

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 by interviewing key informants (KIs) who have recently been displaced from the target settlements to IDP camps around Baidoa and Mogadishu.

The KIs must meet the selection criteria of either being displaced from their previous settlement less than one month prior to data collection, or having visited their previous settlement in the month prior to the data collection. Additionally, KIs are selected if they have stayed in the settlement on which they report for longer than one month. The minimum number of interviews required to report on each settlement is two. Responses of KIs are aggregated to the settlement level. For more details on this see the methodology section on p. 8. For all data presented in this factsheet, the recall period is one month preceding data collection.

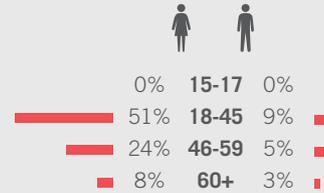
Recognizing the risk of COVID-19 for vulnerable populations in Somalia, REACH, following consultations with the cluster partners, introduced indicators to improve humanitarians' understanding of additional challenges that people from the assessed settlements might face as a result of the pandemic. These 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 are not representative; rather, they should be considered as **indicative** of the situation in assessed settlements. For more information on the aggregation of data, please see the dedicated information box on p.6. Unless specified otherwise, the findings in this factsheet are presented as a percentage of aggregated settlement-level responses.

1. [OCHA. Somalia COVID-19 Impact Update No.15](#)
2. [GIEWS - Global Information and Early Warning System. Country Briefs. Somalia.](#)
3. Ibid.
4. [UNHCR Operational Portal. Horn of Africa Somalia Situation](#)
5. Target regions: Bay, Bakool, Gedo, Middle Shabelle, Lower Shabelle, Middle Juba and Lower Juba

KEY INFORMANT PROFILE

AGE AND GENDER DISTRIBUTION



Data collection timeline: **9 - 29 December**

Number of key informants: **589**

Number of assessed settlements: **140**

Proportion of KIs by duration of stay in the assessed settlement³

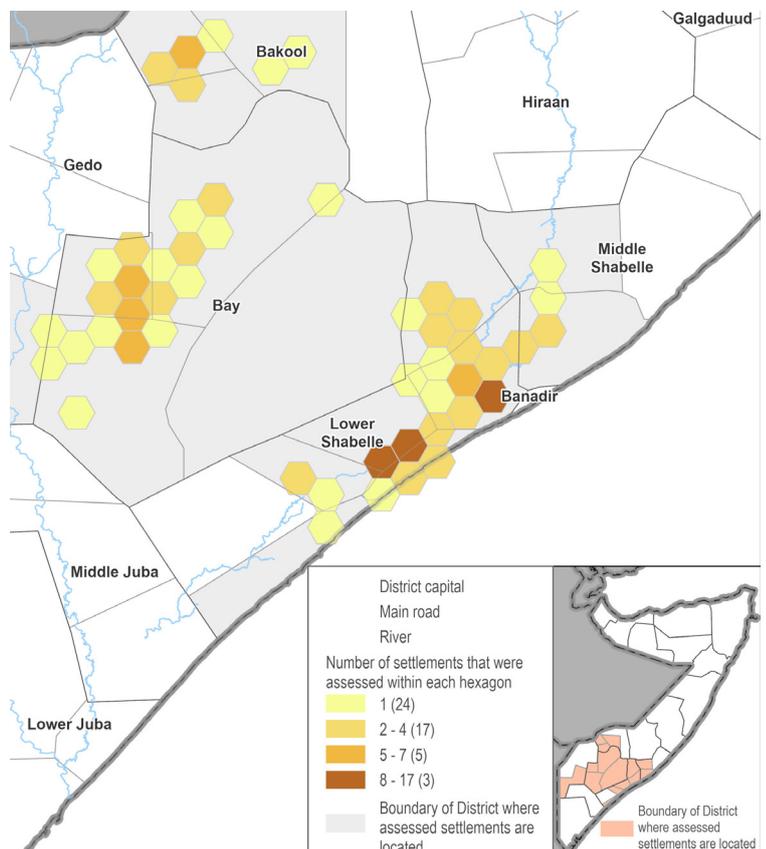


6% of KIs reported having visited the settlements on which they report in the month prior to data collection

Important notice about maps presented in this factsheet:

all percentages can only serve as an indication of the situation in the settlements that have been assessed within particular hexagons. All outcomes depicted in the maps need to be viewed along with the number of settlements that have been assessed within each hexagon and should not be viewed as an indication of severity by themselves.

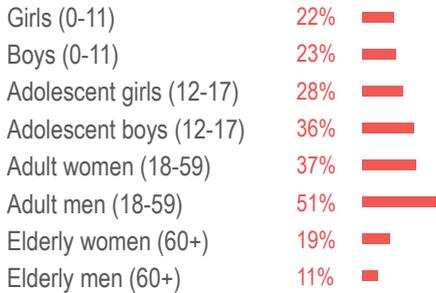
COVERAGE MAP



23% of KIs reported leaving behind members of their household in the settlement where they stayed prior to displacement⁶

22% of those KIs reported that people with disabilities were among their household members who were left behind⁶

Household members, by gender and age, reported as left behind by KIs^{6,7}



% of assessed settlements where KIs reported presence of IDPs⁸



Reported ratio of IDPs to host community in assessed settlements where displaced people were reported⁹



Most commonly reported primary reason for population leaving the settlement of origin, by % of assessed settlements



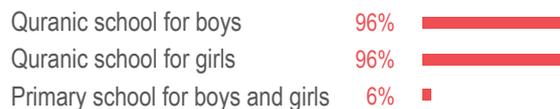
Most commonly reported secondary reason for non-displaced population leaving, by % of assessed settlements



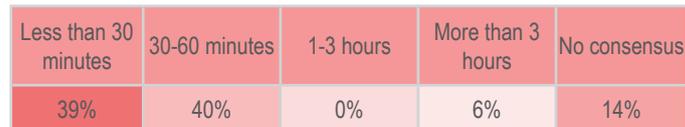
EDUCATION

Children from **99%** 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 access⁷



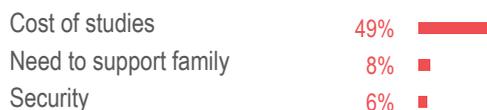
Most commonly reported time to reach education facilities by foot, for assessed settlements in which most children reportedly had access to education services



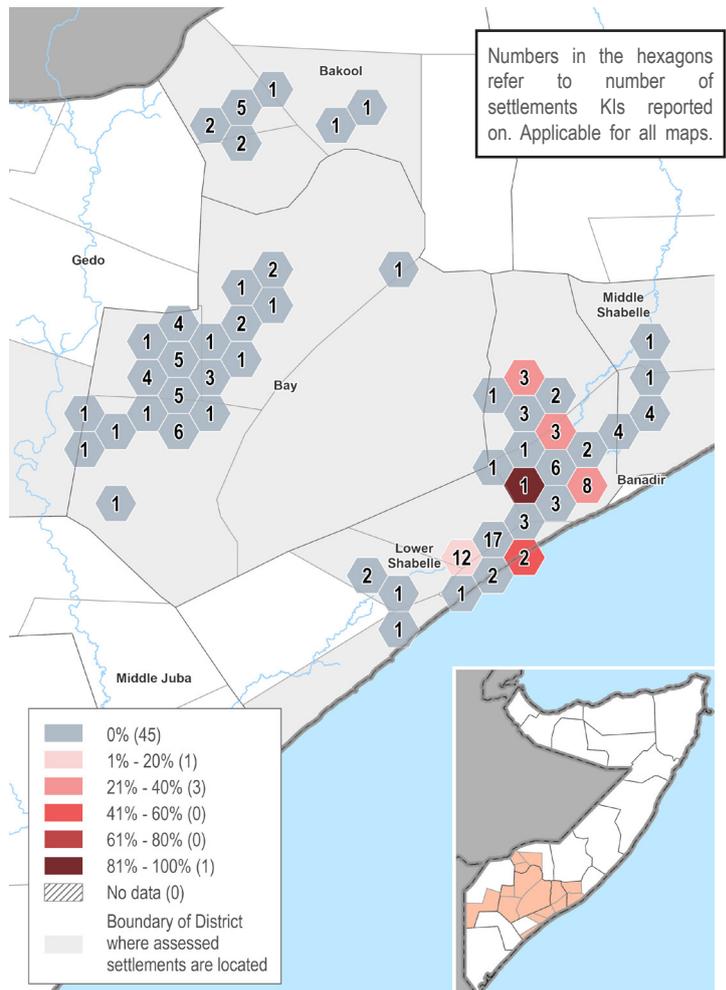
Most commonly reported barriers to access education for girls from the assessed settlements¹⁰



Most commonly reported barriers to access education for boys from the assessed settlements¹¹



% of assessed settlements where KIs reported that children have to walk more than 1 hour to reach school



6. The data is presented as the percentage of total KI responses.

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

8. Unless specified otherwise, the percentages throughout the factsheet are presented for the total number of settlements that were assessed.

9. For the 14% of settlements where presence of IDPs was reported.

10. No barriers were reported in 10% of settlements, also there was no consensus in 28% of the settlements

11. No barriers were reported in 11% of settlements, also there was no consensus in 22% of the settlements.



94% of the assessed settlements reportedly had access to a functional market in the month preceding data collection¹²

Most commonly reported walking time to the functional market, by % of assessed settlements reporting access

Less than 30 minutes	30-60 minutes	60 minutes to half a day	Half a day	More than half a day	No consensus
41%	21%	24%	1%	0%	13%

C19 Reported change of price for food compared to the previous month, by % of assessed settlements

Prices increased	78%	<div style="width: 78%;"></div>
Prices did not change	19%	<div style="width: 19%;"></div>
No consensus	3%	<div style="width: 3%;"></div>

Most commonly reported source of food, by % of assessed settlements⁷

Own production ¹³	77%	<div style="width: 77%;"></div>
Bought with cash	14%	<div style="width: 14%;"></div>
No consensus	5%	<div style="width: 5%;"></div>

KIs from **29%** of assessed settlements reported people skipping two or more meals per day to cope with a lack of food

Most commonly reported reasons why people were not able to access enough food, by % of assessed settlements reporting population skipping two or more meals a day⁷

Natural causes	66%	<div style="width: 66%;"></div>
Economic causes	56%	<div style="width: 56%;"></div>
Security issues	41%	<div style="width: 41%;"></div>

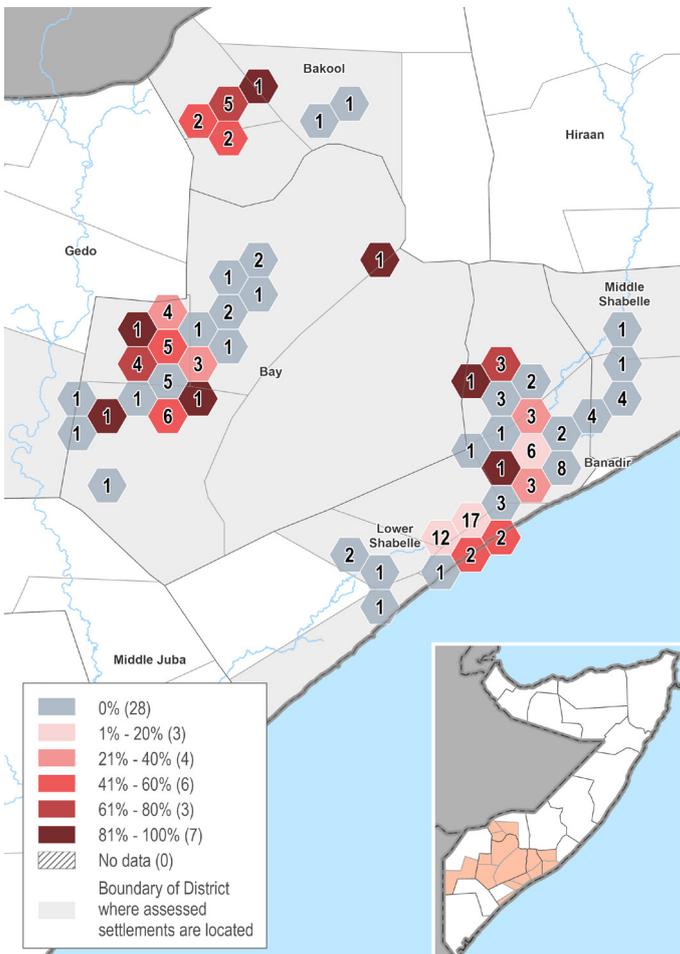
Most commonly reported strategies used to cope with lack of food in the settlement, by % of assessed settlements⁷

Limit portion sizes	57%	<div style="width: 57%;"></div>
Borrow food from others	49%	<div style="width: 49%;"></div>
Reduce number of meals	45%	<div style="width: 45%;"></div>

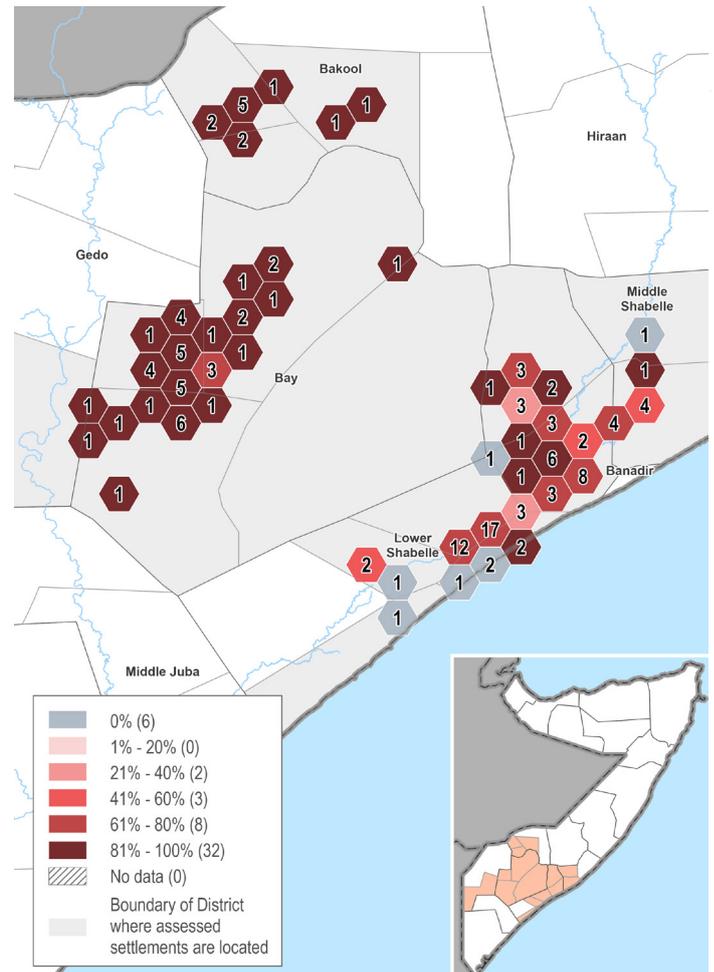
Most commonly reported livelihood source, by % of assessed settlements⁷

Farming	84%	<div style="width: 84%;"></div>
Livestock production	57%	<div style="width: 57%;"></div>
Daily wage labour	40%	<div style="width: 40%;"></div>

% of assessed settlements where KIs reported that people have to walk more than 1 hour to reach market



% of assessed settlements, where food price had reportedly increased compared to the previous month

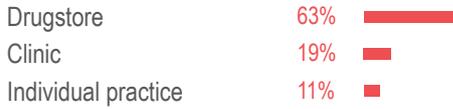


12. KIs from 45% of assessed settlements reported access to a functional market at all times, 49% - restricted access, and for 5% there was no consensus.

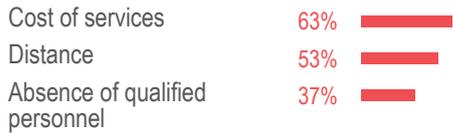
13. Own production includes cultivation and livestock production.

51% of assessed settlements reportedly had no access to any health services¹⁴

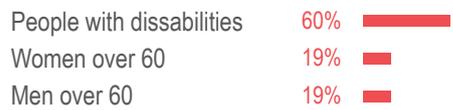
Most commonly reported types of health services available from the assessed settlements reporting access⁷



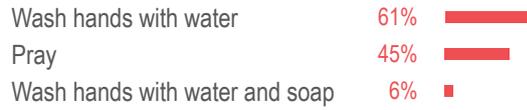
Most commonly reported barriers for accessing healthcare, by % of assessed settlements⁷



Population groups most commonly reported as unable to access health services when needed, by % of assessed settlements reporting access to health services⁷

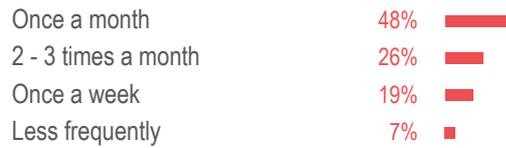


C19 Most commonly reported steps people from the assessed settlements were undertaking to protect themselves from COVID-19⁷



C19 In 19% of assessed settlements, health workers reportedly provided basic health services within the settlement^{15 16 17 18}

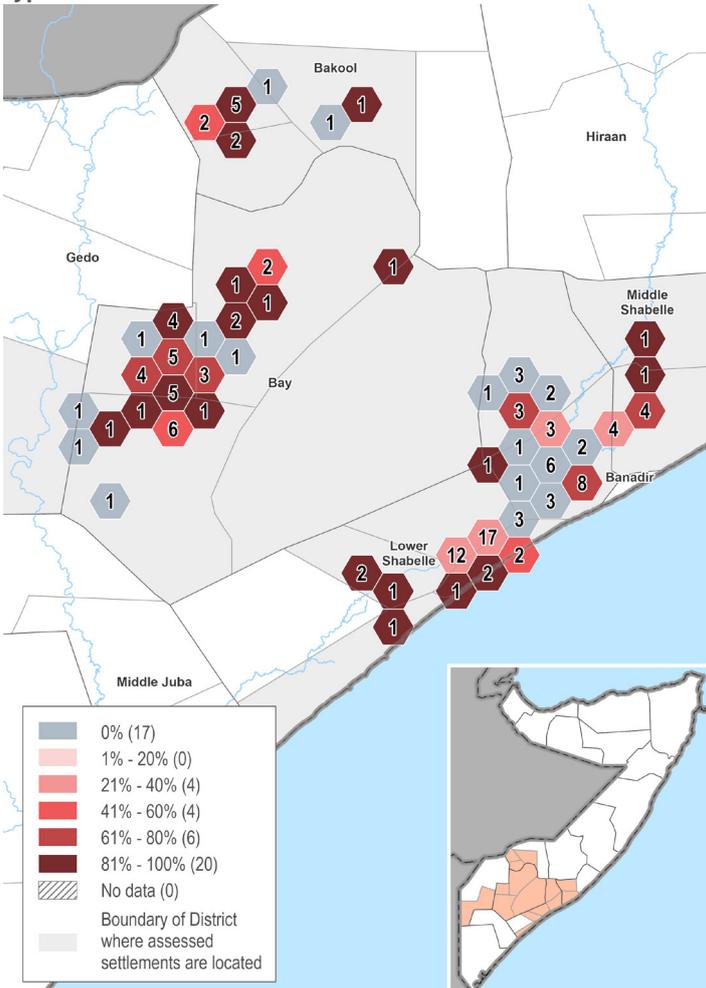
C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services



Most commonly reported health issues, by % of assessed settlements



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

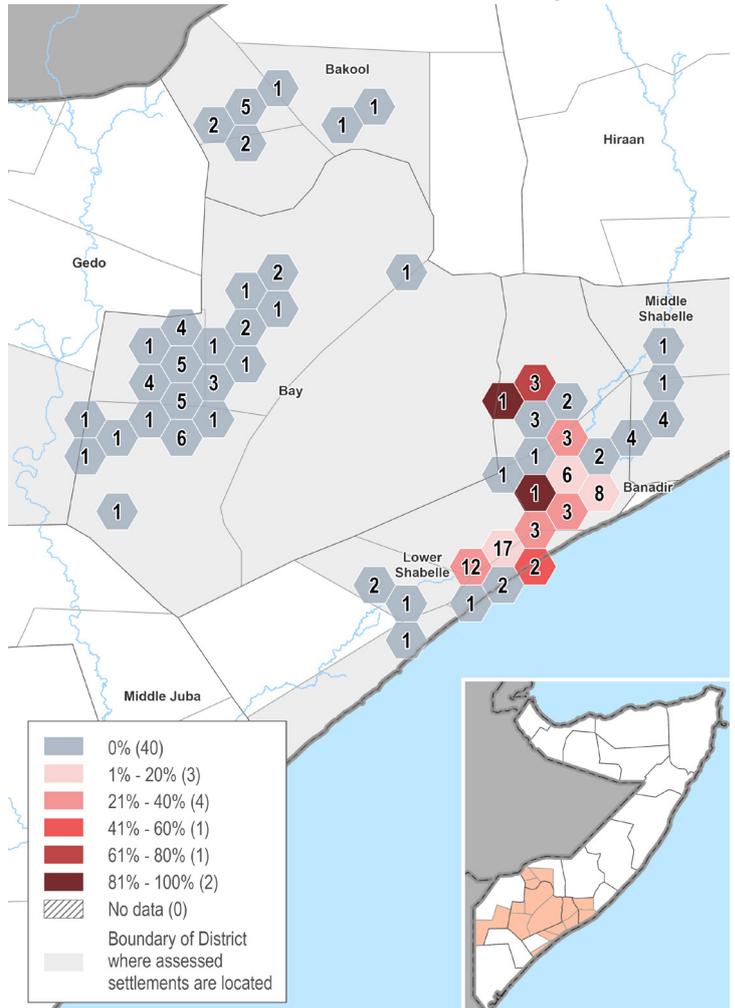


14. Access to any kind of health services was reported by KIs from 44% of assessed settlements, and for 5% there was no consensus.

15. The healthcare workers include: community health worker, nurse, doctor or midwife.

16. Basic health services include examination, first aid and health education.

% of assessed settlements where health workers reportedly provided basic health services within the settlement once per month or less

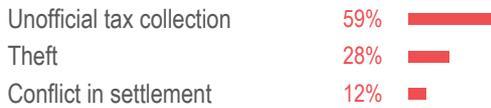


17. The health workers were not necessarily based in the assessed settlements.

18. KIs reported that health workers were not providing services in 74% of assessed settlements, and

KIs from **81%** of assessed settlements reported at least one type of protection incident that happened in the month preceding data collection¹⁹

In those settlements, the most commonly reported types of protection incidents were⁷



Most commonly reported location of protection incidents, by % of assessed settlements where KIs reported any protection incidents⁷



Groups most commonly reported as mediators in the event of conflict, by % of assessed settlements where protection incidents were reported⁷



Among **85%** of assessed settlements where KIs reported disputes within the settlement, the following causes were most commonly mentioned^{7 20}



% of assessed settlements where KIs reported evictions in the month prior to data collector



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

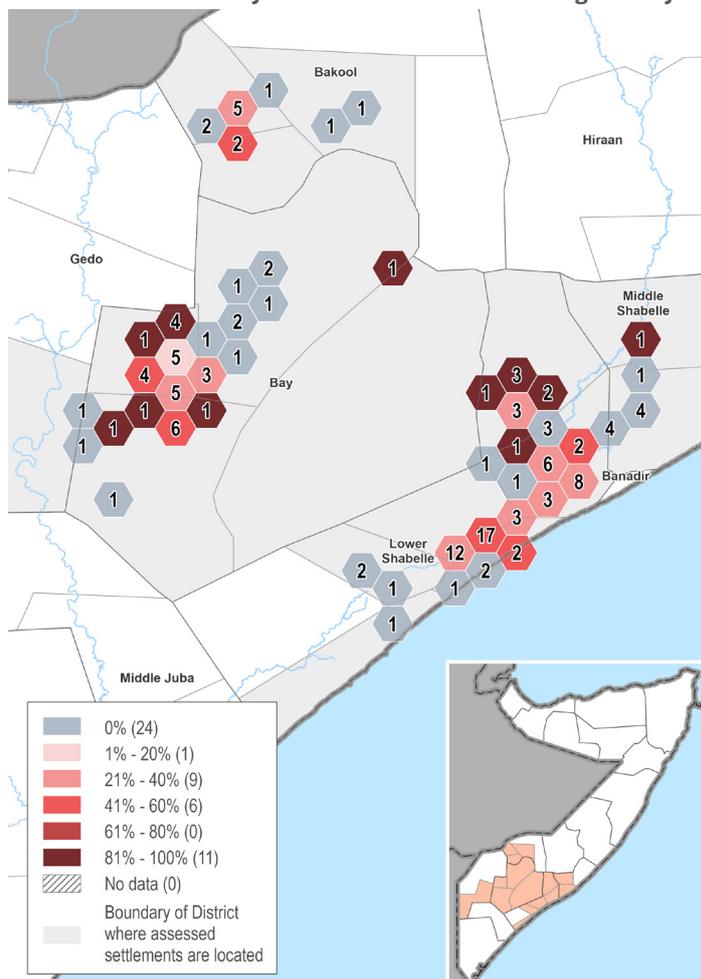


% of assessed settlements where KIs reported that people could not safely move around the settlement during the day



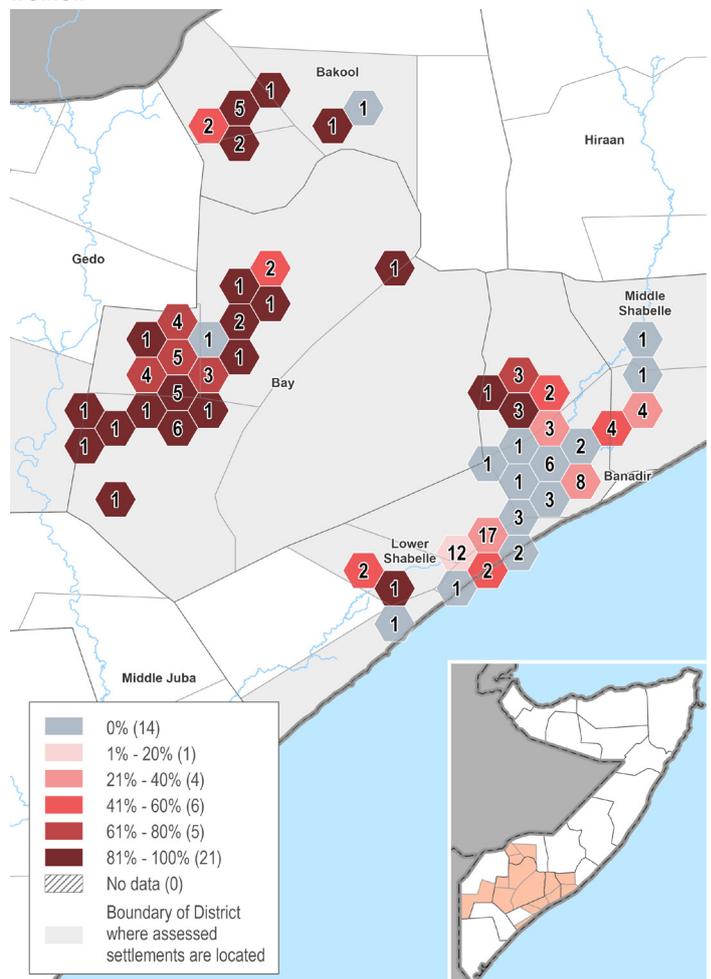
KIs from **90%** of the settlements where people were not able to move safely around the settlement during the day, reported that these settlements relied on own production as the main source of food

% of assessed settlements where KIs reported that people were not able to move safely around the settlement during the day



19. No protection incidents were reported by KIs from 13% of assessed settlements, for 6% there was no consensus.

% of assessed settlements where no services were available to women



20. No disputes were reported by KIs from 10% of assessed settlements, and for 5% there was no consensus.

% of assessed settlements where KIs reported children that went missing in the month preceding data collection



% of assessed settlements where KIs reported presence of unaccompanied children in the month preceding data collection

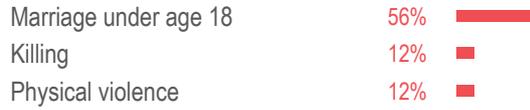


In 57% of assessed settlements where KIs reported unaccompanied children, community or neighbours were the main caregivers

In 59% of assessed settlements KIs reported that no kinds of special services for children were available^{21 22}

KIs from 54% of assessed settlements reported protection incidents that happened to women in their settlement of origin²³

The most commonly reported types of protection incidents that happened to women were⁷



Places that women from the assessed settlements were reportedly avoiding for safety or security reasons⁷

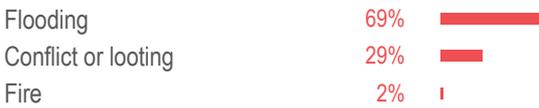


In 49% of assessed settlements KIs reported that protection services were not available to women from the settlement^{24 25}

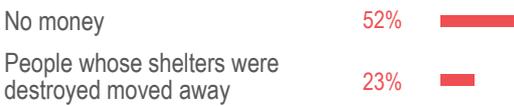
SHELTER

KIs from 45% of assessed settlements reported that shelters were destroyed or seriously damaged in the month prior to data collection²⁶

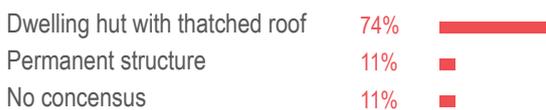
For those, the most commonly reported reasons why shelters were destroyed or seriously damaged were



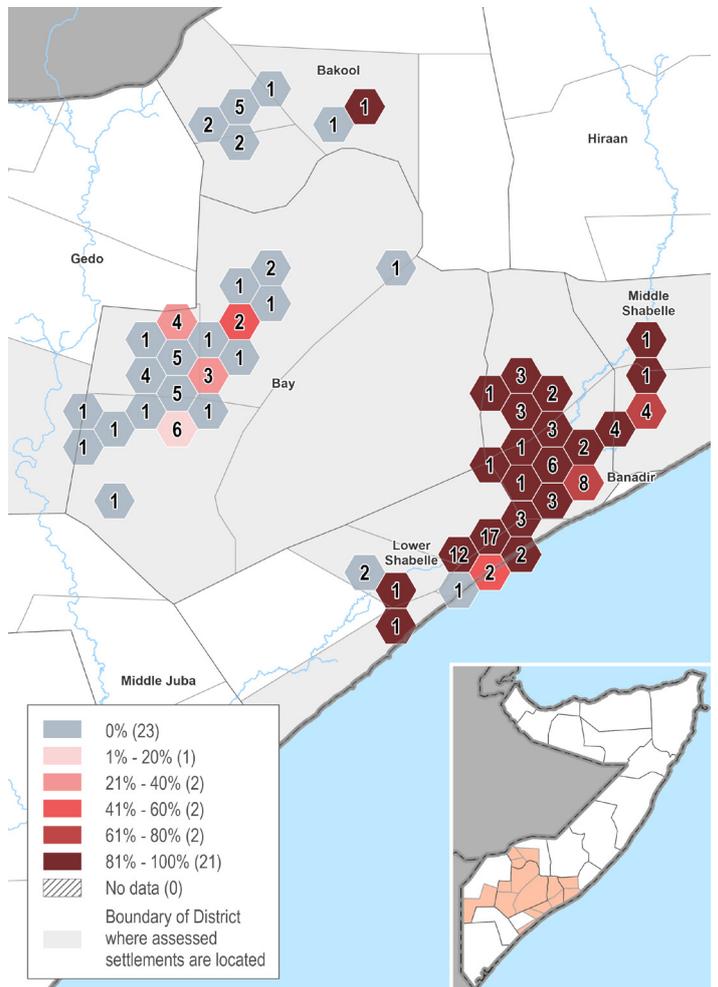
Most commonly reported reasons why shelters were not rebuilt, by % of assessed settlements where destroyed or damaged shelters had reportedly not been rebuilt²⁷



Most commonly reported shelter types, by % of assessed



% of assessed settlements where KIs reported shelters destroyed or seriously damaged in the month preceding data collection

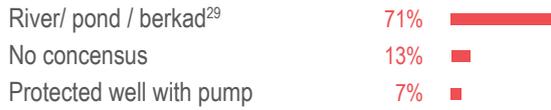


21. KIs from 3% of settlements were not aware about availability of services and for 12% of settlements there was no consensus.
 22. Services for children include: alternative care, psychosocial support, social workers, family tracing and referral services.
 23. No protection incidents were reported by KIs from 35% of assessed settlements, and for 11% there was no consensus.
 24. For 11% of assessed settlements there was no consensus.
 25. Protection services for women include: psychosocial support, treatment of rape survivors, shelters and treatment for victims of GBV, legal support.
 26. KIs in 44% of assessed settlements reported that no shelters were destroyed and for 9% there was no consensus.
 27. Among KIs from 23% of the settlements there was no consensus on the reasons why shelters were damaged or destroyed.

WATER, SANITATION AND HYGIENE

December 2020
Somalia

Most commonly reported source of water for drinking and cooking, by % of assessed settlements²⁸



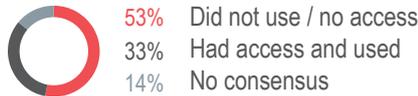
Average reported time of fetching water, including walking, waiting and return, by % assessed settlements

Less than 30 minutes	30-60 minutes	60 minutes to half a day	Half a day	More than half a day	No consensus
26%	40%	24%	0%	0%	10%

% of assessed settlements where people reportedly had insufficient access to water in the month preceding data collection



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



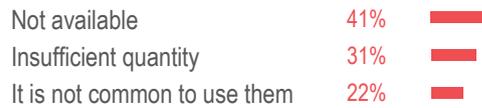
% of assessed settlements reporting source of water for drinking and cooking is available during both dry and rainy seasons



Estimated proportion of the population reportedly using latrines, by % of assessed settlements



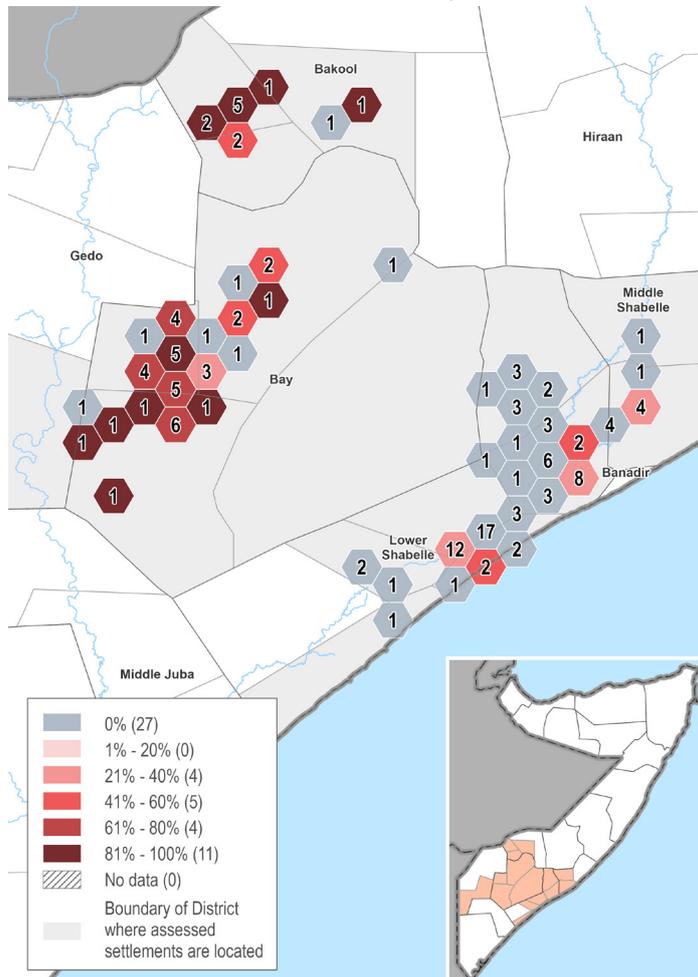
Most commonly reported barriers to using latrines, for % of assessed settlements where half or less of the population was estimated to use latrines



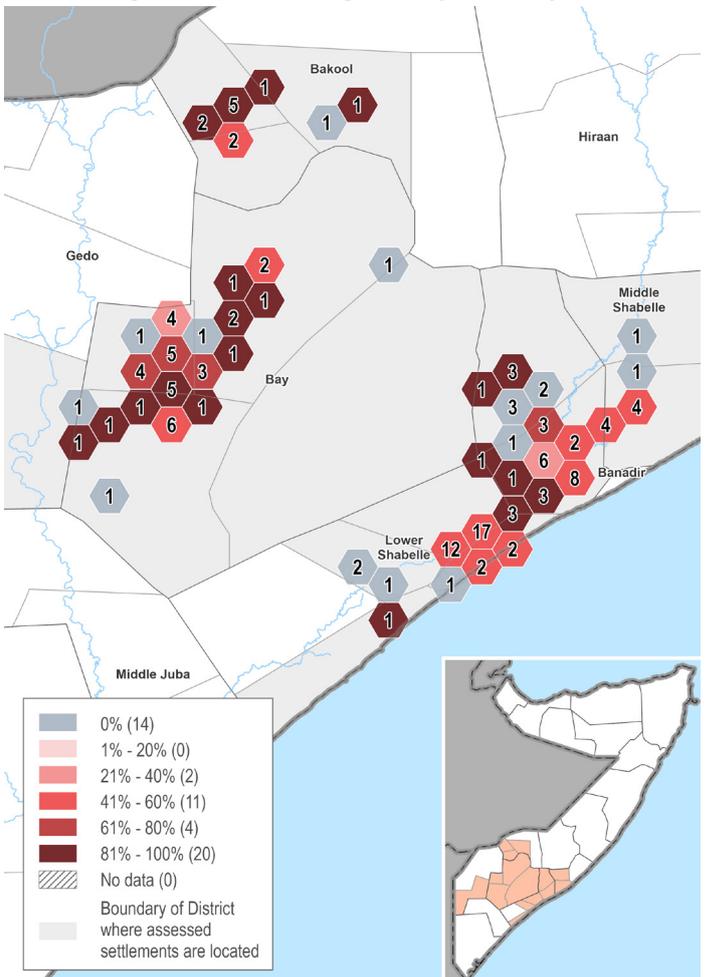
Most commonly reported strategy of disposing waste, by % of assessed settlements



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



% of assessed settlements reporting source of water for drinking and cooking is available during both dry and rainy seasons



28. River, pond, berkad and unprotected well belong to unimproved water sources.
29. Berkad is a traditional open water storage.

C19 People in **83%** of assessed settlements had reportedly been receiving any information about COVID-19 in the month preceding data collection^{30 31}

C19 In those settlements where people had reportedly been receiving information about COVID-19, the most commonly reported providers of information were⁷

Mobile network operator	56%	<div style="width: 56%;"></div>
Family or friends	52%	<div style="width: 52%;"></div>
Religion leaders	31%	<div style="width: 31%;"></div>
Media (radio, TV)	17%	<div style="width: 17%;"></div>
Local leaders	9%	<div style="width: 9%;"></div>

Most commonly reported sources of general information, by % of assessed settlements⁷

Radio	59%	<div style="width: 59%;"></div>
Phone calls	46%	<div style="width: 46%;"></div>
Face-to-face conversations	39%	<div style="width: 39%;"></div>

Most commonly reported providers of information to people, by % of assessed settlements

Family or friends	68%	<div style="width: 68%;"></div>
No consensus	14%	<div style="width: 14%;"></div>
Community religious leaders	11%	<div style="width: 11%;"></div>

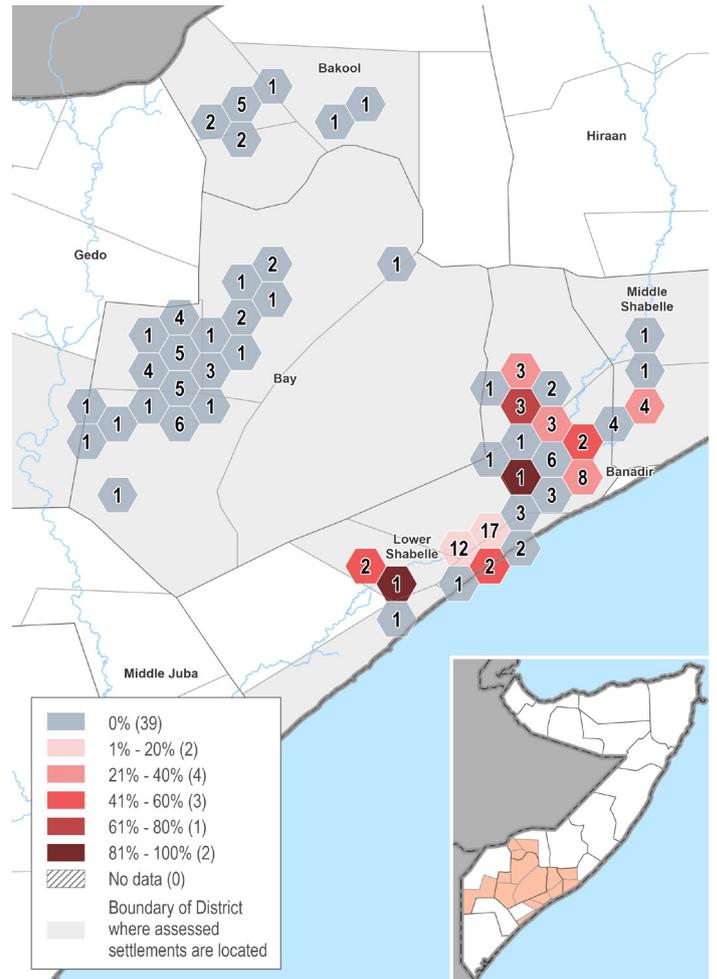
Most commonly reported main radio stations listened to by the population, by % of assessed settlements⁷

BBC Somalia	88%	<div style="width: 88%;"></div>
Voice of America	43%	<div style="width: 43%;"></div>
Radio Shabelle	14%	<div style="width: 14%;"></div>

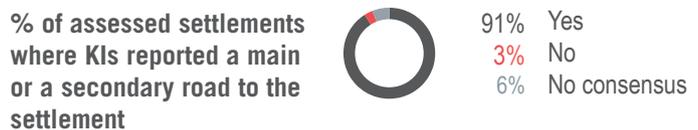
Most commonly reported barriers to accessing information, by % of assessed settlements⁷

Lack of electricity	79%	<div style="width: 79%;"></div>
Lack of mobile signal	39%	<div style="width: 39%;"></div>
Lack of radio signal	35%	<div style="width: 35%;"></div>

% of assessed settlements where KIs reported that people were not receiving any information about COVID-19



ACCESS AND HUMANITARIAN ASSISTANCE



30. The assessment does not include the questions that allow to evaluate the quality of information that is received by the population.

31. KIs from 13% of settlements reported that people had not been receiving information and for 4% of assessed settlements there was no consensus.



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 are aggregated to the settlement level. Aggregation to the hexagon level is used for the maps only and uses settlement level responses for further aggregation. Each hexagon contains a minimum of three settlements (assessed and not assessed). In cases of “No answer” among settlement-level responses, such settlements are dropped from the aggregation to the hexagon level and therefore not reflected in the percentages presented in the maps. In cases when all settlements within the hexagon are “No answer”, these settlements are not dropped and such hexagons are presented as “No data”.

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-initiative.org and follow us @REACH_info.

ABOUT REACH'S COVID-19 RESPONSE

REACH Initiative 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. As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently scaling up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the 20+ countries where we operate.