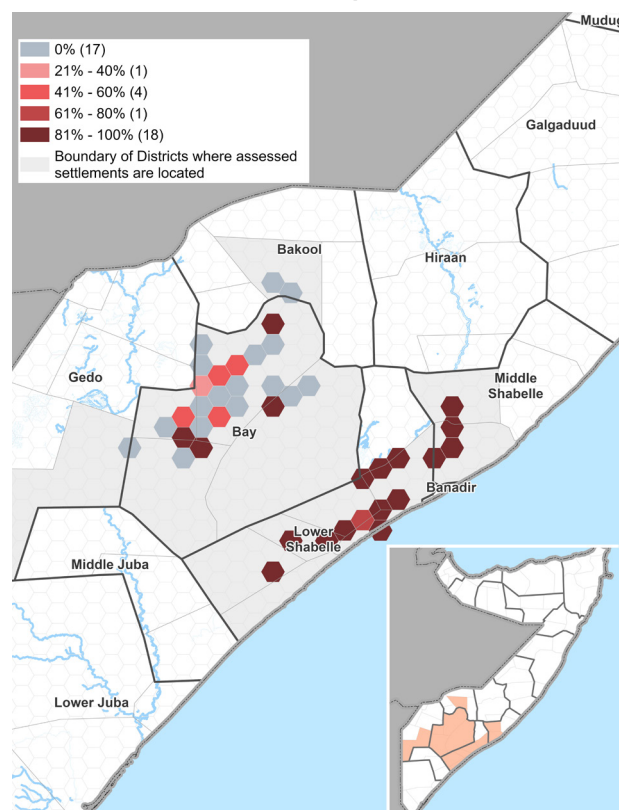|	
Prices increased	74%
Prices didn't change	13%
No consensus	13%
Prices decreased	0%

C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing

Legend:
- 0% (17)
- 21% - 40% (1)
- 41% - 60% (4)
- 61% - 80% (1)
- 81% - 100% (18)
- Boundary of Districts where assessed settlements are located

Map regions: Mudug, Galgaduud, Bakool, Hiraan, Gedo, Bay, Middle Shabelle, Banadir, Lower Shabelle, Middle Juba, Lower Juba

COMMUNICATION AND HUMANITARIAN ASSISTANCE

C19 4% of assessed settlements reportedly had not been receiving any information about COVID-19 in the month preceding data collection[15]
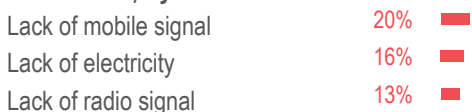
C19 In those settlements that had reportedly been receiving information about COVID-19, the most commonly reported providers of information were[7]

Government agencies	78%
Media (radio, TV)	51%
Religious leaders	3%
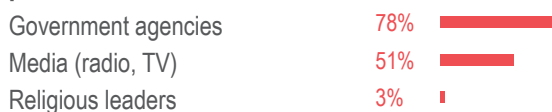
Most commonly reported sources of information, by % of assessed settlements[7]

Radio	91%
Phone calls	43%
Face-to-face conversations	26%

Most commonly reported barriers to access to information, by % of assessed settlements[7]

Lack of mobile signal	20%
Lack of electricity	16%
Lack of radio signal	13%

People from 93% of assessed settlements reportedly had no access to any type of humanitarian support

14. River, pond, earth water pan and unprotected well belong to unprotected water sources, 15. The assessment does not include the questions that allow to evaluate the quality of information that is received by the population.

C19 % of assessed settlements where people reportedly were not receiving any information about COVID-19

Legend:
- 0% (38)
- 1% - 20% (1)
- 21% - 40% (1)
- 81% - 100% (1)
- Boundary of Districts where assessed settlements are located

Map regions: Mudug, Galgaduud, Bakool, Hiraan, Gedo, Bay, Middle Shabelle, Banadir, Lower Shabelle, Middle Juba, Lower Juba

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The assessment uses two main types of aggregation for the analysis:

KI level: these are indicators that are presented as a proportion of interviewed KIs and are reflective of the experience of particular households. KI level indicators are indicative of broad trends and therefore cannot be used to draw conclusions at the settlement level. This type of indicators is marked accordingly and clarification is provided in the footnotes.

Settlement level: most indicators presented in this factsheet use settlement level aggregation, unless specified otherwise. Mode aggregation is used, whereby "I don`t know" responses are dropped and then the most commonly reported response is taken for each settlement. Should several KIs from the same settlement provide different responses to the same question, the result is reported as "No consensus".

Unless specified otherwise, the indicators used throughout the factsheet fall under the settlement level type of aggregation. Aggregation to the hexagon level is used for the maps only. Each hexagon contains a minimum of three settlements (assessed and not assessed).

Visualisations presented in this factsheet cannot be used to compare changes over time in the assessed areas. This is because hexagons presented on the maps contain more than three settlements, and each month the settlements that are assessed, as well as their number, may vary.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org. Visit www.reach-intiative.org and follow us @REACH_info.