

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. 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

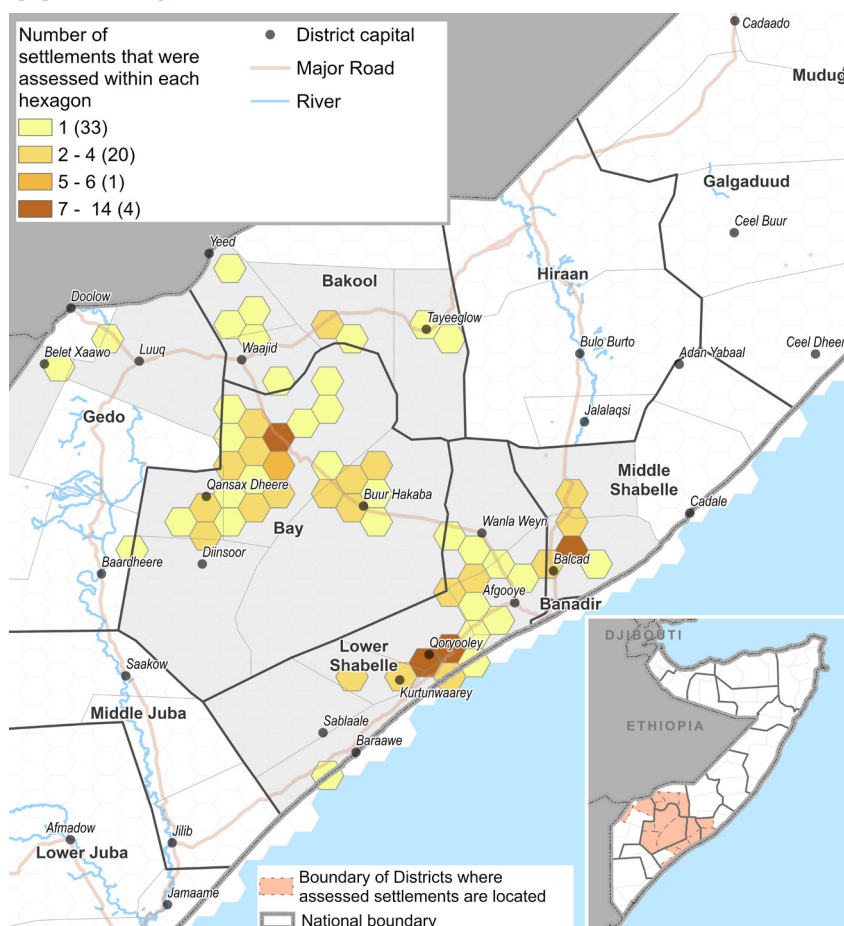
switched to remote data collection. The KIs who are interviewed were pre-selected during previous rounds of data collection. Data collection took place 5-20 July.

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 are not representative; rather, they should be considered as **indicative** of 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.

COVERAGE MAP



KEY INFORMANT PROFILE

GENDER DISTRIBUTION



Number of key informants: **321**

Number of assessed settlements: **121**

21% of KIs reported having visited the settlements on which they report in the month prior to data collection

79% of KIs reported having talked to someone who still lives in the settlement they report on in the month prior to data collection

Important notice about maps presented in this factsheet: all %s can only serve as an indication of the situation in the settlements that have been assessed within particular hexagons. All outcomes must also be viewed considering the number of settlements that have been assessed and by themselves should not be viewed as an indication of severity.

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/2Wxzl10>
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.

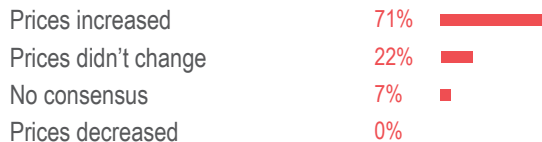


FOOD SECURITY AND LIVELIHOODS

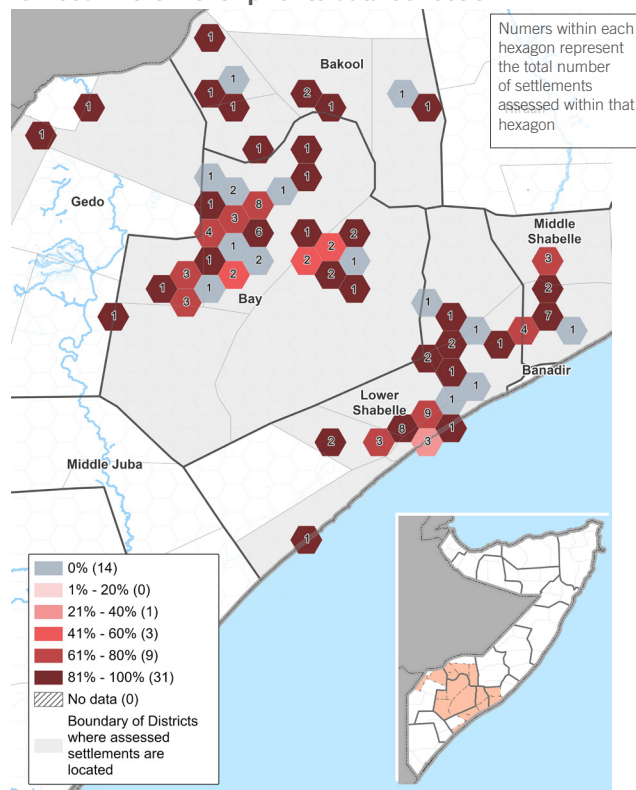
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None of the assessed settlements reportedly had no access to a functional market in the month preceding data collection⁶

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



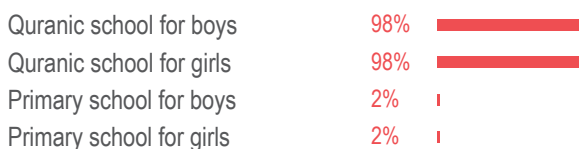
% of assessed settlements where KIs reported increase of prices for food in the month prior to data collection



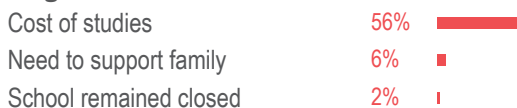
EDUCATION

Children from **94%** of settlements reportedly had access to education in the month preceding data collection⁷

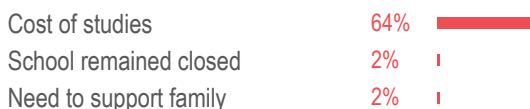
Most commonly reported types of education services that children from the assessed settlements were able to access⁸



Most commonly reported barriers to access education for girls from the assessed settlements⁹



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



6. Access to market (at all times or restricted) was reported by KIs from 86% of the assessed settlements, and for 13% there was no consensus.

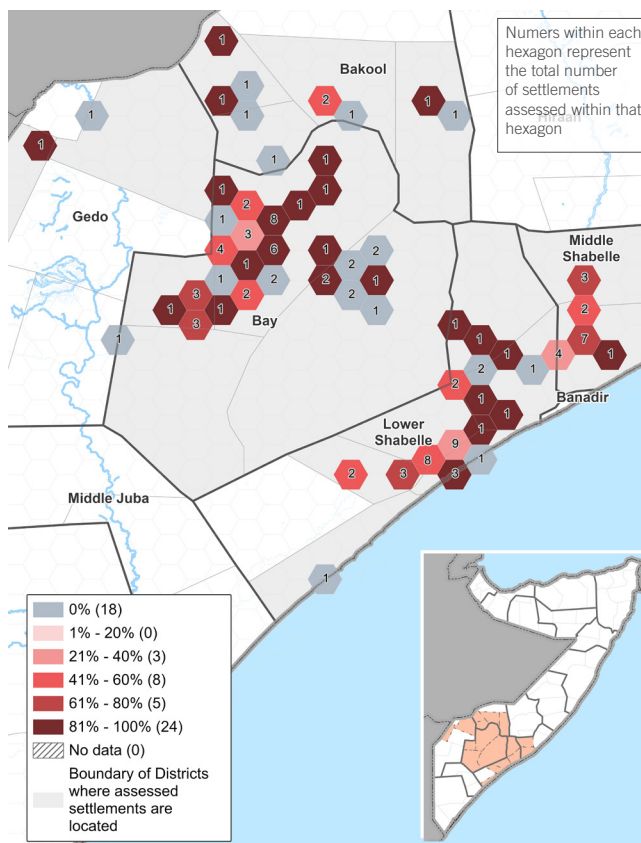
7. KIs from 2% of assessed settlements reported no access to education and for 4% of assessed settlements there was no consensus.

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

9. KIs from 8% of assessed settlements reported no barriers and for 27% there was no consensus.

10. KIs from 11% of assessed settlements reported no barriers and for 21% there was no consensus.

% of assessed settlements where cost of studies was reported as the main barrier to access education for both boys and girls



People in **53%** of assessed settlements reportedly had no access to any health services¹¹

Types of health services most commonly reported as being available from the assessed settlements reporting access⁸

Drugstore	72%	<div></div>
Clinic	13%	<div></div>

For **100%** of settlements from which access to any type of clinic in the month prior to data collection was reported, the clinic was reportedly accessed within the same district

Most commonly reported barriers for accessing healthcare, by % of assessed settlements⁸

Cost of services	78%	<div></div>
Distance	53%	<div></div>
Absence of qualified staff	52%	<div></div>

C19 Most commonly reported steps people from the assessed settlements were undertaking to protect themselves from COVID-19⁸

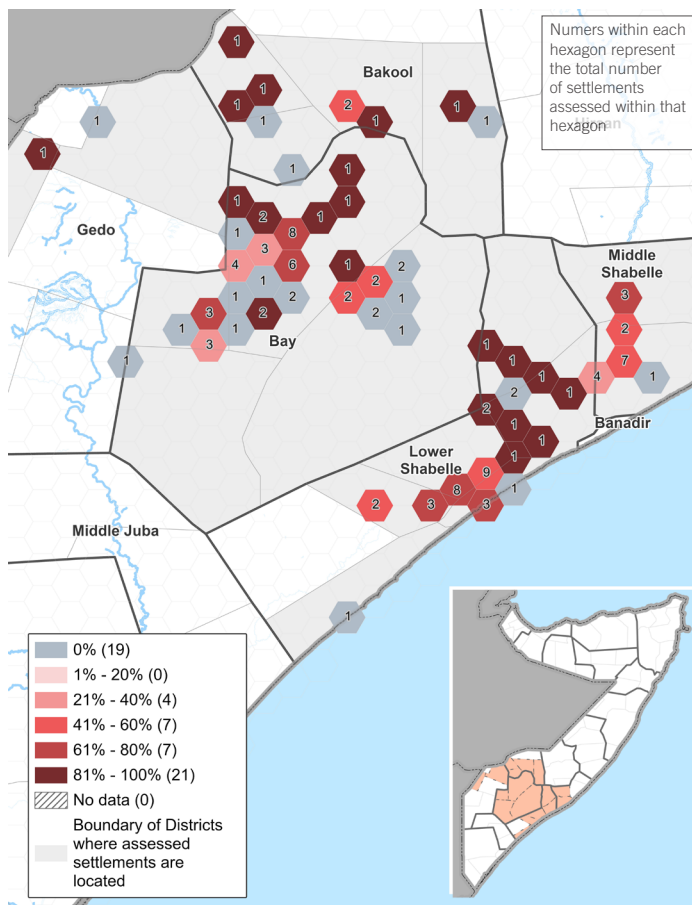
Wash hands with water	79%	<div></div>
Pray	52%	<div></div>
Wash hands with soap	26%	<div></div>
Use sanitizers	2%	<div></div>

C19 In **10%** of assessed settlements, health workers reportedly provided basic health services within the settlement^{12 13 14 15}

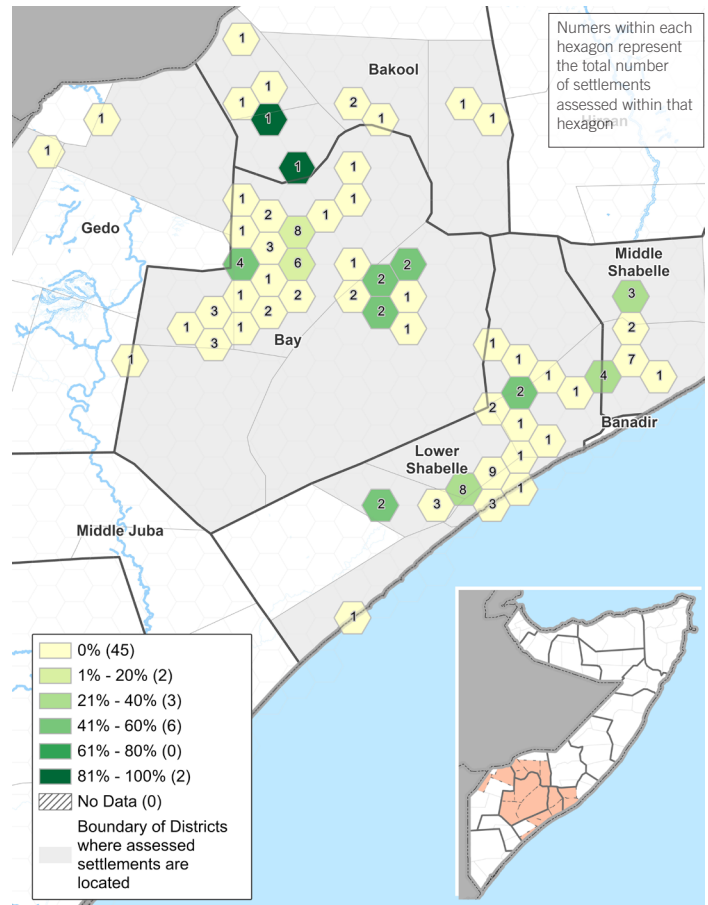
C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services

Once a week	58%	<div></div>
Once a month	42%	<div></div>
2-3 times days per month	0%	<div></div>
Less often than once a month	0%	<div></div>

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



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



11. Access to any kind of health services was reported by KIs from 32% of assessed settlements, and for 15% there was no consensus.

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

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

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

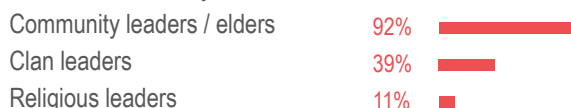
15. KIs reported that health workers were not providing services in 76% of assessed settlements, and for 14% there was no consensus.

KIs from **51%** of assessed settlements reported at least one type of protection incident that happened in the month preceding data collection¹⁶

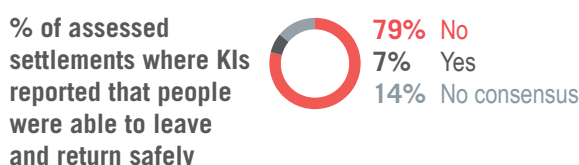
In those settlements, the most commonly reported types of protection incidents were⁸



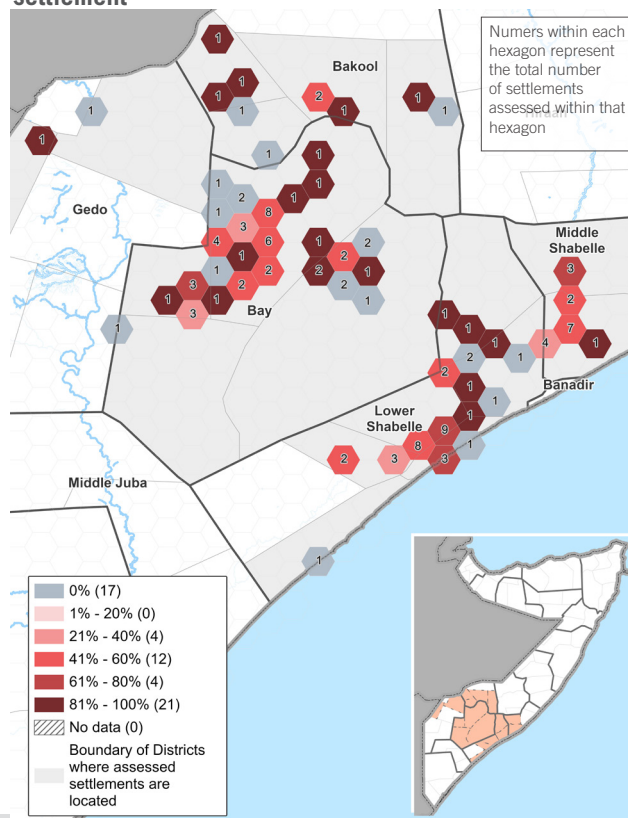
Groups most commonly reported as mediators in the event of conflict, by % of assessed settlements where protection incidents were reported⁸



Most commonly reported types of protection incidents that happened to people trying to move out of the settlement⁸



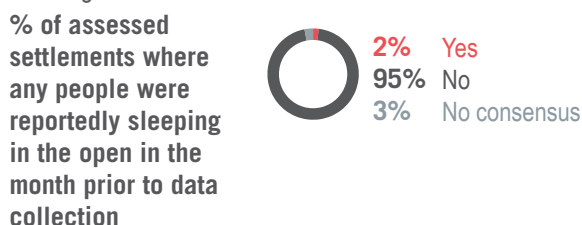
% of assessed settlements where KIs reported protection incidents that happened to people trying to move out of the settlement



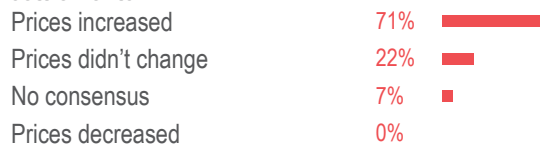
SHELTER AND NFIs

KIs in **2%** of assessed settlements reported shelters had been destroyed or seriously damaged in the month preceding data collection¹⁷

Most commonly reported reasons why shelters were destroyed or seriously damaged, by % of assessed settlements where serious shelter damage or destruction was reported



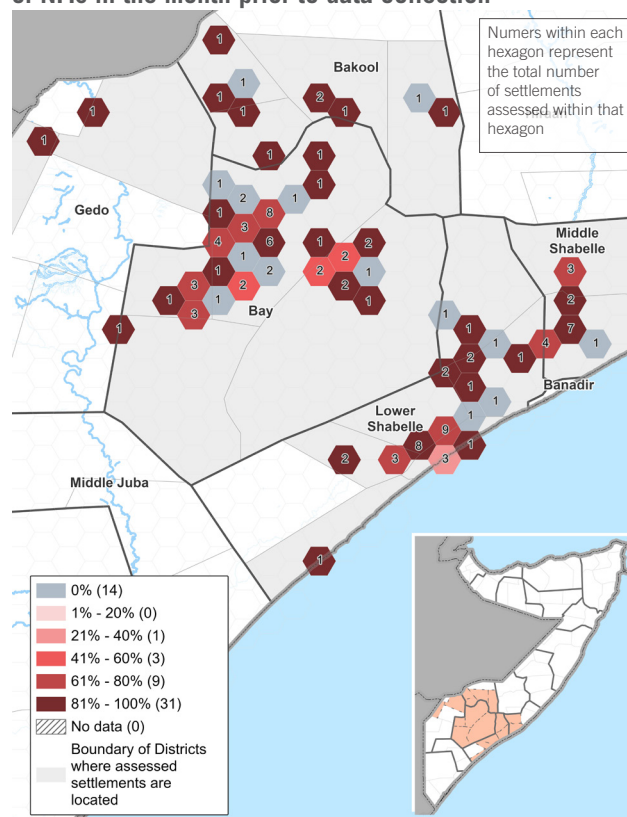
C19 Reported change of the price of NFIs, by % of assessed settlements



16. No protection incidents were reported by KIs from 34% of assessed settlements, for 15% there was no consensus.

17. KIs in 94% of assessed settlements reported that there were no shelters destroyed or seriously damaged and for 4% there was no consensus.

% of assessed settlements where KIs reported increase of prices of NFIs in the month prior to data collection

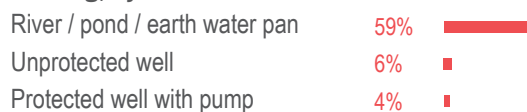




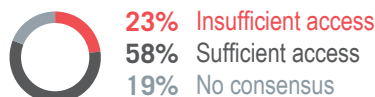
WATER, SANITATION AND HYGIENE

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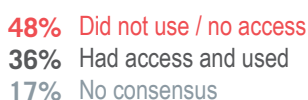
Most commonly reported source of water for drinking and cooking, by % of assessed settlements¹⁸



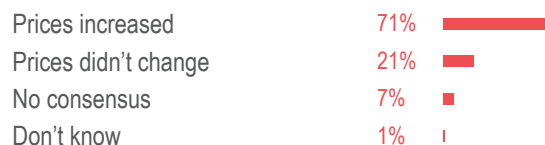
% of assessed settlements where people reportedly had insufficient access to water



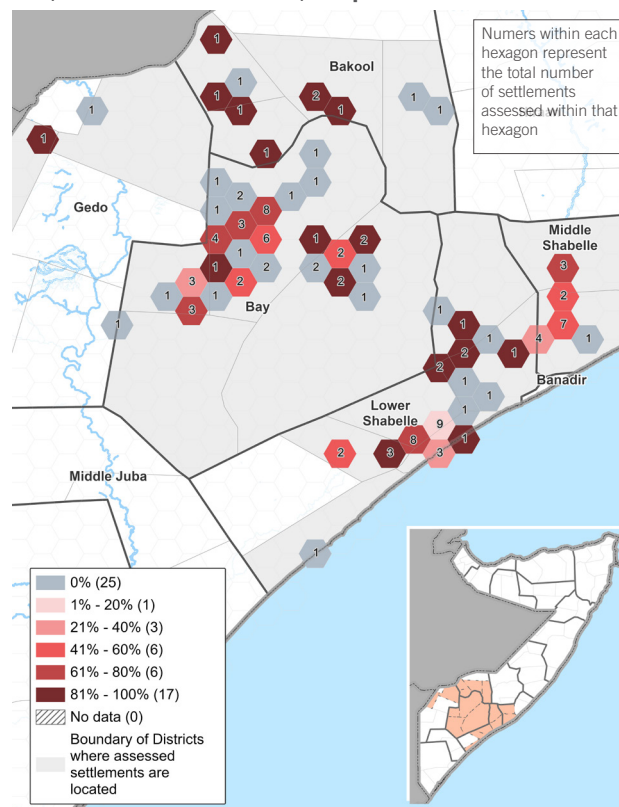
C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing



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



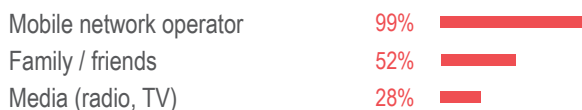
C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing



COMMUNICATION AND HUMANITARIAN ASSISTANCE

C19 None of assessed settlements reportedly had not been receiving any information about COVID-19 in the month preceding data collection^{19 20}

C19 In those settlements that had reportedly been receiving information about COVID-19, the most commonly reported providers of information were⁸



Most commonly reported sources of general information, by % of assessed settlements⁸



Most commonly reported barriers to access information, by % of assessed settlements⁸



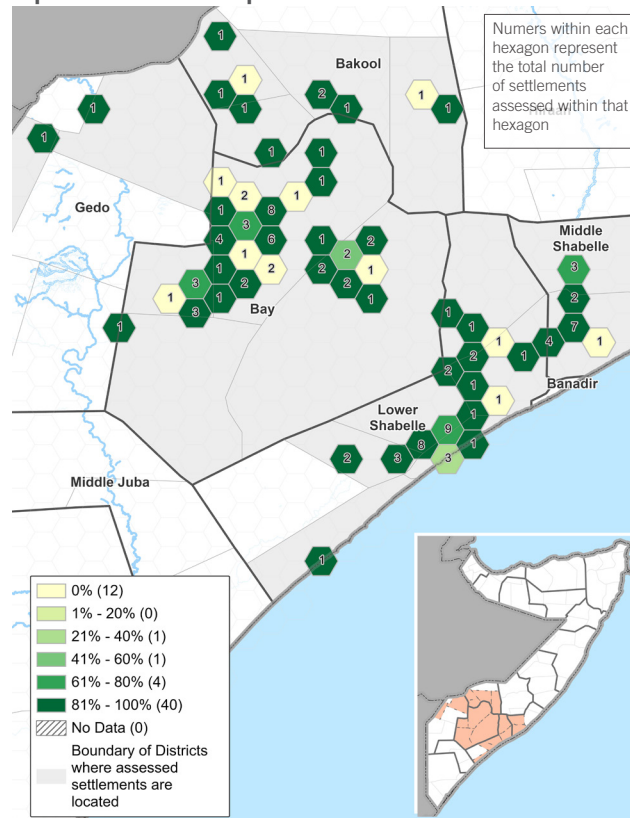
People from 100% of assessed settlements reportedly had no access to any type of humanitarian support

18. River, pond, earth water pan and unprotected well belong to unprotected water sources.

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

20. KIs from 98% of assessed settlements reportedly were receiving information, and for 2% there was no consensus.

C19 % of assessed settlements where mobile operator was reported as the main provider of information about COVID-19





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 % 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.