Assessment of Hard-to-Reach Areas

June 2020
SOMALIA

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

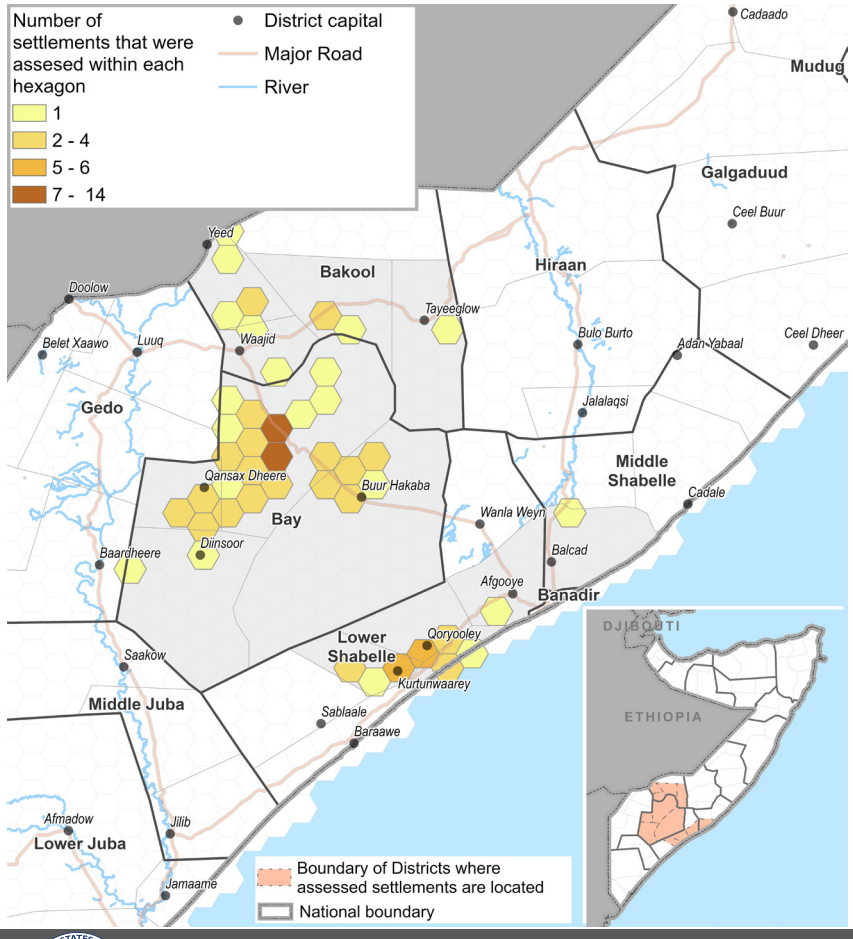
The Hard-to-Reach Areas assessment uses an Area of Knowledge (AoK) methodology, whereby the settlements are assessed remotely through the face-to-face interviews with key informants (KIs) who have been displaced to IDP camps around Baidoa and Mogadishu. Due to disruption of the face-to-face data collection 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 4-25 June.

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



KEY INFORMANT PROFILE

AGE DISTRIBUTION

0%	15-17	0%
54%	18-45	12%
16%	46-59	8%
7%	60+	2%

Number of key informants: 252

Number of assessed settlements: 96

9% of KIs reported having visited the settlements on which they report in the month prior to data collection

91% 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.

FOOD SECURITY AND LIVELIHOODS

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

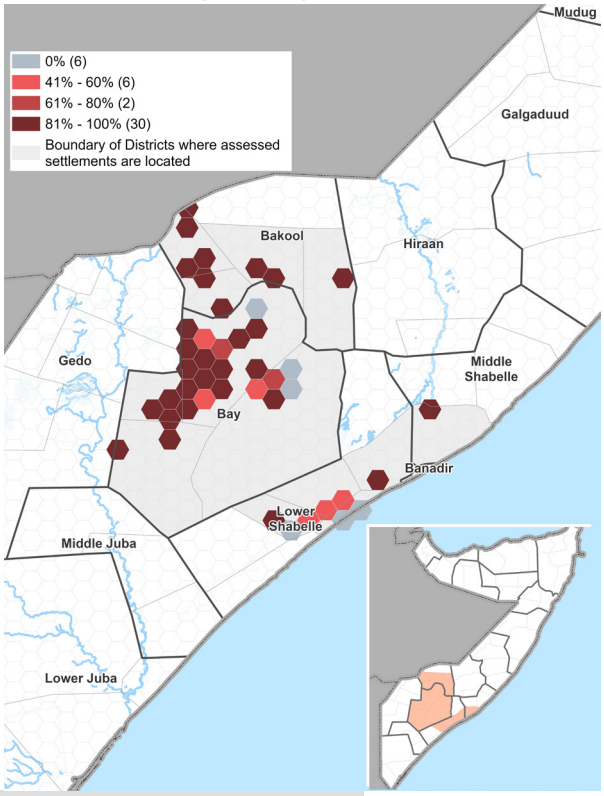
For these settlements, the most commonly reported barriers to access were[7]

Distance	75%
No cash to buy goods	75%

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

Prices increased	77%
Prices didn't change	14%
No consensus	9%
Prices decreased	0%

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



EDUCATION

Children from 98% of settlements reportedly had access to education in the month preceding data collection[8]

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

Quranic school for boys	98%
Quranic school for girls	95%
Primary school for girls	1%
Primary school for boys	1%

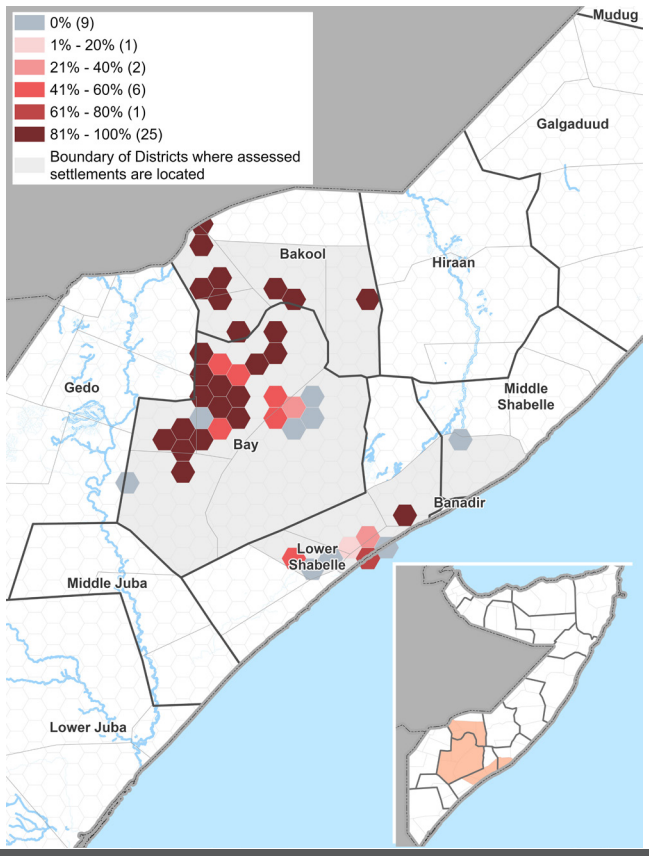
Most commonly reported barriers to access education for girls from the assessed settlements[9]

Cost of studies	65%
Need to support family	5%
Distance	4%

Most commonly reported barriers to access education for boys from the assessed settlements[10]

Cost of studies	77%
Distance	5%

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



6. Only 4 settlements reported that they did not have access to a functional market in the month preceding data collection. Access to market (at all times or restricted) was reported by 89% of the assessed settlements, and for 6% there was no consensus.
7. The respondents could choose more than 1 option, therefore the sum of responses may exceed 100%.
8. For 2% of assessed settlements there was no consensus.
9. None of assessed settlements reported no barriers and for 26% there was no consensus.
10. None of assessed settlements reported no barriers and for 18% there was no consensus.

HEALTH

June 2020
Somalia

76% of assessed settlements reportedly had no access to any health services[11]

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 reporting access[7]

Individual practitioner	89%
Midwife	22%
Traditional healer	22%
Mobile clinic	11%

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

Distance	88%
Cost of services	74%
Absence of qualified staff	69%

C19 Most commonly reported steps people from the assessed settlements were undertaking to protect themselves from COVID-19[7]

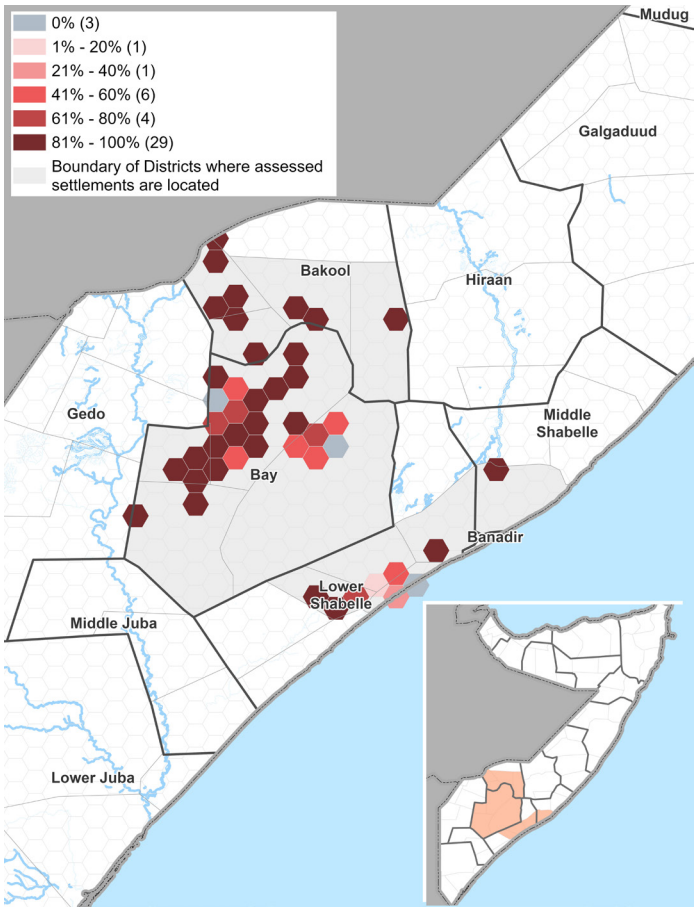
Pray	73%
Wash hands with water	66%
Wash hands with soap	22%
No measures taken	2%

C19 In 5% of assessed settlements, health workers reportedly provided basic health services within the settlement[12 13 14 15]

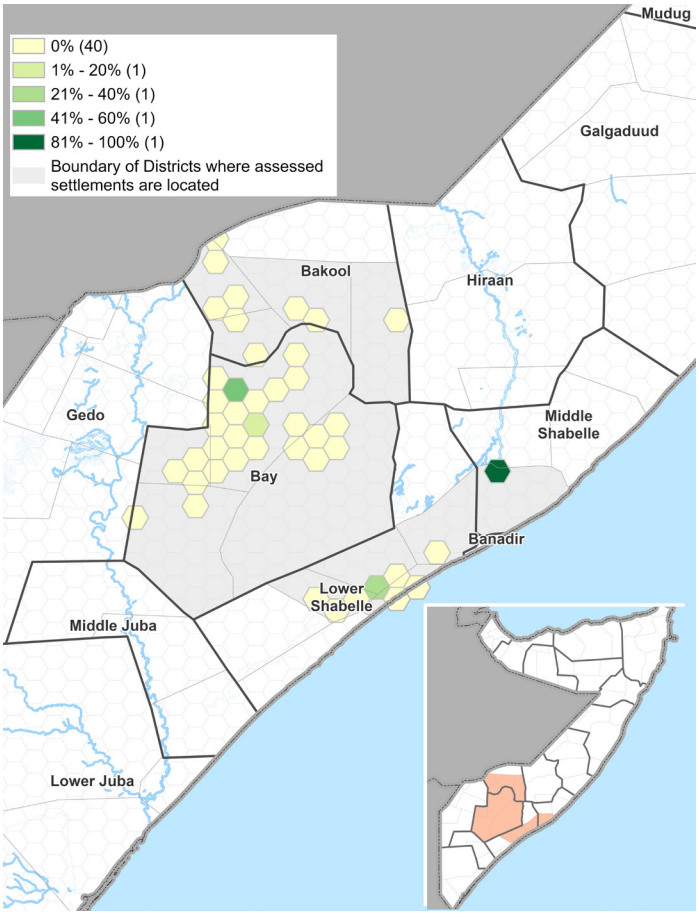
C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services

Less often than once a month	100%
Once a week	0%
2-3 times days per month	0%
Once a month	0%

% 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 9% 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. Health workers were reportedly not providing services in 84% of assessed settlements, and for 11% there was no consensus.

PROTECTION

KIs from 36% of assessed settlements reported at least one type of protection incident that happened in the month preceding data collection[16]

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

Tax collection	69%
Theft	69%
Sexual violence	9%

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

Community leaders / elders	67%
Local authorities	3%
Religious leaders	3%

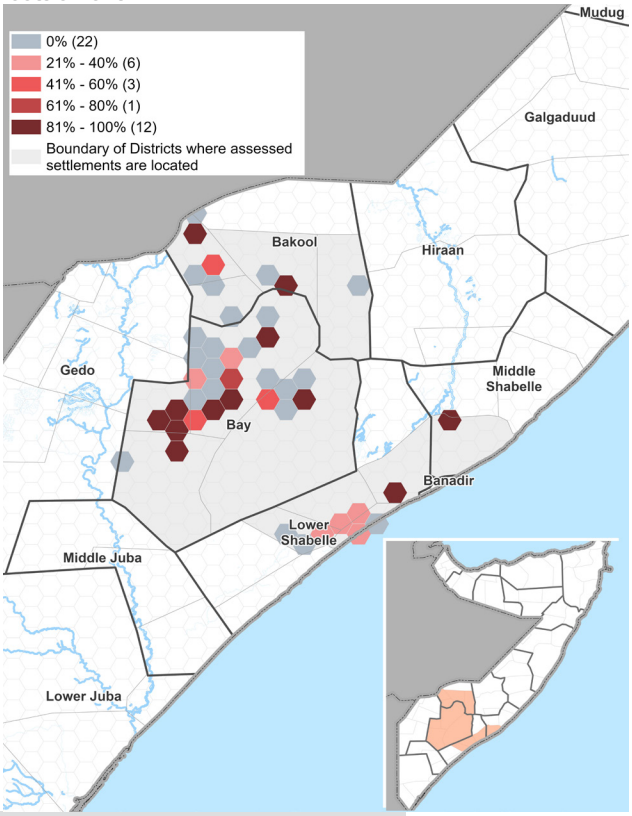
Most commonly reported types of protection incidents that happened to people trying to move out of the settlement[7]

Loss of property	74%
Family separation	56%
Physical injury	15%

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

81%	No
4%	Yes
15%	No consensus

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



SHELTER AND NFIs

KIs in 4% of assessed settlements reported shelters had been destroyed or seriously damaged in the month preceding data collection[17]

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

No consensus	67%
Conflict or looting	33%

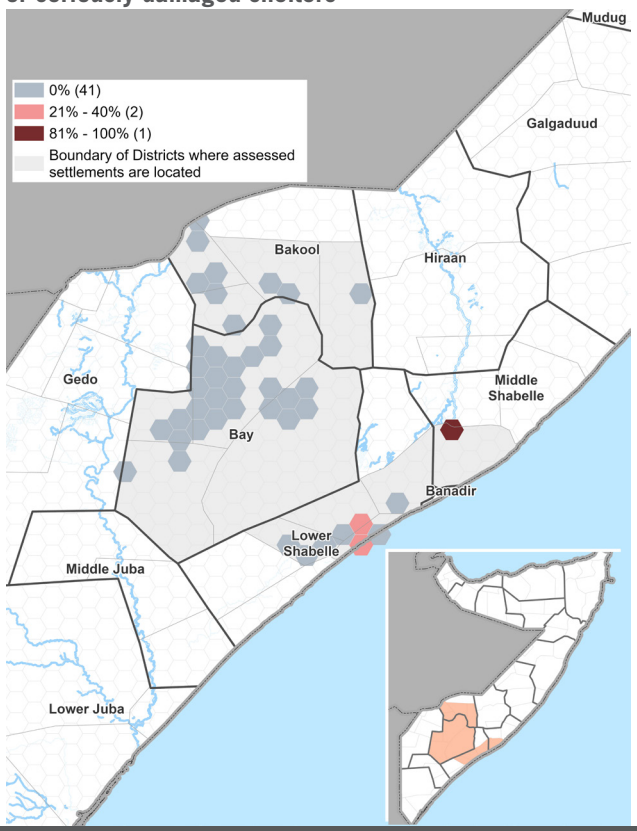
% of assessed settlements where any people were reportedly sleeping in the open in the month prior to data collection

5%	Yes
88%	No
7%	No consensus

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

Prices increased	68%
No consensus	18%
Prices didn't change	9%
Don't know	5%

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



16. No protection incidents were reported by 23% of assessed settlements, for 41% there was no consensus.
17. 88% of assessed settlements reported that there were no shelters destroyed or seriously damaged and for 8% there was no consensus.

WATER, SANITATION AND HYGIENE

June 2020
Somalia

Most commonly reported source of water for drinking and cooking, by % of assessed settlements[18]

River / pond / earth water pan	63%
Protected well with pump	8%
Unprotected well	7%

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

33%	Insufficient access
53%	Sufficient access
14%	No consensus

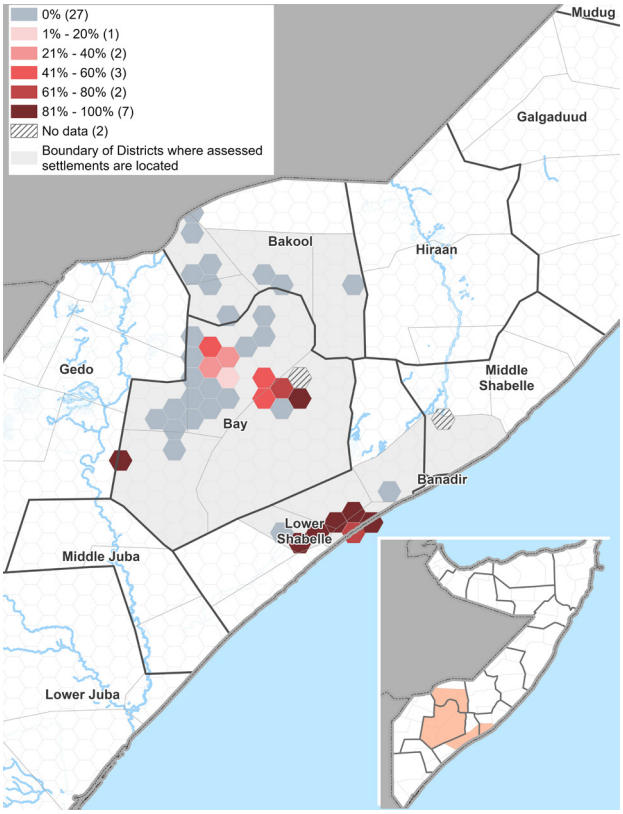
C19 % of assessed settlements where people reportedly did not use, and had no access to, soap and water for hand washing

29%	Did not use / no access
56%	Had access and used
14%	No consensus

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

Prices increased	67%
No consensus	25%
Prices didn't change	4%
Don't know	4%

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 2% 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 were[7]

Mobile network operator	99%
Family / friends	52%
Government agencies	28%

Most commonly reported sources of information, by % of assessed settlements[7]

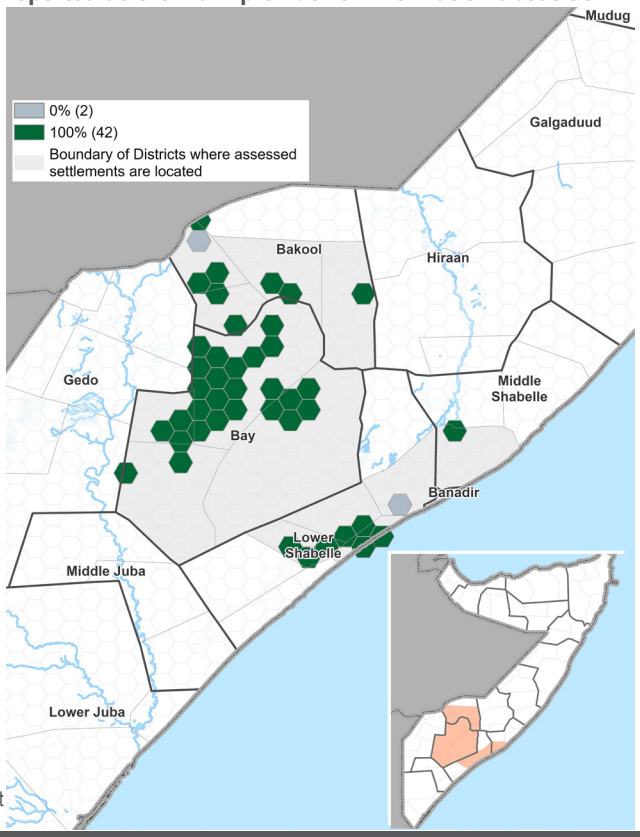
Phone calls	97%
Face-to-face conversations	76%
Radio	13%

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

No credit	24%
Lack of electricity	18%
Lack of radio signal	4%

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

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



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. 97% of assessed settlements reportedly were receiving information, and in 1% the KIs did not know if people from their settlement of origin were receiving information about COVID-19.

USAID FROM THE AMERICAN PEOPLE

REACH Informing more effective humanitarian action

ANNEX 1: METHODOLOGY

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.