# Assessment of Water, Sanitation and Hygiene (WASH) and COVID-19 Knowledge, Attitudes and Practices (KAP)

#### SOMALIA

#### **Context**

The humanitarian crisis in Somalia is complex in its nature and characterized by different ongoing armed conflicts, recurrent climatic shocks, and more recently locust swarms and COVID-19. While Somalia has relatively few reported cases on a global scale to date1, it is estimated that a lack of testing capacities leaves a large number of cases unreported. Low access to adequate hygiene facilities, coupled with gaps in awareness about the disease could also contribute to a continued growth in cases countrywide. Besides the direct effects on the health of affected populations, the pandemic also threatens to aggravate existing issues and needs in the areas of food security, livelihoods, non-food items, education, WASH, and protection.

This factsheet presents the findings of a KAP survey conducted by REACH between 21 and 30 September 2020 in seven locations across Somalia.

#### Methodology

Primary data collection employed a Key Informant (KI) methodology with KI interviews conducted by REACH enumerators via phone for seven locations across Somalia. One location per state was targeted to ensure complete geographic coverage. Contact information of KIs was used in part from previous REACH assessments, as well as referrals by respondents2. For each location an equal distribution between KIs from displaced and non-displaced communities was targeted. Furthermore, gender and roles of the KIs within the community were monitored, as the assessment tried to achieve an even gender balance, as well as 10% of especially knowledgeable Kls. For this assessment, community leaders, religious leaders, members of various resident committees, health workers and vendors were assumed to be more knowledgeable of the situation.

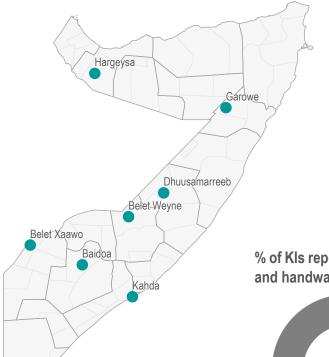
KIs were asked to report on the neighbourhood

or IDP site they currently reside in. If not specified otherwise, the figures in this factsheet show results for the situation in the communities that the KIs reported on.

The choice of locations, methodology and questions for the survey was done in coordination with the WASH Cluster Somalia.

Assessment information	*
Assessed locations:	7
Total number of Kls:	1,05
Total number of KIs who heard of COVID-19:	1,00
of which are non-displaced:	521
of which are displaced:	480

#### **Assessment coverage map**

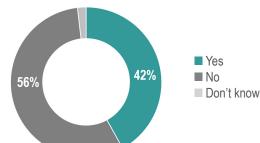


#### Access to basic services

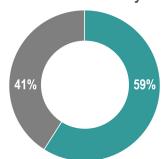
% of KIs reporting main water source used in their community (results of 5% and more displayed only)

Piped system	24%	
Water trucking distribution	18%	
Protected well	17%	
Water tank and tap	12%	
Berkad	10%	
Water vendor	9%	
Unprotected well	5%	

% of KIs reporting access to soap and handwashing facilities



% of KIs reporting access to a healthcare facility



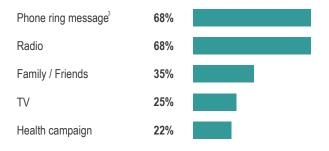
<sup>&</sup>lt;sup>1</sup> Johns Hopkins University: <a href="https://coronavirus.jhu.edu/">https://coronavirus.jhu.edu/</a>

<sup>&</sup>lt;sup>2</sup>KI roles were not saved in the REACH contact list. Therefore, purposive sampling was not possible. KIs were picked at random from existing contact lists. However, referrals targeted especially knowledgeable KIs and under-represented gender profiles in particular.



#### **Information about COVID-19**

% of KIs reporting source where people get most information about COVID-194,5



% of KIs reporting information source people trust most about COVID-194

Radio	29%	
Phone ring message <sup>2</sup>	26%	
Health facilities	13%	
Health campaign	10%	
Family / Friends	8%	

# Contracting COVID-19

% of KIs reporting perceived population groups most likely to get seriously ill from COVID-194,5

Elderly	67%	
People with pre-conditions	26%	
Adults	20%	
Everyone	19%	
Pregnant / lactating women	11%	

% of KIs reporting perceived ways to get COVID-194,5

Physical contact	73%	
Airborne (cough / sneeze)	62%	
Contaminated objects	48%	
Infected water	8%	
Breastmilk	8%	

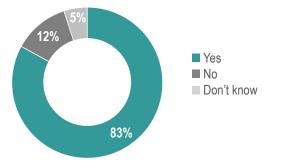


# **Symptoms of COVID-19**

% of KIs reporting perceived possible symptoms of COVID-194,5

Fever	88%
Coughing	86%
Sneezing	56%
Headache	45%
Loss of taste or smell	38%

% of KIs perceiving that everyone infected with COVID-19 shows symptoms

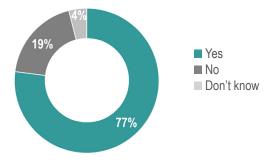


<sup>3</sup> Short COVID-19 awareness messages that play instead of the dial-tone when calling



#### **COVID-19** risk reduction

% of KIs perceiving that taking measures can reduce the risk of getting COVID-19



% of those perceiving that measures can be taken, reporting measures to reduce the risk of getting COVID-194,5

No handshaking	74%	
Wash hands	57%	
Reduce contacts	56%	
Wear face mask	54%	
Wear gloves	36%	



<sup>&</sup>lt;sup>4</sup> Top 5 answers displayed only

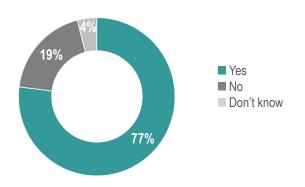
<sup>&</sup>lt;sup>5</sup> Multiple answers possible

### **COVID-19: Attitudes**

# **\***=

# **Awareness and perception**

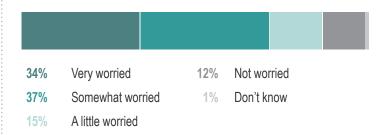
% of KIs reporting being aware of any COVID-19 cases in their community



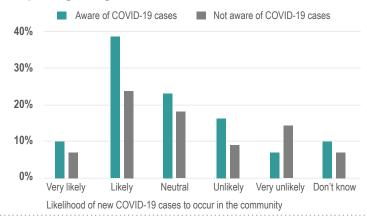
Most KIs recognize that COVID-19 is a health risk that needs to be taken seriously. Some KIs also seemed to over-estimate the seriousness of the virus compared to other diseases with 52% indicating that COVID-19 is more dangerous than cancer.

77% of all KIs reported being aware of any COVID-19 cases in their community. This percentage is very high. Respondents might have either misunderstood the question or included suspected COVID-19 cases that have not been confirmed.

# % of KIs reporting levels of worry among the community about COVID-19



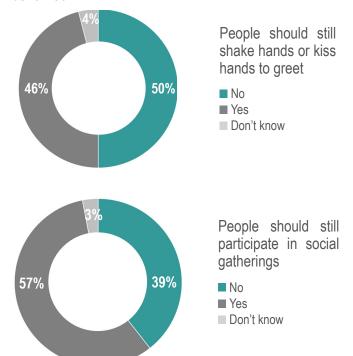
% of KIs reporting perceived likelihood of new COVID-19 cases to occur in the community, grouped by those reporting being aware / not aware of COVID-19 cases



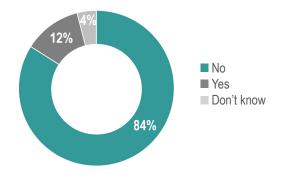


# Effects on social life

% of KIs reporting perceived general attitudes of community members towards types of social behaviour



% of KIs reporting perceived behaviour of discrimination against groups because of COVID-19



% of those perceiving behaviour of discrimination, reporting groups that are discriminated against<sup>4,5</sup>

Infected person <sup>6</sup>	52%
Family of infected person	51%
Possible infected person	51%
Health worker	40%
Person working elsewhere <sup>7</sup>	29%

<sup>&</sup>lt;sup>6</sup>The distinction between confirmed cases and perceived positive cases was not made when asking this question

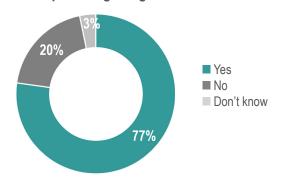
<sup>&</sup>lt;sup>7</sup> Working outside the community, having to commute regularly



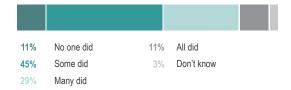


# **Change of habits**

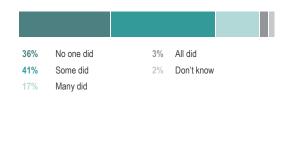
% of KIs reporting that people have taken any action to prevent getting COVID-19



% of KIs reporting people attending any large gatherings like public prayers, a funeral or weddings, in the week prior to data collection



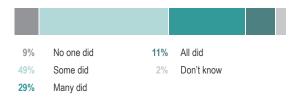
% of KIs reporting people trying to keep a distance of 2 meters between themselves and everyone else, in the week prior to data collection



% of KIs reporting people shaking hands when they met, in the week prior to data collection



% of KIs reporting people washing their hands more often than before they heard about COVID-19, in the week prior to data collection



% of KIs reporting perceived likeliness of actions by community members if they think they or someone in their household might have COVID-19?5

Isolate	50%	
Stay home	44%	
Go to doctor	28%	
Call doctor	26%	
Go to hospital	23%	
Nothing	2%	





#### **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. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH info.



