



COVID-19 SITUATION ASSESSMENT REPORT - SOMALIA

June 2020



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SUMMARY

In June 2020, CISP conducted an assessment aimed at understanding emerging needs in humanitarian response in Somalia following the spread of corona virus pandemic in the region. A total of 327 respondents (161 females, 166 males) were interviewed during the assessment. The focus was on how COVID-19 is affecting communities in Somalia in relation to general knowledge about the disease, its impact on education, health, protection and livelihood systems in Somalia and the communities' response. This will provide CISP with an insight on how to improve or re-design programming for a more targeted and efficient humanitarian response.

Study findings show that 83% of respondents feel that they have information about COVID-19 and measures to prevent it; and 69% agree that people are following the government measures but not all the time. 24% of the respondents (79 out of 327) have a family member who has been infected with the corona virus; 48% of these are using home remedies to try and mitigate the symptoms; 41% are taking them to hospital for treatment; while 11% are keeping them hidden at home with no remedies for fear of being stigmatized or isolated from the community. Also, there has been a 40% drop in the ability to access health facilities for treatment since the onset of the corona virus.

Since the government measures for mitigating the virus were implemented, 56% of the employed and self-employed respondents' sources of income has reduced, while 44% have lost their jobs or business opportunities. 45% of families with school-going children reported that since school closure, children have no access to learning materials; and 42% of respondents feel that compared to the period before the pandemic, there has been an increase in GBV cases in their community.

Emerging needs identified from the study include regular supply of clean water for frequent handwashing; provision of personal protective equipment especially in camp populations; strengthening existing health facilities through capacity building of staff on how to respond to COVID-19 cases and supply of necessary equipment such as oxygen tanks; media and community level campaigns aimed at changing people's attitude towards complying with safe measures, non-discrimination against people showing corona virus symptoms and promoting health-seeking behaviour; regular distribution of dry food and non-food items to supplement reduced household income; cash grants or cash-for-work programmes in pastoralist communities whose livestock sales have gone down; strengthening schools and the ministry of education to establish an online education system; construction of temporary learning spaces to ease congestion at schools hence enable social distancing; psychosocial support for breadwinners, spouses and children to enable them cope with negative effects of COVID-19 on their lives.

Risk factors that could compromise mitigation efforts of the coronavirus include stigma against people complying with the set rules; low health-seeking behaviour in the community; lack of resources to provide a

safe environment; health staff refusing to admit anyone showing COVID-19 symptoms; non-reporting of infected cases/fatalities; and shortage of health facilities in close to residential areas.

1. INTRODUCTION

1.1 Background

The coronavirus disease (COVID-19) is a global pandemic that has spread across more than 200 countries in the world, with 9,277,214 confirmed cases and 478,691 deaths globally towards the end of June 2020¹. Efforts are ongoing across nations that are striving to mitigate the spread and eventually stop the spread of the disease that currently has no medically known cure.

Since the first case was identified in Africa, the virus has spread to all the 47 countries in the region, with 245,906 cumulative cases, 123,542 recoveries and 5,405 confirmed deaths as of late June 2020². Many people have been affected by measures taken by different governments to slow down the spread of the virus. These include local, regional and international travel restrictions, partial and full lockdowns, banning of public gatherings, curfews and social distancing.

As of late June 2020, the total confirmed COVID-19 cases in Somalia are 2,860, recovered cases are 837 and confirmed deaths are 90. Banadir state has the highest number of cases at 1,414 followed by Somaliland at 698, Somaliland at 290 and Jubaland at 175. 73% of the affected population are males while 27% are females³.

National and state authorities in Somalia have put in place measures to contain the spread of COVID-19 virus. These include raising awareness, quarantine measures and social distancing, with one of the requirements being strengthening community resilience. Studies have shown that the measures put in place such as social distancing, staying at home and lockdowns are most likely to increase the risk of violence among vulnerable groups of people such as children, adolescents, women, the elderly and people with disabilities. This is mainly because of increased time spent with and exposure to their abusers, among other factors⁴.

Although COVID-19 is a worldwide threat requiring a global response, the steps to contain it should be locally designed to avoid worsening humanitarian suffering. The World Health Organization (WHO) has called on countries to improve their level of preparedness, alert and response to manage and care for new cases. Each country is expected to assess its risk and promptly effect the measures required to mitigate both the spread and social, economic and public impacts on communities⁵.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed on June 25th, 2020 at 12:58pm.

² <https://www.afro.who.int/health-topics/coronavirus-covid-19> accessed on June 25th, 2020 at 13:11pm.

³ <https://moh.gov.so/en/covid19/> accessed on June 25th, 2020 at 12:17pm.

⁴ https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1 accessed on June 25th, 2020 at 13:35pm.

⁵ <https://www.who.int/publications/i/item/critical-preparedness-readiness-and-response-actions-for-covid-19> accessed on June 25th, 2020 at 13:25pm.

If not addressed in time, the COVID-19 emergency will further weaken the already fragile education, health, protection, livelihood and health systems that have been negatively impacted by protracted conflict in recent pasts.

It is for this reason that CISP conducted this assessment, to understand the emerging needs in humanitarian response in Somalia and consequently establish safe implementation strategies for both staff and target communities.

1.2 Study Objective

- To understand how COVID-19 is affecting communities in Somalia in relation to general knowledge about the disease, its impact on education, health, protection and livelihood systems in Somalia and the communities' response.

This will provide CISP with an insight on how to improve or re-design programming for a more targeted and efficient humanitarian response.

2. ASSESSMENT METHODOLOGY

2.1 Target Population and Sampling Procedure

The target population included host communities in Somalia; internally displaced populations (IDPs); key informants (health workers, health ministry officials and representatives from the education sector); and staff working in Somalia and their close friends/family.

Purposive sampling was employed in selection of health workers, teachers/headteachers and ministry officials. Convenience sampling was employed in selection of community members, staff and their close friends. This was due to the safety measures put in place restricting personal interviews and movement, hence respondents whose telephone numbers were known by project staff were selected.

Table 2.1 Sampling procedure

Respondent	Target Sample Size	Achieved Sample Size	Response rate (%)
Health workers/ Ministry officials	50	51	102%
Teachers/Headteachers	50	51	102%
Host community members	70	69	99%
Internally displaced community members	30	30	100%
CISP staff	25	25	100%
Friends/Family of CISP staff	100	101	101%
Total	325	327	101%

3. STUDY FINDINGS

3.1 Demographics

A total of 327 respondents (161 females, 166 males) were interviewed during the assessment. The age range of respondents was between 18 to 46 years and above, with most respondents (43%) being between 25 and 35 years. The education level of most of the interviewees (44%) was tertiary level (table 3.1).

Table 3.1: Education level

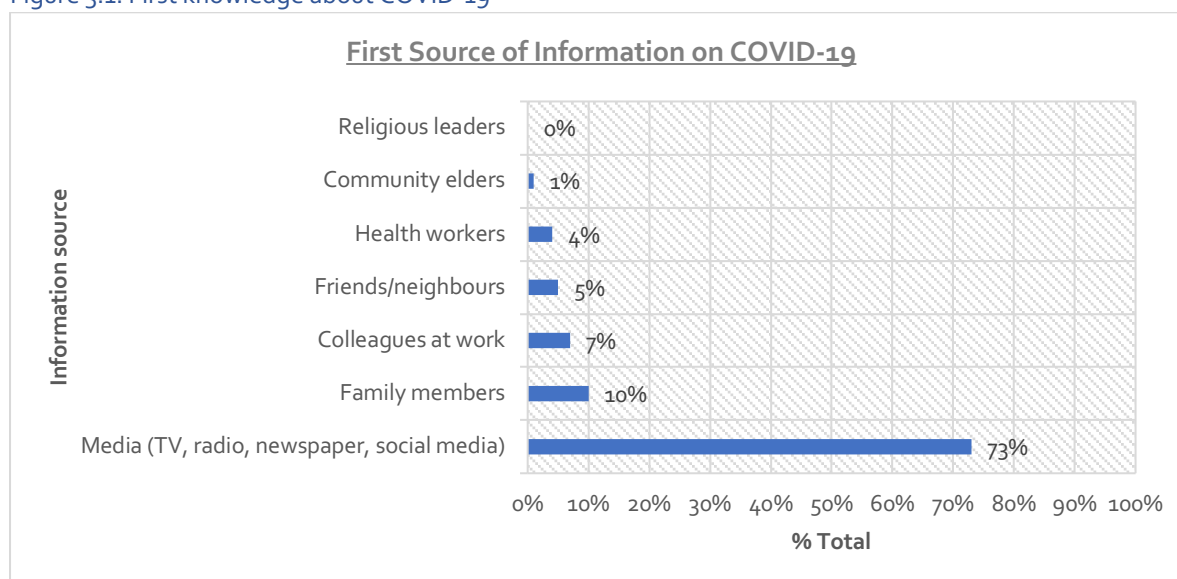
Education Level	Males	Females	Total	% Total
None	16	31	47	14%
ECD	2	1	3	1%
Primary	12	22	34	11%
Secondary	54	45	99	30%
Tertiary	82	62	144	44%
Total	166	161	327	100%

3.2 Awareness on COVID-19

3.2.1 General Knowledge

Most respondents (73%) first learnt of the corona virus from the media, followed by family members (10%), then from colleagues at work (7%). This is the same for both males and females (figure 3.1).

Figure 3.1: First knowledge about COVID-19



83% (43% males, 40% females) of the total respondents feel they have enough information about COVID-19 and the measures to prevent it. The remaining 17% who feel they lack enough information on the virus are mainly from IDP camps, and some of their excerpts are given below:

“At the camp, we don't have all the materials needed to prevent the virus. We do not have enough information on the disease. Some health workers came but they did not give us medication, facemasks or hand sanitisers,” – male IDP, Warta Nabadda District, Bar Ayan village.

“We have not been told how it spreads and if someone has corona virus what to do. The hospitals do not want to treat someone from the camp,” – male IDP, Howlwadaag District, Sayidka village.

“I only hear it is a very serious disease and people are dying, so I am afraid. They say, ‘wash your hands and avoid busy places’ but we don’t have enough water to waste,” - female IDP, Howlwadaag District, Sayidka village.

“What is missing is mass testing, awareness campaigns, mobile medical facilities and health workers who are trained on this virus and how to prevent it,” – male IDP, Hodan District, Bermuda village.

Some excerpts from key informants are given below:

“I have only heard that the disease is exist, but I am missing how to prevent, what its symptoms and what would be its affect after the person covered from COVID19,” – male teacher, Warta Nabadda District, Geedjecel village.

“There is no proper follow-up by health workers on infected cases and clear explanation on the procedures to be followed when one is infected,” – female teacher, Galkacyo District, Wadajir village.

“There is lack of adequate reporting of infected cases by the ministry of health and the government,” – female community member, Mogadishu District.

3.2.2 Government Measures

Community members and key informants were asked to state the various measures put in place by the government to mitigate the spread of COVID-19 and the main responses include social distancing, restricted movement, curfew, frequent handwashing, wearing facemasks and lockdown for both males and females.

Other measures put in place include mobile ring-back messages disseminating information on COVID-19 when you make a call; radio messages urging people to stay safe from COVID-19; and closure of education institutions and public spaces. However, one respondent from Karaan District, Alshareeca village claimed that no measures have been put in place and people in the area are dying without the government’s knowledge.

55% of the respondents feel the measures put in place are enough, while 45% feel the measures are not enough. When further asked whether people are respecting the measures put in place by the government, 69% said ‘yes, but not all the time’, 19% said ‘not at all’ and 12% said ‘all the time’. Reasons given for not following the government measures include: weak government measures to enforce the rules; government officials not following the rules they set; lack of awareness about the spread of the disease; stigma against people complying to the measures; need for people to work and buy basic goods; and lack of resources to implement the measures. Some of the respondents’ excerpts have been given below:

“People do not think the virus is deadly in all Somalia as it is in other regions, they think it is like a normal cough and flu,” – male IDP, Bondheere District, Maanabooylo village.

“If you wear a mask people run from you because they think you have the virus,” – male community member, Karaan District, Waxda Wajir village.

“They don’t follow the measures because the government also does not follow its own measures,” – male IDP, Hodan District, Bermuda village.

“The disease is not widely spread here in Guriceel so people are going on with normal life as usual,” – female Teacher, Guriceel District, Tawakal village.

“People are poor and do not have enough resources to implement the measures such as face masks and frequent handwashing,” – female Teacher, Galkacyo District, Wadajir village.

3.3 Care for Affected Family Members

24% of the respondents (79 out of 327) have a family member who has been infected with the corona virus. When asked about the measures they are taking towards the affected family member, 48% said they are using home remedies to try and mitigate the symptoms; 41% are taking them to hospital for treatment; while 11% are keeping them hidden at home with no remedies (table 3.3).

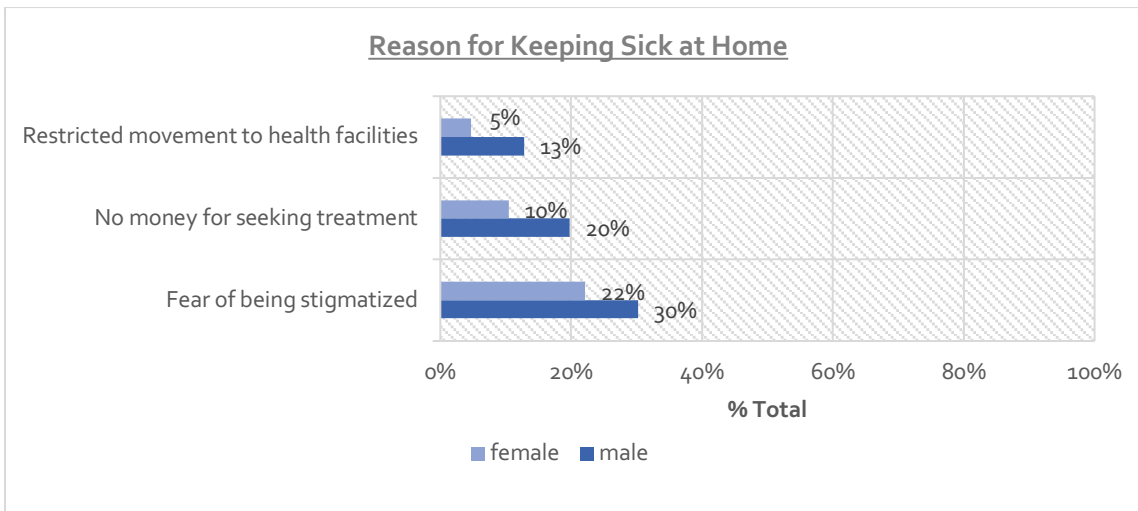
Table 3.2 Measures towards affected family members

Action taken	Total	% Total*
Using home remedies to try and manage the symptoms	38	48%
Taking them to hospital for treatment	32	41%
Keeping them hidden at home with no treatment	9	11%
Total	79	100%

*out of the 79 respondents with infected family members

Reasons for keeping the sick hidden at home were mainly because of stigma/fear of being isolated by other community members (figure 3.2). There are also more male respondents who claim to have kept the sick hidden at home compared to females. Also, 20 out of the 79 (25%) affected family members, have been quarantined in government facilities.

Figure 3.2 Reasons for keeping infected persons at home



Respondents were further asked whether someone showing symptoms of the corona virus is likely to face discrimination; 58% agreed while 42% disagreed. This implies a state of denial among the population, when compared to responses in section 3.2.2, where only 12% of the respondents are following government measures to mitigate spread of the virus. However, findings show that lack of adequate information on the disease and fear of death are the main cause of stigmatization.

Examples of how people showing COVID-19 symptoms include isolation, lack of material assistance from other community members and avoidance. Some of the respondents' excerpts are given below:

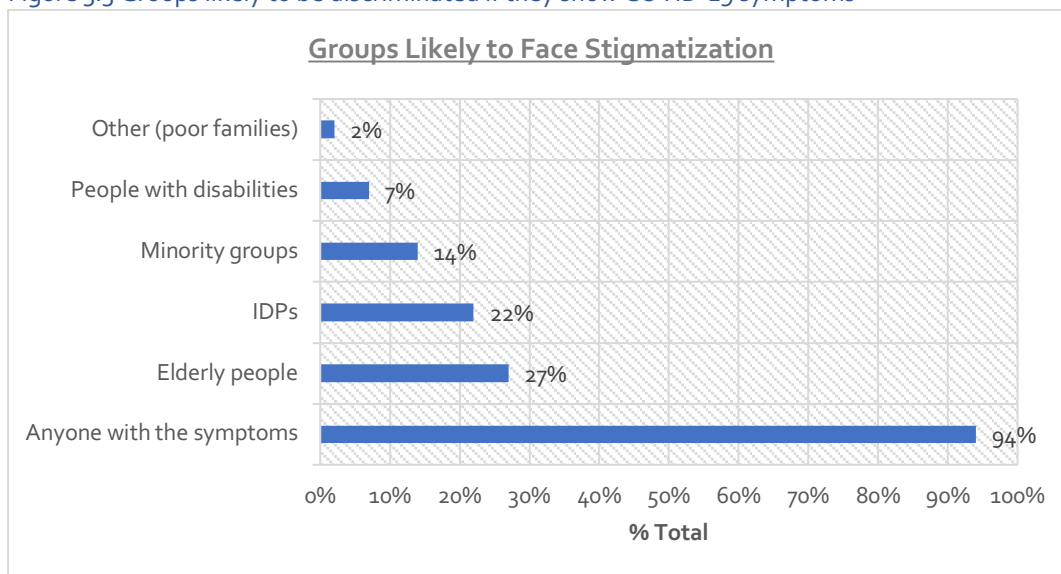
"They have been isolated and no longer receive help from the community," – Male community member, Yaqshiid District.

"If anyone nearby sneezes, people run away for fear of contracting the virus," – female community member, Yaqshiid District.

"There is a case where my neighbour tested positive at the national lab. When they returned home at night, the family refused to let her in. they suggested that she stays at the hospital until she tested negative for the corona virus," – Male staff, Mogadishu District.

From the responses, groups most likely to face discrimination include anyone showing the symptoms 94%; followed by elderly people (27%); and then IDPs (22%) (figure 3.3).

Figure 3.3 Groups likely to be discriminated if they show COVID-19 symptoms

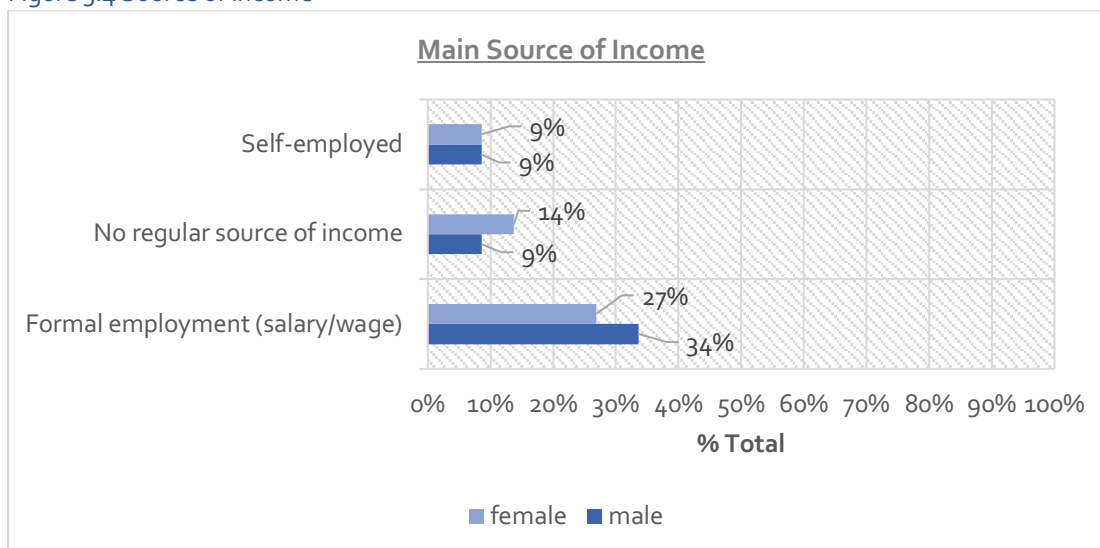


3.4 Influence of COVID-19 on Livelihoods

3.4.1 Household Income

The main source of income for most of the respondents is formal employment (61%), followed by no employment (21%) and self-employment (17%). There are more men who are formally employed compared to women, and more women who have no source of income compared to men (figure 3.4). Those who lack a regular source of income reported that they rely on humanitarian aid, relatives living abroad, support from family and friends and occasional casual jobs for a small fee.

Figure 3.4 Source of income



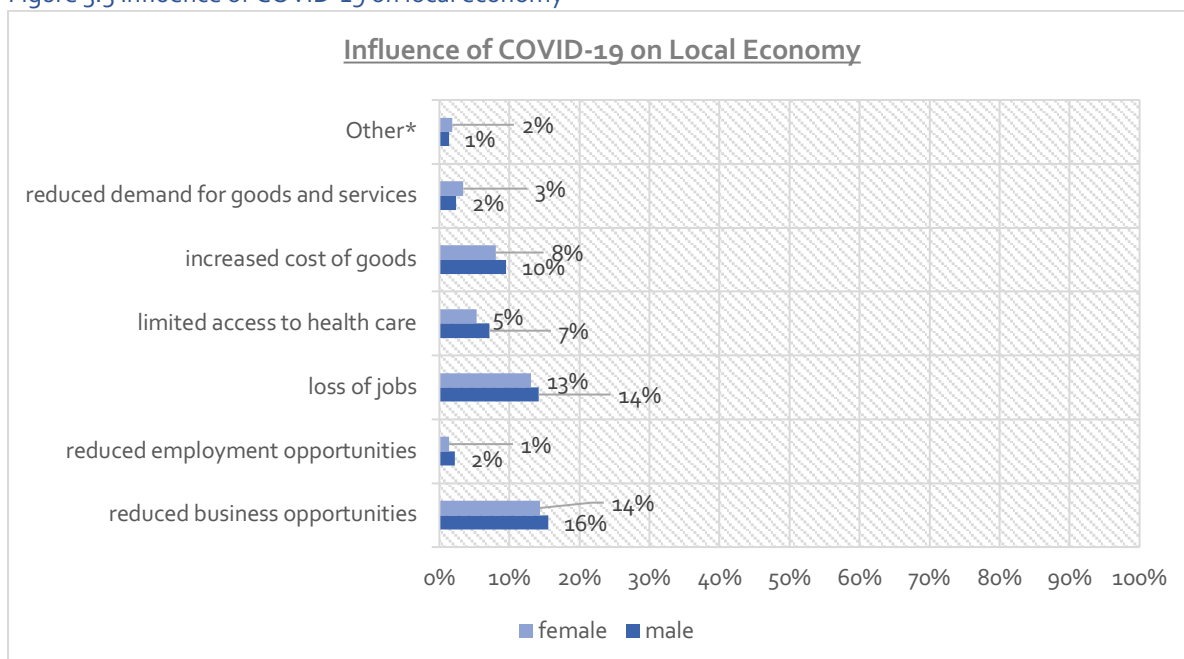
The main source of income for 69% of respondents who were employed or had businesses has been affected by the COVID-19 crisis. 56% of these cited reduced sources of income while 44% cited loss of entire income after the government measures were implemented. To cope with these changes in income, households have resorted to the following coping mechanisms:

- ✚ Reliance on humanitarian aid for survival,
- ✚ Using available savings to cover basic needs,
- ✚ Buying goods in bulk and reselling them for profit,
- ✚ Consuming only basic foods and those that are available,
- ✚ Seeking support from family members, friends, and neighbours,
- ✚ Taking loans with the intention of repaying after working conditions resume to normal,
- ✚ Selling some of the property (jewellery) to cover daily expenses for the past 3 months,
- ✚ Relying on local products since there has been no import of goods since the outbreak of the virus,
- ✚ Seeking alternative sources of income such as selling masks and casual jobs at construction sites.

3.4.2 Local economy

Assessment findings show that the spread of COVID-19 in Somalia and government measures put in place to mitigate its spread have had a significant effect on the local economy in the assessed regions. This includes reduced business opportunities (closure of small businesses and fewer customers); increased demand for goods and services resulting in a higher cost of living; reduced income from relatives living abroad; limited access to basic services such as health facilities and markets; and reduced profits compared to the period before the crisis (figure 3.5).

Figure 3.5 Influence of COVID-19 on local economy



*shortage of imported goods and increased business opportunities

Consequently, the community has resorted to various coping mechanisms as outlined below:

- ✚ Complaining to local authorities,

- ✚ Trusting in God for things to get better,
- ✚ Reliance on humanitarian food distribution,
- ✚ Borrowing food from each other and eating together,
- ✚ Looking for cheap bargains and consuming less than before (avoiding purchase of non-essentials).

Two excerpts from community members are highlighted below:

“After prices of food items went up, women from poorer families in our IDP camp go to the market together at late afternoon to buy leftover produce and collect disposed of items,” – female IDP, Bondheere District, Safaarada Talyaaniga village.

“They cannot do anything; they are just living on what they have at the moment,” – male community member, Baidoa District, Horseed village.

18% of the respondents agree that people have been displaced due to the pandemic, and 23% feel that pastoralist communities will be affected differently than other citizens in Somalia. Suggestions on how to support pastoralists cope with negative effects of the pandemic include:

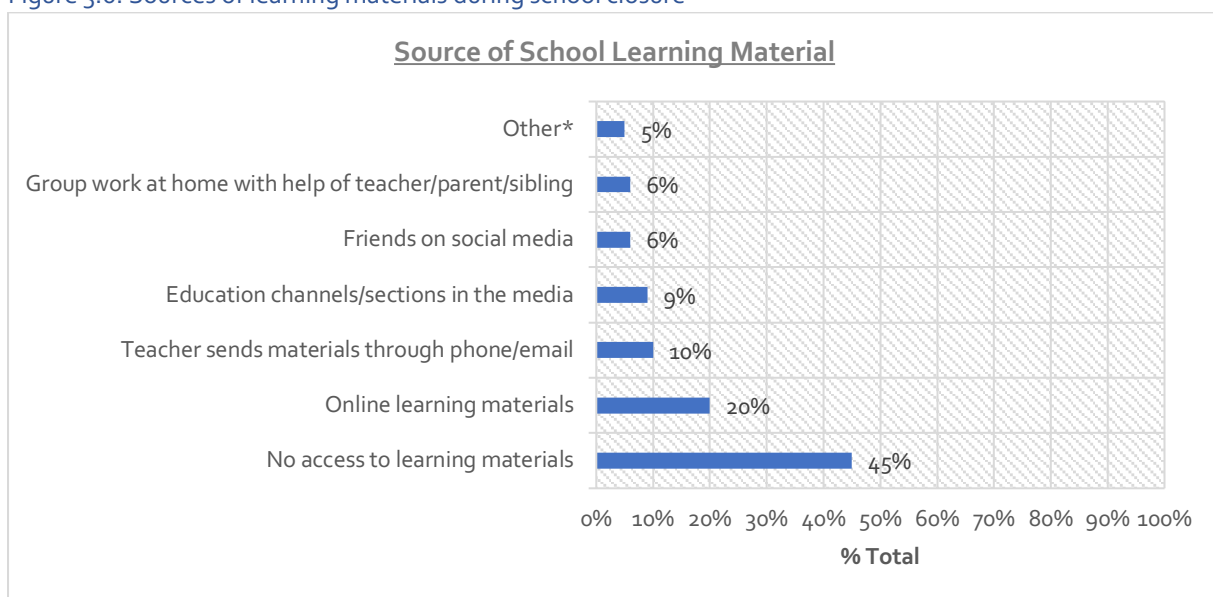
- ✚ Delivery of health services such as labs for mass testing of COVID-19 to minimize community transmission,
- ✚ Conduct mass awareness in pastoralist communities on how to prevent transmission of the corona virus,
- ✚ Supply of protective equipment such as face masks and hand sanitizers,
- ✚ Dry food ration distribution as well as supply of goods not available in these areas and are in low supply due to transport restrictions,
- ✚ Provision of basic services that are available to urban residents such as clinical care, medicine, food, water, sanitation, etc.,
- ✚ Access to market for livestock sales because they cannot sell their produce now due to restricted movement,
- ✚ Restricted movement is affecting labour for agricultural produce and supply of pesticides so they will have low yields and hence low income. This can be supplemented by implementation of livelihood programmes such as cash-for-work programmes in affected areas.

3.5 Influence of COVID-19 on Education

58% of the sampled population has children of school-going age. Respondents mentioned that COVID-19 has affected the education of their children mainly due to school closure (66%) resulting in children lagging behind in their studies (18%) and reduced household income to support their children’s education needs at home (15%). One parent stated that their children do not go to formal school but to madrassa; this was closed for a few weeks then re-opened. Another reported that their children do not go to school but stay at home, even before the pandemic.

When the parents were asked how children are currently accessing learning materials while at home, majority of them reported that children currently have no access to learning materials (figure 3.6).

Figure 3.6: Sources of learning materials during school closure



*purchasing education material available locally and madrassa lessons

34% of the respondents feel that distance learning will be feasible if school closure is prolonged due to the COVID-19 pandemic. However, findings show that there will be various challenges in implementing distance learning in Somalia as outlined below:

- + Lack of digital learning material,
- + The future of education system programming in Somalia,
- + Somali homes are very noisy and not conducive for learning,
- + Schools are not qualified/equipped to provide distance learning,
- + Poor internet for stable and clear connections to enable smooth learning,
- + There is no control and concentration may be low with multiple disruptions,
- + Most homes are not equipped with internet/electricity to enable distance learning,

- ✚ Costly equipment (computers and smartphones) that are not affordable by most families,
- ✚ Monitoring attendance is a challenge hence there'll be difficulty in ensuring high participation by all pupils,
- ✚ Distance learning needs time for students, teachers, school management and ministry of education to adapt to.

The future of education system programming in Somalia due to COVID-19 pandemic as forecasted by respondents is as follows:

- ✚ There will be an increase in school dropouts,
- ✚ The education system will shift to online learning,
- ✚ Schools will have to be well equipped with materials for online learning,
- ✚ Lower quality of education will be provided producing half-baked students,
- ✚ The ministry of education will have to develop a curriculum for online learning,
- ✚ Teachers will lose their jobs since schools will not be able to cover their salaries,
- ✚ The current mode of teaching will not be applicable hence alternative methods have to be devised,
- ✚ Lessons will have to be pre-recorded and shared with students later to enable distance learning in case of such a crisis,
- ✚ Parents will hesitate to pay school fees; schools will encounter a financial crisis and some may eventually close down,
- ✚ Schools will be required to have enough space for social distancing and provide the necessary facilities to prevent the disease such as testing, face masks, sanitizers and enforce rules requiring students and teachers to practice frequent handwashing.

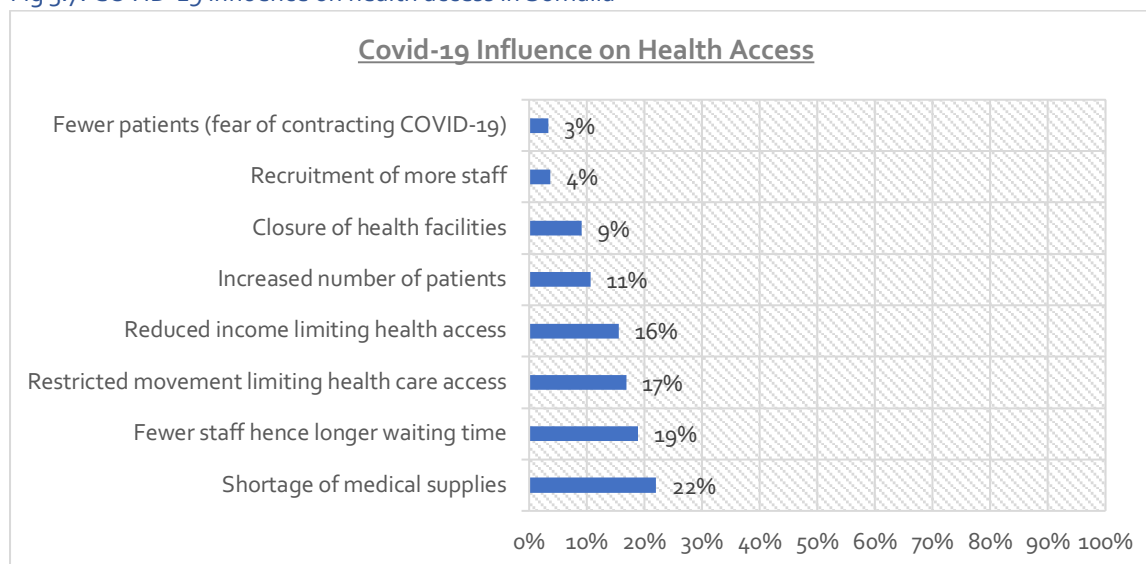
3.6 Influence of COVID-19 on Access to Health

82% of the key informants reported that COVID-19 has influenced health service provision in Somalia; 47% of staff and their close family and friends have faced a challenge in accessing health facilities during the pandemic. 86% of community members had safe access to health facilities before the pandemic but only 46% could access health facilities without any challenge after spread of the pandemic. This denotes a 40% drop in ability to access health facilities to receive treatment since the onset of the corona virus in Somalia.

Specific effects on health include closure of private hospitals in different areas; more patients and fewer staff hence longer waiting time; reduced income hence families unable to afford health care; and restricted movement limiting access to health facilities (figure 3.7). Other reported effects include doctors afraid for the lives for lack of PPE leading to absenteeism and hence long queues; lack of adequate health facilities in

assessed areas hence people die on their way to receive treatment; lack of adequate equipment and supplies at the hospitals to respond to COVID-19 cases; and staff assigned to different shifts to avoid overcrowding at the health facilities.

Fig 3.7: COVID-19 influence on health access in Somalia



Some of the respondents' excerpts have been highlighted below:

"Some hospitals were turned to quarantine centres and people are being referred to alternative and further centres, which the local community cannot access by foot," - male community member, Mogadishu, Waberi village.

"For the private hospitals, if a patient visits the facility and they have some symptoms of COVID-19, the health workers refuse to deal with him/her and requests the person to visit the COVID-19 centre that the government has set aside. The other challenge was that people fear the government COVID-19 centre because there were rumours stating that there is no proper handling of cases and there is no quality equipment at the quarantine centres," – male community member, Banadir District, Waberi village.

"People refuse public hospitals and the private hospitals refuse to admit corona virus cases, since they cannot handle it," – male community member, Banadir District, Yaqshi Horseed village.

72% (236 out of 327) respondents agree they have been informed of what to do when a family member develops a cough, fever or difficulty in breathing. 75% (245 of 327) are aware of the toll-free number (449) to call when a family member is sick.

17% (57 out of 327) respondents stopped taking their children for immunization at the onset of corona virus. Reasons given for stopping the immunizations include:

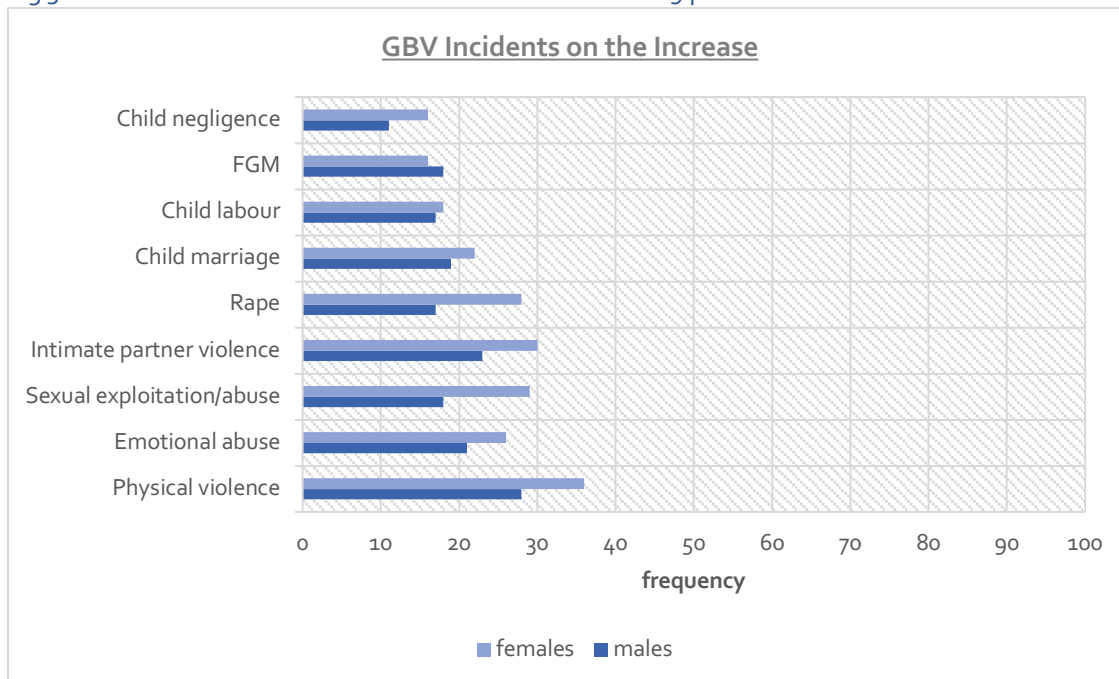
- ✚ Fear of children getting infected with people who have the virus because children are vulnerable,
- ✚ Health centres rejecting to receive patients (Galkacyo),
- ✚ Closure of hospitals that were accepting only emergency cases (Banadir),
- ✚ Parent informed that during this phase the immunization will not do any good to the child since this will lower his/her immunity.

3.7 Influence of COVID-19 on Protection

42% (137 out of 327) respondents feel that compared to the period before the pandemic, there has been an increase in GBV cases in their community.

Community members feel that intimate partner violence cases have the highest increase (19%), followed by physical violence (17%) and then sexual exploitation/abuse (14%). Service providers mentioned that the GBV cases mostly being reported are physical violence (18%), followed by emotional abuse (17%), child labour (15%) and child marriage (15%). In general, physical violence, emotional abuse, sexual exploitation/abuse and intimate partner violence are the main GBV incidents reported to have increased since the onset of the COVID-19 crisis (figure 3.8).

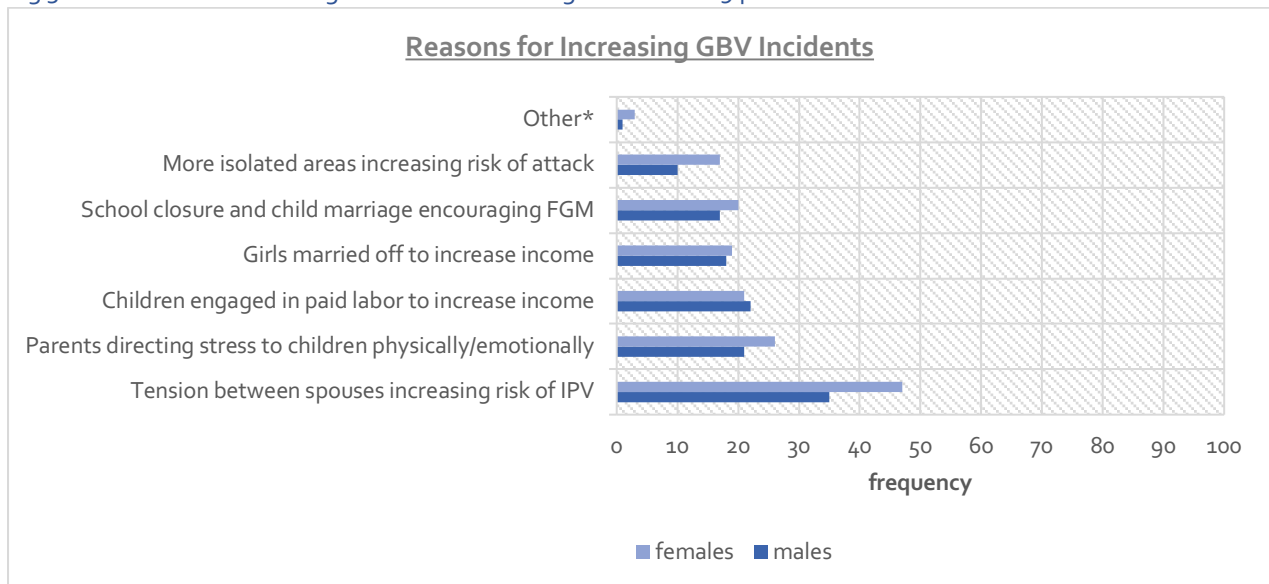
Fig 3.8: GBV incidents that have increased after the COVID-19 pandemic



Findings show that the main reasons for the increase in GBV incidents during the COVID-19 pandemic include loss and reduction of household income and husbands being at home for longer periods of time leading to increased tension between the spouses; parents' tension and stress due to hard economic times may lead them to abuse their children physically/emotionally; girls are now free at home and have to face the cut (FGM) in preparation for marriage; there are more isolated areas due to restricted movement increasing risk of

women and girls being attacked; children have to engage in paid labour to compensate for reduced household income; FGM, child marriage, child labour and sexual exploitation are exacerbated by school closure; FGM is also being triggered by reduced income for TBAs; and sexual exploitation is also as a result of reduced business/employment opportunities for parents.

Fig 3.8: Reasons for increasing GBV incidents during the COVID-19 pandemic



*lack of law and order encouraging offenders; and girls/women getting into relationships to meet personal needs.

Some of the excerpts from respondents are highlighted below:

“The cutting of young girls increased during this situation because traditional midwives do not have any other jobs so they started to knock on people’s doors to ask the families to cut their daughters,” – female community member, Beled Hawo District, Golanhayd village.

“More girls being out of school has increased the risk of school dropouts leading to more cases of early marriage,” – male community member, Mogadishu District.

“With school learning being interrupted and children staying at home for long periods, most of the young girls are subjected to FGM,” – male community member, Mogadishu District, Wabeeri village.

“Lack of household income has reduced the finances needed to sustain the family needs. Parents therefore urge the young girls to get engaged and married to get more income in form of bride price,” – male community member, Dhusamareeb District, Wabeeri village.



“Loss of income and husbands being at home throughout the pandemic leads to tension and arguments between partners,” – female community member, Mogadishu District, Wabeeri village.

4. CONCLUSION AND WAY FORWARD





From the findings, it is evident that COVID-19 has had a negative impact on communities in Somalia. Government measures to mitigate the spread of the virus has resulted in more people losing their jobs; reduced business opportunities; limited access to health facilities and learning institutions; and an increase in GBV incidents among the assessed populations.

The way forward is to address the identified emerging needs across the already fragile health, education, protection, and livelihood systems in Somalia. This will improve the quality of life among the assessed communities through a more targeted and efficient humanitarian response. Identified priority areas of intervention include:

a. Awareness on COVID-19

-  Provision of an enabling environment to implement safety measures put in place by the government. This entails a regular supply of clean water especially in camp populations and provision of facemasks,
-  Conducting media and community level awareness campaigns to disseminate information aimed at changing the people's attitudes towards complying with safe measures set by the government; promoting health-seeking behaviour; and discouraging non-discrimination against people showing symptoms of COVID-19,

b. Health

-  Increased supply of Personal Protective Equipment for the front-line staff,
-  Strengthening health facilities in remote areas to respond to corona virus cases by building capacity of staff on how to mitigate the symptoms; and equipping hospitals with ventilators, oxygen tanks and additional bedding facilities to increase their admission capacity,
-  Provision of extra hand washing facilities in health facilities especially automated water tabs to reduce risk of cross contamination,
-  Capacity building of Community health workers on Integrated Community Case Management (iCCM) to ensure provision of timely and effective treatment of malaria, pneumonia and diarrhoea to populations with limited access to facility-based health care providers during the ongoing Pandemic especially to children under 5 years old and mothers trained on Mother-led mid-upper arm circumference (MUAC) screening so that children with acute malnutrition are diagnosed early to significantly reduces child mortalities related to malnutrition. Involving mothers in nutrition screening activities recognizes the fact that they are best placed to identify early signs of malnutrition and reinforces their role in protecting and promoting their child's health especially at this time when access to health facilities are curtailed,

c. Livelihoods

- ✚ Regular distribution of dry food and non-food items to supplement reduced and/or lost household income,
- ✚ Implementing cash grants/cash-for-work programs especially in camp populations whose quality of life has deteriorated since the onset of the pandemic and pastoral communities whose livestock sales have dropped due to restricted movement limiting market access,

d. Education

- ✚ Construction of temporary learning spaces to ease congestion especially in public schools, hence enabling an environment that allows for social distancing during learning,
- ✚ Organizing coordination workshops targeting stakeholders at all levels in the education sector to deliberate on alternative learning methods that will ensure all students gain access to learning materials even when at home. This includes exploring avenues for pre-recording lessons to be shared with students through education channels and social media,
- ✚ Provision of water storage and hand washing facilities in public schools to allow frequent handwashing by students and staff,
- ✚ Building capacity of teachers on how to ensure safety of children while at school and measures to take when a child develops a cough, fever or difficulty in breathing,
- ✚ Creating awareness on the toll-free number (449) to call when a student or staff falls sick.

e. Protection

- ✚ Provision psychosocial support for breadwinners who have lost their income source, spouses and children to enable them cope with the negative effects of COVID-19 on their lives.
- ✚ Creating awareness on different types of GBV, how to identify GBV survivors, available GBV services and encourage reporting of GBV incidents.

5. APPENDICES

Annex A: COVID-19 Situational Assessment Questionnaire – Community Members

Study Objective: *The purpose of this interview is to understand how COVID-19 is affecting communities in Somalia in relation to general understanding of facts about the disease, how communities have responded to the disease and its impact on education, health, protection and livelihood systems in Somalia. This will provide CISP with an insight on how to improve or re-design programming for efficient interventions.*

Instructions: *Use this questionnaire to interview community members (IDPs and host communities) currently residing in Somalia and have not moved from their community for the past 6 months. The researcher should seek consent from the respondent, explain to them the study purpose and assure them of confidentiality of all information they will provide. Do not lead them to provide any answers because their honest opinion will portray the real situation on the ground.*

Survey Questions

A: Demographics

Date of data collection: _____ **Region/district/location:** _____

Participant code: _____ **Sex:** Female Male

Age: 18-24yrs 25-35yrs 36-45yrs 46years and above

Placement status of respondent: a. living in an organized camp b. living in an unorganized settlement, c. living in a public building (school, abandoned building etc.), d. living in a host community

Education level of respondent: a. None b. ECD c. Primary d. Secondary e. Tertiary

B: General Knowledge

1. Have you heard of Coronavirus disease? Y/N
2. How did you first come to know about it or from whom did you first learn about it? (select one below)
 - a. From my family members
 - b. From friends/neighbors
 - c. From my colleagues at work
 - d. From the media (TV, radio, newspaper)
 - e. From community elders
 - f. From religious leaders
 - g. From health workers
 - h. Other

Specify if other _____

3. Do you think you have enough information about COVID-19 and the measures to prevent it? Y/N

C: Government Measures

4. What steps has the government taken to contain the transmission? (Select all that apply)
 - a. Restricted movement

- b. Frequent handwashing
 - c. Wearing facemasks
 - d. Social distancing
 - e. Curfew
 - f. Lockdown
 - g. Other
- Specify if other _____

5. In your opinion, are these measures enough? Y/N
6. Are people respecting the measures put in place by the government? If not, why?

D: Care for Affected Family Members

7. Is any of your family members affected by the pandemic? Y/N
8. What measures have you taken towards the affected family member(s)? (select one below)
 - a. Taking them to hospital for treatment
 - b. Keeping them hidden at home with no treatment
 - c. Using home remedies to try and manage the symptoms
 - d. Other

Specify if other _____

9. If family members keep the sick hidden in the homes, what could be the reasons for not seeking medical attention? (select all that apply)
 - a. Fear of being stigmatized
 - b. No money for seeking treatment
 - c. Restricted movement to health facilities
 - d. Other

Specify if other _____

10. Have any of the affected family members quarantined in government facilities? Y/N
11. Do you think someone with COVID-19 or showing symptoms will be stigmatized? Y/N
12. Which groups in the community are most likely to face stigmatization?

- a. IDPs
- b. Minority groups
- c. People with disabilities
- d. Children
- e. Elderly people
- f. Anyone with the symptoms
- g. Other

Specify if other _____

E: Impact on livelihoods

13. What is your main source of income?
 - a. Formal employment
 - b. Self-employed
 - c. Other

Specify if other _____

14. Has COVID-19 had any impact on your source of income? Y/N

15. If yes, how has it affected you?

- a. Reduced income
- b. Loss of income
- c. Other

Specify if other _____

16. How are you personally coping with this situation?

- a. Seeking support from close family members
- b. Seeking support from friends/neighbors
- c. Relying on humanitarian assistance (dry foods, non-food items, etc.)
- d. Other

Specify if other _____

17. Are there any shortages in the market of e.g. food, service provision, clothing, toiletries? Y/N

18. If yes, how and what is the community doing to ease the negative effects?

19. Were there people who were displaced because of the pandemic– i.e. did families have to relocate or return to homelands? Y/N

F: Access to Education

20. Do you have children of school-going age? Y/N

21. If yes, how has COVID-19 affected your children's access to education?

- a. School closure
- b. Children lagging in their studies
- c. Reduced household income to pay for uniform, books, fees, etc.
- d. No effect
- e. Other

Specify if other _____

22. How do children access learning materials during school closure?

- a. Online learning materials
- b. Through their friends on social media
- c. Teacher sends materials through phone/email
- d. Through education channels/sections in the media (TV, radio, newspaper)
- e. No access to learning materials
- f. Other

Specify if other _____

G: Access to Health Facilities

23. Before the pandemic, did you have access to health facilities? Y/N

24. Has COVID-19 had any effect on your access to health facilities? Y/N

25. If yes, how has the pandemic affected your access to health facilities?

- a. Closure of health facilities
- b. Fewer staff hence longer waiting time to receive services
- c. Restricted movement hence unable to access health facilities

- d. Reduced income hence unable to afford health care
- e. Other

Specify if other _____

- 26. Have you been informed of what to do when a family member develops a cough, fever, or difficulty in breathing? Y/N
- 27. Did your family stop taking babies (if any) for immunization clinics? If yes, why?
- 28. Do you know of a toll-free number (449) to call when a family member is sick? Y/N

H: Protection Concerns

- 29. Compared to the period before the pandemic, have you noticed an increase in gender -based violence and child abuse cases, such as child marriages, child labour, FGM, physical violence, emotional violence, sexual violence in your community? Y/N
- 30. If yes, which incidents of violence have mostly increased during this pandemic?
 - a. Child labour
 - b. Child marriages
 - c. FGM
 - d. Physical violence
 - e. Emotional abuse
 - f. Sexual exploitation/abuse
 - g. Child negligence
 - h. Rape
 - i. Intimate partner violence
- 31. What do you think is causing this increase?
 - a. Children have to help with paid labor to increase family income
 - b. Girls have to married off to increase family income
 - c. Parents are facing stressful times hence most likely to abuse their children physically/emotionally
 - d. More girls have to face the cut (FGM) so they can get married
 - e. There are more isolated areas due to restricted movement increasing risk of women and children being attacked
 - f. Tension between spouses due to stressing times increasing risk of violence
 - g. Other

Specify if other _____

Annex B: COVID-19 Situational Assessment – Key Informants

Study Objective: *The purpose of this interview is to understand how COVID-19 is affecting communities in Somalia in relation to general understanding of facts about the disease, how communities have responded to the disease and its impact on education, health, protection and livelihood systems in Somalia. This will provide CISP with an insight on how to improve or re-design programming for efficient interventions.*

Instructions: *Use this questionnaire to interview key informants (health workers, teachers and ministry officials) currently residing in Somalia and have not moved from their community for the past 6 months. The researcher should seek consent from the respondent, explain to them the study purpose and assure them of confidentiality of all information they will provide. Do not lead them to provide any answers because their honest opinion will portray the real situation on the ground.*

Survey Questions

A: Demographics

Date of data collection: _____ **Region/district/location:** _____

Participant code: _____ **Sex:** Female Male

Age: 18-24yrs 25-35yrs 36-45yrs 46years and above

Designation of respondent: a. Health worker b. Teacher c. Ministry Official d. Other (specify)

Education level of respondent: a. None b. ECD c. Primary d. Secondary e. Tertiary

B: General Knowledge

1. Have you heard of Coronavirus disease? Y/N
2. How did you first come to know about it or from whom did you first learn about it? (select one below)
 - a. From my family members
 - b. From friends/neighbors
 - d. From my colleagues at work
 - e. From the media (TV, radio, newspaper)
 - f. From community elders
 - g. From religious leaders
 - h. From health workers
 - i. Other

Specify if other _____

3. Do you think you have enough information about COVID-19 and the measures to prevent it? Y/N

C: Government Measures

4. What steps has the government taken to contain the transmission? (Select all that apply)
 - a. Restricted movement
 - b. Frequent handwashing

- c. Wearing facemasks
 - d. Social distancing
 - e. Curfew
 - f. Lockdown
 - g. Other
- Specify if other _____

5. In your opinion, are these measures enough? Y/N
6. Are people respecting the measures put in place by the government? If not, why?

D: Care for Affected Family Members

7. Is any of your family members affected by the pandemic? Y/N
8. What measures have you taken towards the affected family member(s)? (select one below)
 - a. Taking them to hospital for treatment
 - b. Keeping them hidden at home with no treatment
 - c. Using home remedies to try and manage the symptoms
 - d. Other

Specify if other _____

9. If family members keep the sick hidden in the homes, what could be the reasons for not seeking medical attention? (select all that apply)
 - a. Fear of being stigmatized
 - b. No money for seeking treatment
 - c. Restricted movement to health facilities
 - d. Other

Specify if other _____

10. Have any of the affected family members quarantined in government facilities? Y/N
11. Do you think someone with COVID-19 or showing symptoms will be stigmatized? Y/N
12. Which groups in the community are most likely to face stigmatization?
 - a. IDPs
 - b. Minority groups
 - c. People with disabilities
 - d. Children
 - e. Elderly people
 - f. Anyone with the symptoms
 - g. Other

Specify if other _____

E: Impact on livelihoods

13. What is your main source of income?
 - a. Formal employment
 - b. Self-employed
 - c. Other

Specify if other _____

14. Has COVID-19 had any impact on your source of income? Y/N

15. If yes, how has it affected your income source?

- a. Reduced income
- b. Loss of income
- c. Other

Specify if other _____

16. How are you personally coping with this situation?

- a. Seeking support from close family members
- b. Seeking support from friends/neighbors
- c. Relying on humanitarian assistance (dry foods, non-food items, etc.)
- d. Other

Specify if other _____

17. How is COVID-19 affecting the local economy e.g. businesses, income opportunities, etc.?

18. Are there any shortages in the market of e.g. food, service provision, clothing, toiletries? Y/N

19. If yes, how and what is the community doing to ease the negative effects?

20. Were there people who were displaced because of the pandemic– i.e. did families have to relocate or return to homelands? Y/N

21. In your opinion, is COVID-19 affecting pastoralist and agro-pastoralist communities differently than other citizens in Somalia? If yes, what support would they need to overcome the negative effects of the pandemic?

F: Access to Education

22. Do you have children of school-going age? Y/N

23. If yes, how has COVID-19 affected your children's access to education?

- a. School closure
- b. Children lagging in their studies
- c. Reduced household income to pay for uniform, books, fees, etc.
- d. No effect
- e. Other

Specify if other _____

24. How do children access learning materials during school closure?

- a. Online learning materials
- b. Through their friends on social media
- c. Teacher sends materials through phone/email
- d. Through education channels/sections in the media (TV, radio, newspaper)
- e. No access to learning materials
- f. Other

Specify if other _____

25. Is distance learning feasible during school closure, if closure is prolonged? Y/N

26. What will be the challenges?

27. How will this pandemic affect education system programming in the future?

G: Access to Health Facilities

28. Has COVID-19 had any impact on provision of health services to the community?

29. If yes, how has the pandemic affected provision of health services?

- a. Closure of health facilities
- b. Reduced staff to minimize operation costs
- c. Increased staff to cater for a higher number of patients
- d. Shortage of medical supplies
- e. A higher number of patients
- f. Restricted movement hence community has limited to access health facilities
- g. Reduced income hence people are unable to afford health care
- h. Other

Specify if other _____

30. Have you had any challenges in accessing health facilities during the pandemic?

31. Have you been informed of what to do when a family member develops a cough, fever, or difficulty in breathing? Y/N

32. Did your family stop taking babies (if any) for immunization clinics? If yes, why?

33. Do you know of a toll-free number (449) to call when a family member is sick? Y/N

H: Protection Concerns

34. Compared to the period before the pandemic, have you noticed an increase in gender -based violence and child abuse cases, such as child marriages, child labour, FGM, physical violence, emotional violence, sexual violence in your community? Y/N

35. If yes, which incidents of violence are mostly being reported during this pandemic?

- a. Child labour
- b. Child marriages
- c. FGM
- d. Physical violence
- e. Emotional abuse
- f. Sexual exploitation/abuse
- g. Child negligence
- h. Rape
- i. Intimate partner violence
- j. Other (specify)

36. What do you think is causing this increase?

- a. Children have to help with paid labor to increase family income
- b. Girls have to married off to increase family income
- c. Parents are facing stressful times hence most likely to abuse their children physically/emotionally
- d. More girls have to face the cut (FGM) so they can get married
- e. There are more isolated areas due to restricted movement increasing risk of women and children being attacked
- f. Tension between spouses due to stressing times increasing risk of violence
- g. Other

Specify if other _____