

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.

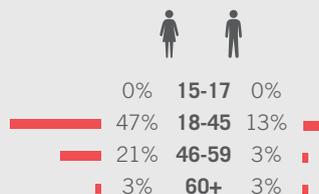
Recognizing the risk of COVID-19 for vulnerable populations in Somalia, REACH, following consultations with the cluster partners, introduced indicators to improve humanitarians' understanding of additional challenges that people from the assessed settlements might face as a result of the pandemic. These 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.16](#)
 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: **28 March - 15 April**

Number of key informants: **512**

Number of assessed settlements: **132**

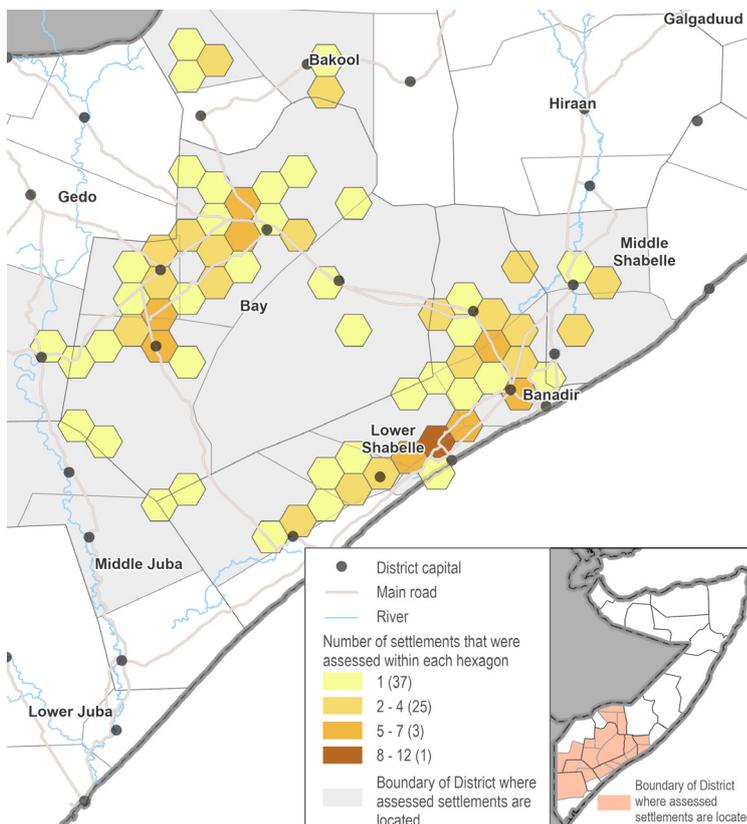
Proportion of KIs by duration of stay in the assessed settlement³



10% 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



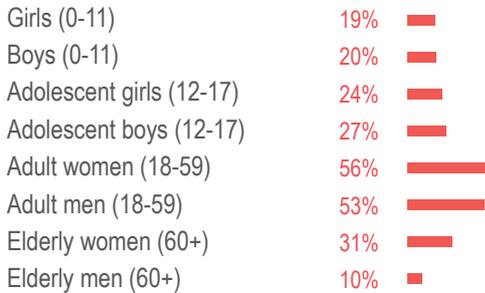
DISPLACEMENT

March-April 2021
Somalia

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

24% of those KIs reported that people with disabilities were among their household members who were left behind⁶

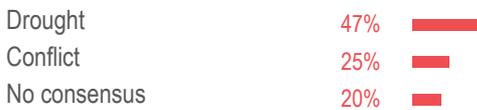
Household members, by gender and age, reported as left behind by KIs⁷



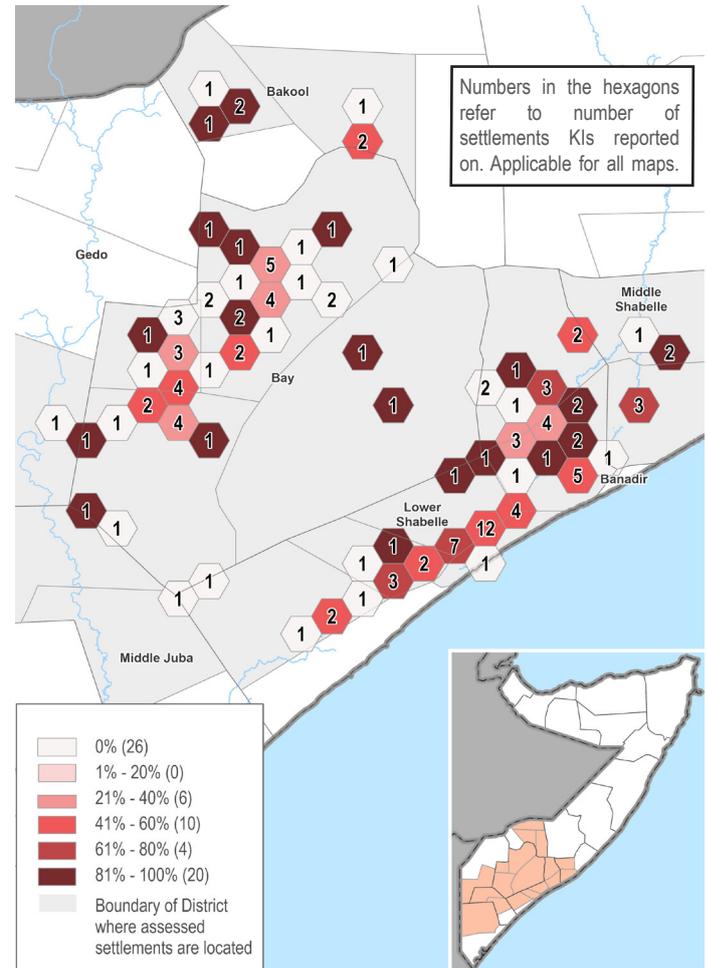
Reported ratio of IDPs to host community in assessed settlements where displaced people were reported⁹



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



% of assessed settlements where drought was the most commonly reported primary reason for population leaving the settlement of origin



EDUCATION

Children from **100%** 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 barriers to access education for girls from the assessed settlements¹⁰



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



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

Less than 30 minutes	30-60 minutes	1-3 hours	More than 3 hours	No consensus
39%	39%	0%	7%	15%

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 13% of settlements where presence of IDPs was reported.

10. No barriers were reported in 11% of settlements, also there was no consensus in 33% of the settlements

11. No barriers were reported in 13% of settlements, also there was no consensus in 25% of the settlements.



91% 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
50%	28%	10%	0%	0%	12%

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

Prices increased	76%	<div style="width: 76%;"></div>
Prices did not change	17%	<div style="width: 17%;"></div>
No consensus	7%	<div style="width: 7%;"></div>

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

Own production ¹³	84%	<div style="width: 84%;"></div>
Bought with cash	11%	<div style="width: 11%;"></div>
No consensus	5%	<div style="width: 5%;"></div>

KIs from **47%** 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	79%	<div style="width: 79%;"></div>
Security	52%	<div style="width: 52%;"></div>
Economic causes	45%	<div style="width: 45%;"></div>

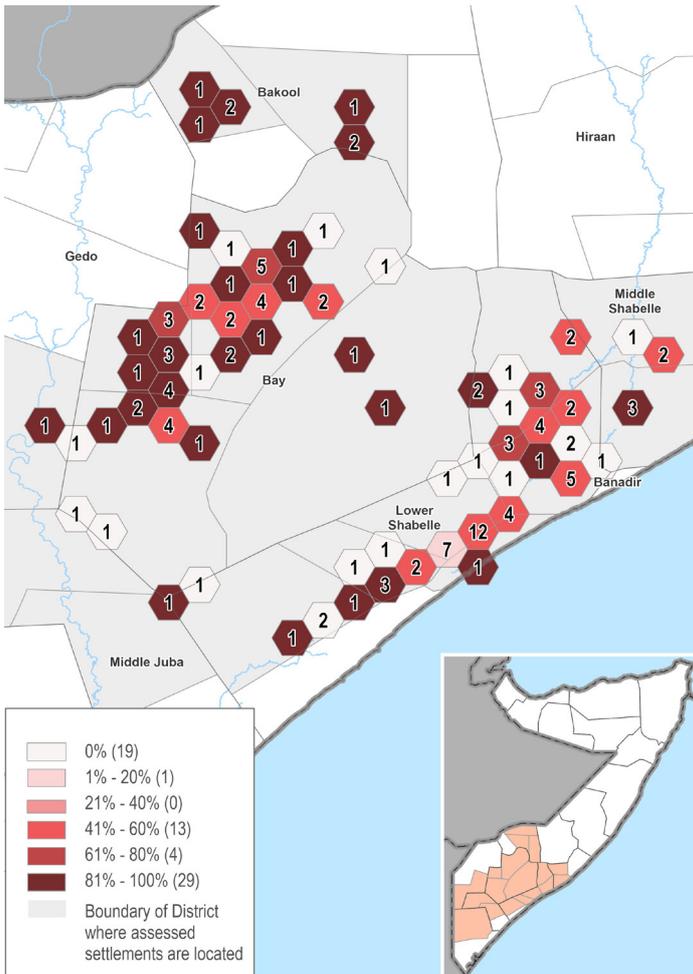
Most commonly reported strategies used to cope with lack of food in the settlement, by % of assessed settlements⁷

Limit portion sizes	53%	<div style="width: 53%;"></div>
Borrow food from others	52%	<div style="width: 52%;"></div>
Reduce number of meals	43%	<div style="width: 43%;"></div>

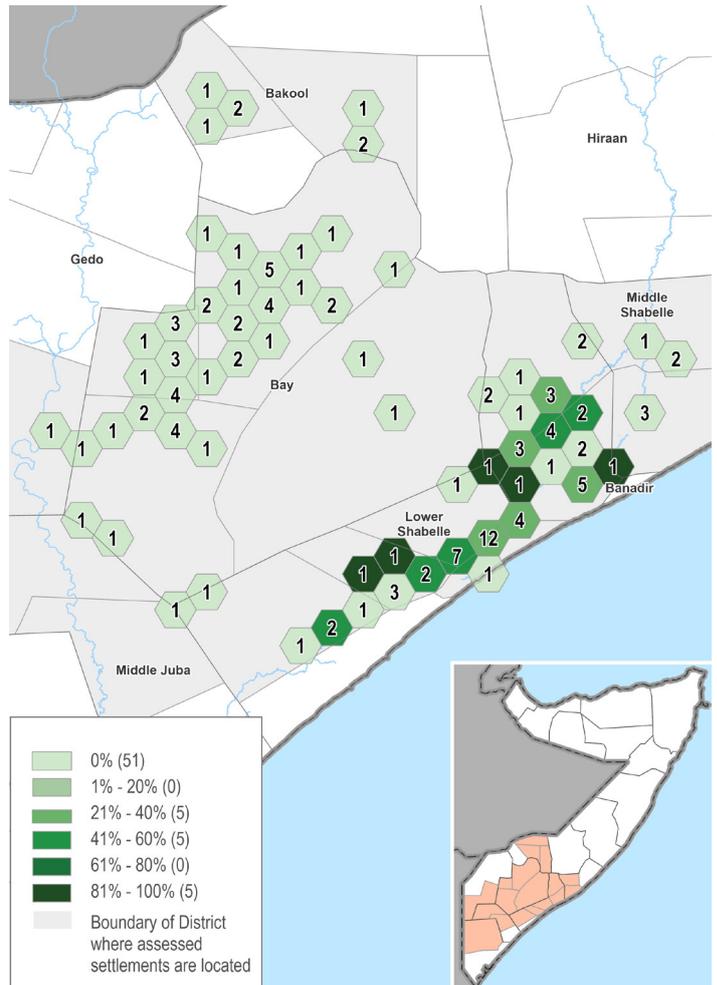
Most commonly reported livelihood source, by % of assessed settlements⁷

Farming	81%	<div style="width: 81%;"></div>
Livestock production	45%	<div style="width: 45%;"></div>
Daily wage labour	42%	<div style="width: 42%;"></div>

% of assessed settlements reporting that the situation with access to food deteriorated in the last month



% of assessed settlements reporting that the situation with access to food improved in the last month

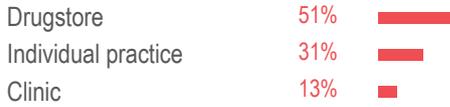


12. KIs from 52% of assessed settlements reported access to a functional market at all times, 39% restricted access, and for 9% there was no consensus.

13. Own production includes cultivation and livestock production.

47% of assessed settlements reportedly had no access to any health services¹⁴

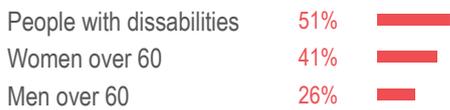
Most commonly reported types of health services available from the assessed settlements reporting access⁷



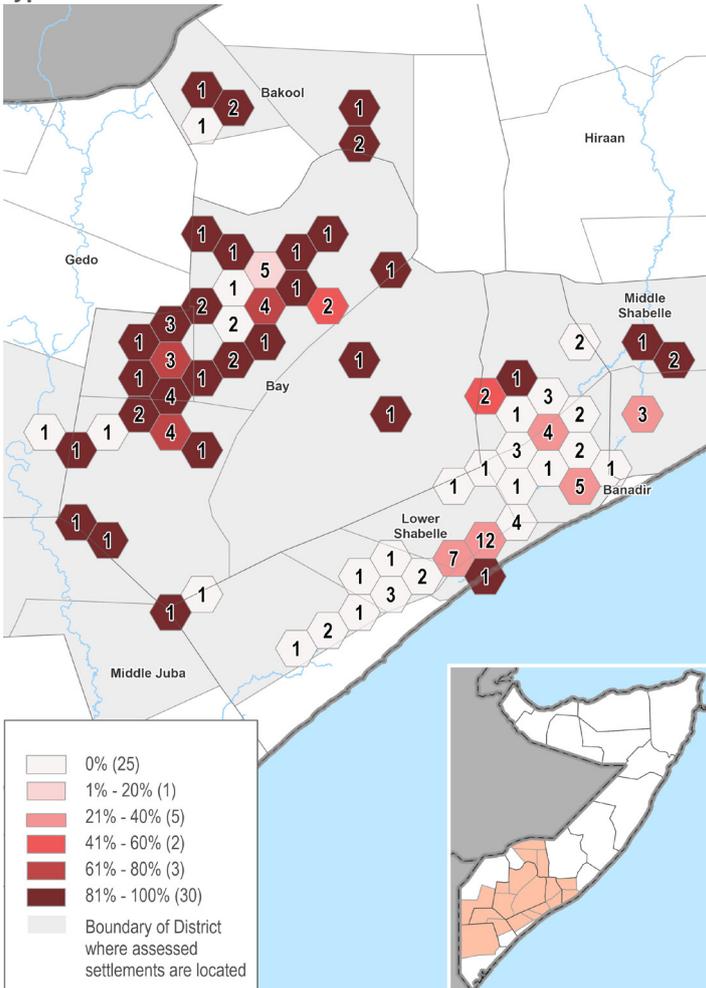
Most commonly reported barriers for accessing healthcare, by % of assessed settlements⁷



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



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

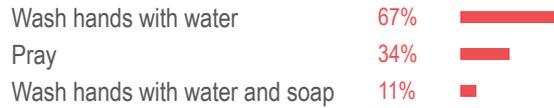


14. Access to any kind of health services was reported by KIs from 46% of assessed settlements, and for 7% there was no consensus.

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

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

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



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

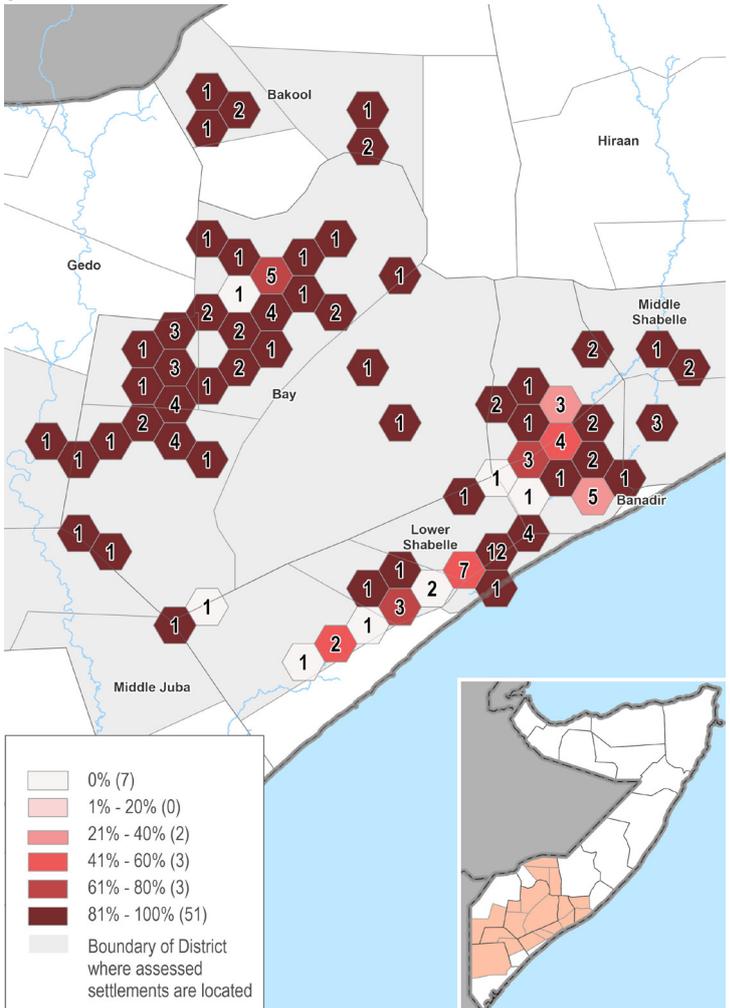
C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services



Most commonly reported health issues, by % of assessed settlements



% of assessed settlements where no health workers reportedly provided basic health services in the last month^{15 16}



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

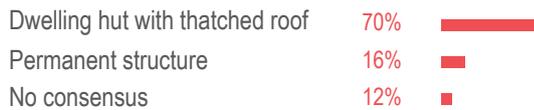
18. KIs reported that health workers were not providing services in 83% of assessed settlements, and for 2% there was no consensus.

KIs from **29%** of assessed settlements reported that shelters were destroyed or seriously damaged in the month prior to data collection¹⁹

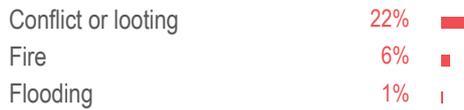
Most commonly reported reasons why shelters were not rebuilt, by % of assessed settlements where destroyed or damaged shelters had reportedly not been rebuilt



Most commonly reported shelter types, by % of assessed



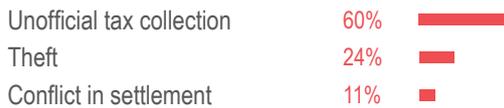
For those, the most commonly reported reasons why shelters were destroyed or seriously damaged were



PROTECTION

KIs from **70%** of assessed settlements reported at least one type of protection incident that happened in the month preceding data collection²⁰

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 **90%** of assessed settlements where KIs reported disputes within the settlement, the following causes were most commonly mentioned^{7 21}



KIs from **86%** 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

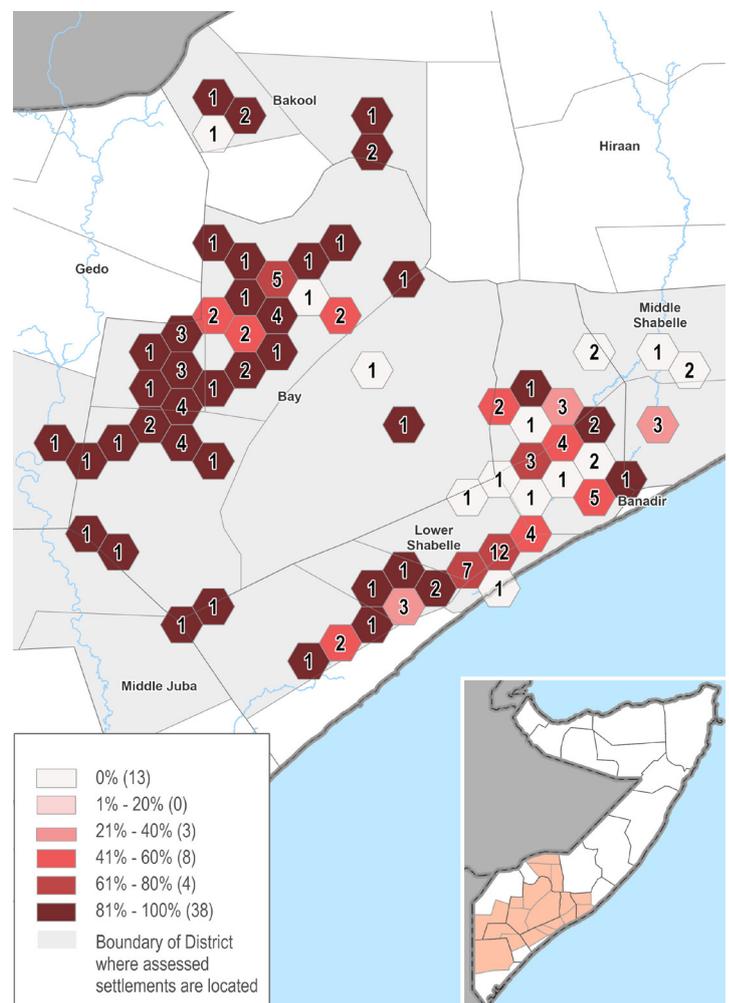
% of assessed settlements where KIs reported that people were able to leave and return



% of assessed settlements where KIs reported that people could not safely move around



% of assessed settlements reporting protection incidents in the settlement of origin in the last month



19. KIs in 59% of assessed settlements reported that no shelters were destroyed and for 8% there was no consensus.

20. No protection incidents were reported by KIs from 22% of assessed settlements, for 8% there was no consensus.

21. No disputes were reported by KIs from 8% of assessed settlements, and for 2% 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 the presence of unaccompanied children in the month preceding data collection



Of those (n=2) the most commonly reported place where unaccompanied children live was a house in 100% of assessed settlements

In 69% of assessed settlements KIs reported that no kind of special services for children were available^{22 23}

KIs from 72% of assessed settlements reported protection incidents that happened to women in their settlement of origin²⁴

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

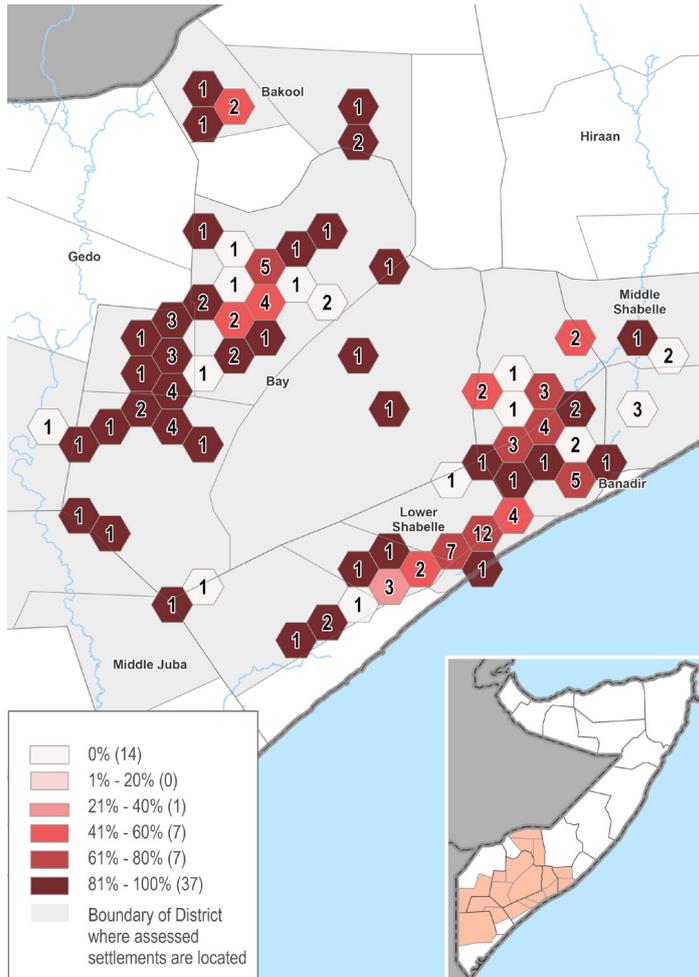


Places that women from the assessed settlements were reportedly avoiding for safety or security reasons⁷

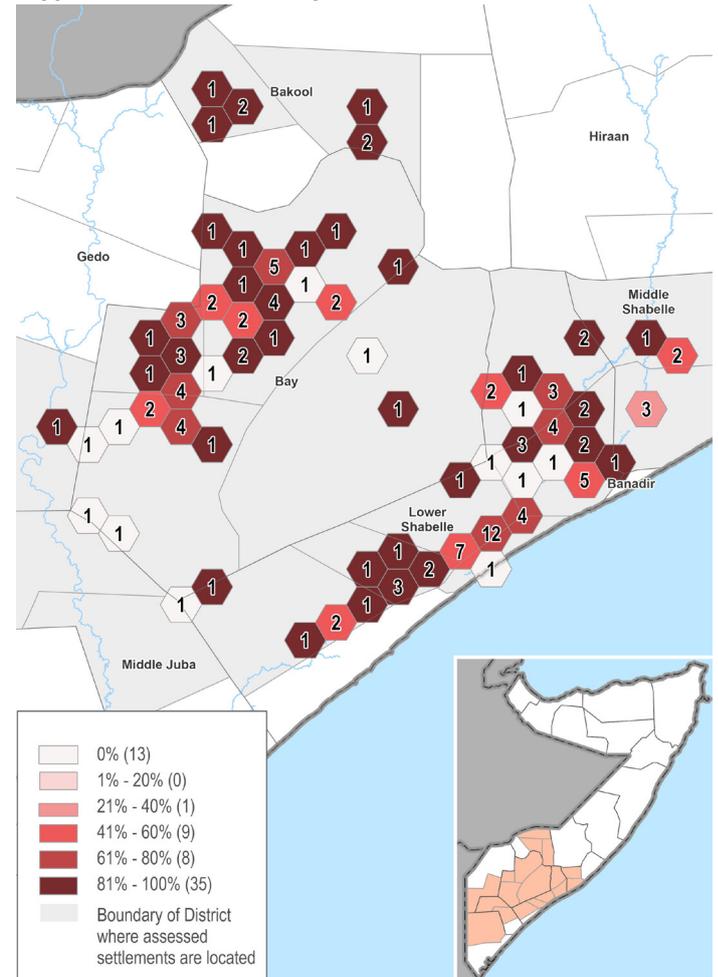


In 54% of assessed settlements KIs reported that protection services were not available to women from the settlement^{25 26}

% of assessed settlements where no kind of special services for children were available²³



% of assessed settlements reporting protection incidents that happened to women in the past month



22. KIs from 22% of settlements were not aware of availability of services and for 9% of settlements there was no consensus.

23. Services for children include: alternative care, psychosocial support, social workers, family tracing and referral services.

24. No protection incidents that happened to women were reported by KIs from 17% of assessed settlements, and for 11% there was no consensus.

25. KIs from 33% of assessed settlements reported that protection services for women were available and for 13% of assessed settlements there was no consensus.

26. Protection services for women include: psychosocial support, treatment of rape survivors, shelters and treatment for victims of GBV, legal support.

WATER, SANITATION AND HYGIENE

March-April 2021
Somalia

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

River/ pond / berkad ^{27 28}	50%	
No consensus	20%	
Unprotected well with a pump	17%	

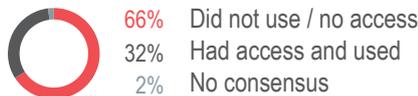
Average reported time of fetching water, including walking, waiting and return, by % assessed settlements

Less than 30 minutes	30-60 minutes	60 minutes to half a day	Half a day	More than half a day	No consensus
21%	42%	17%	0%	0%	20%

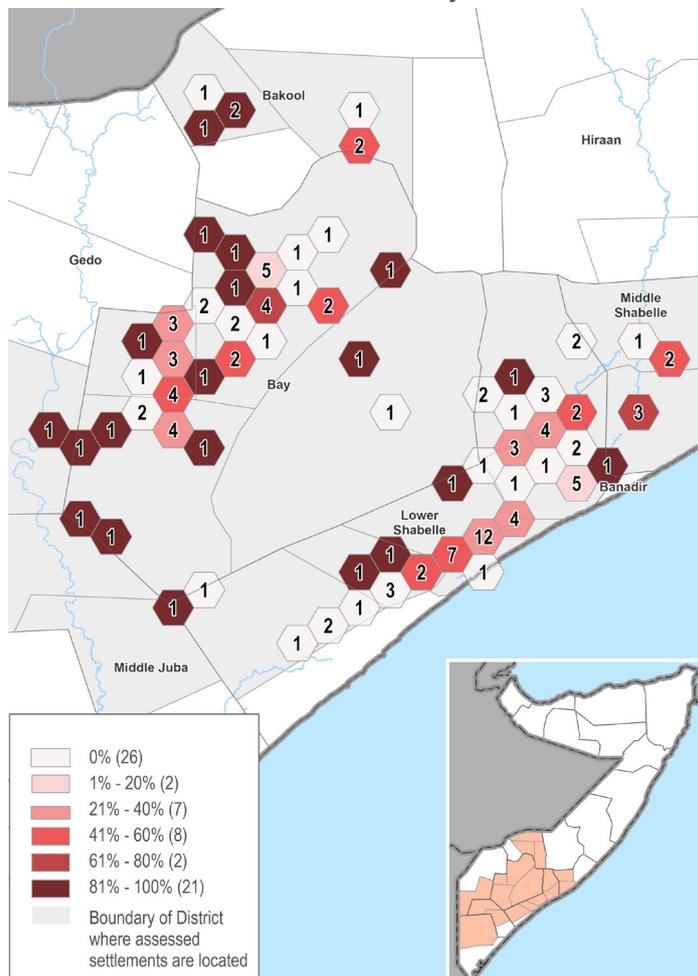
% of assessed settlements where people reportedly had insufficient access to water in the month preceding data collection



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



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



27. River, pond, berkad and unprotected well belong to unimproved water sources.

% 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

Less than half	36%	
None	34%	
Around half	20%	
No consensus	10%	

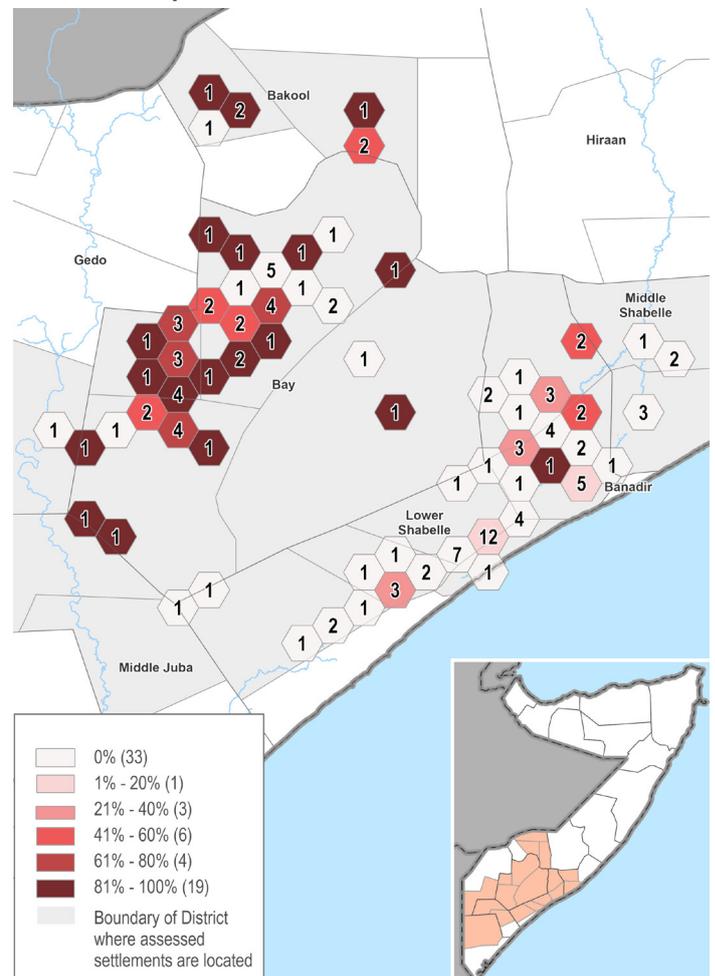
Most commonly reported barriers to using latrines, for % of assessed settlements where half or less of the population was estimated to use latrines

Insufficient quantity	40%	
Not functional	25%	
It is not common to use them	23%	

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

Burned	39%	
No consensus	28%	
Buried	20%	
Dumped	12%	

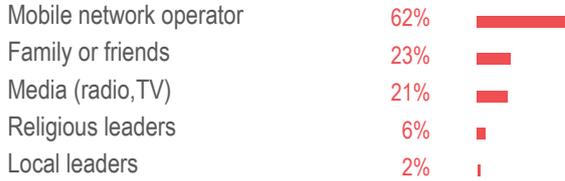
% of assessed settlements reporting no people were using latrines in the past month



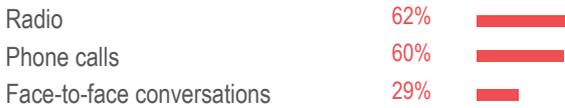
28. Berkad is a traditional open water storage.

C19 People in **65%** of assessed settlements had reportedly been receiving some information about COVID-19 in the month preceding data collection^{29 30}

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



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



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



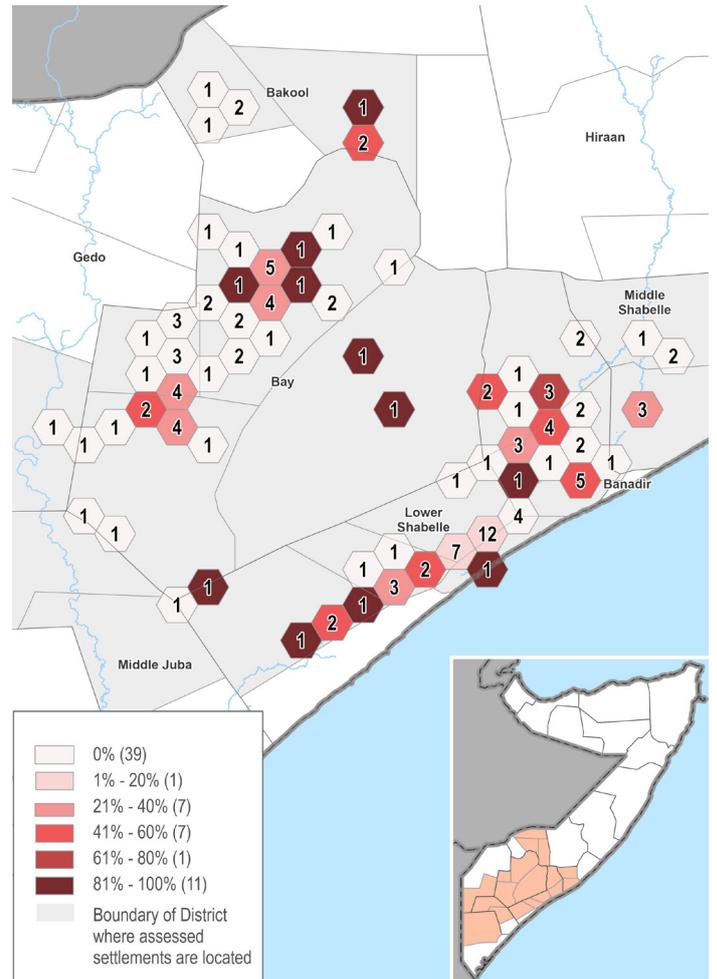
Most commonly reported main radio stations listened to by the population, by % of assessed settlements⁷



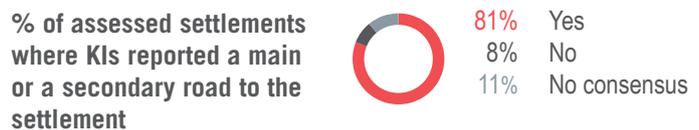
Most commonly reported barriers to accessing information, by % of assessed settlements⁷



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



ACCESS AND HUMANITARIAN ASSISTANCE



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

30. KIs from 25% of settlements reported that people had not been receiving information and for 10% 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.

Feedback

We are devoted to improving our outputs, so that we can continue supporting our partners and all actors within the humanitarian response. Please share your feedback related to this Hard-to-Reach Assessment March-April 2021 Fact sheet using the following [link](#).

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. Those who are already facing severe and extreme humanitarian needs risk being made even more vulnerable by the persisting pandemic. REACH is adapting existing and ongoing research cycles to monitor and inform the humanitarian community about the vulnerability caused by COVID-19 and its impact on affected populations.