Assessment of Hard-to-Reach Areas

November 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 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.

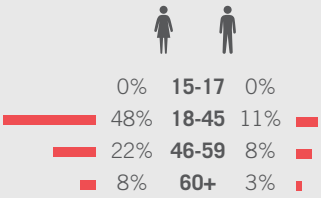
Recognizing the risk of COVID-19 for vulnerable populations in Somalia, REACH, following consultations with the cluster partners, introduced indicators to improve humanitarians' understanding of additional challenges that people from the assessed settlements might face as a result of the pandemic. These 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.14
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: 08/11 - 01/12

Number of key informants: 726

Number of assessed settlements: 173

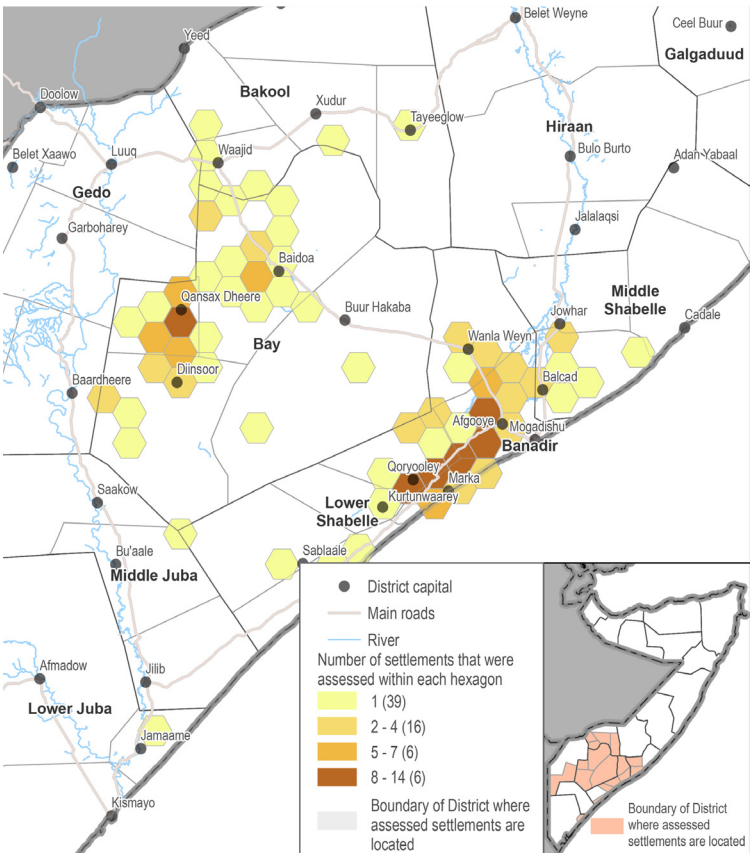
Proportion of KIs by duration of stay in the assesed settlement[3]

1-3 months	0%
3-6 months	2%
> 6 months	98%

8% 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



USAID FROM THE AMERICAN PEOPLE

REACH Informing more effective humanitarian action

DISPLACEMENT

17% of KIs reported leaving behind members of their household in the settlement where they stayed prior to displacement[6]

11% of those KIs reported that people with disabilities were among their household members who were left behind[6]

Household members, by gender and age, reported as left behind by KIs[6 7]

Girls (0-11)	18%
Boys (0-11)	23%
Adolescent girls (12-17)	17%
Adolescent boys (12-17)	31%
Adult women (18-59)	39%
Adult men (18-59)	45%
Elderly women (60+)	17%
Elderly men (60+)	13%

% of assessed settlements where KIs reported presence of IDPs[8]

10%	Yes
87%	No
3%	No consensus

Reported ratio of IDPs to host community in assessed settlements where displaced people were reported[9]

Less than half	100%

Most commonly reported primary reason for non-displaced population leaving, by % of assessed settlements

Flooding	49%
No services	20%
Drought	9%

Most commonly reported secondary reason for non-displaced population leaving, by % of assessed settlements

Lack of jobs	37%
Drought	14%
No services	10%
No access to services	6%

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 access[7]

Quranic school for boys	97%
Quranic school for girls	95%
Primary school for girls and boys	6%
Primary school for boys	5%

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
44%	31%	1%	5%	20%

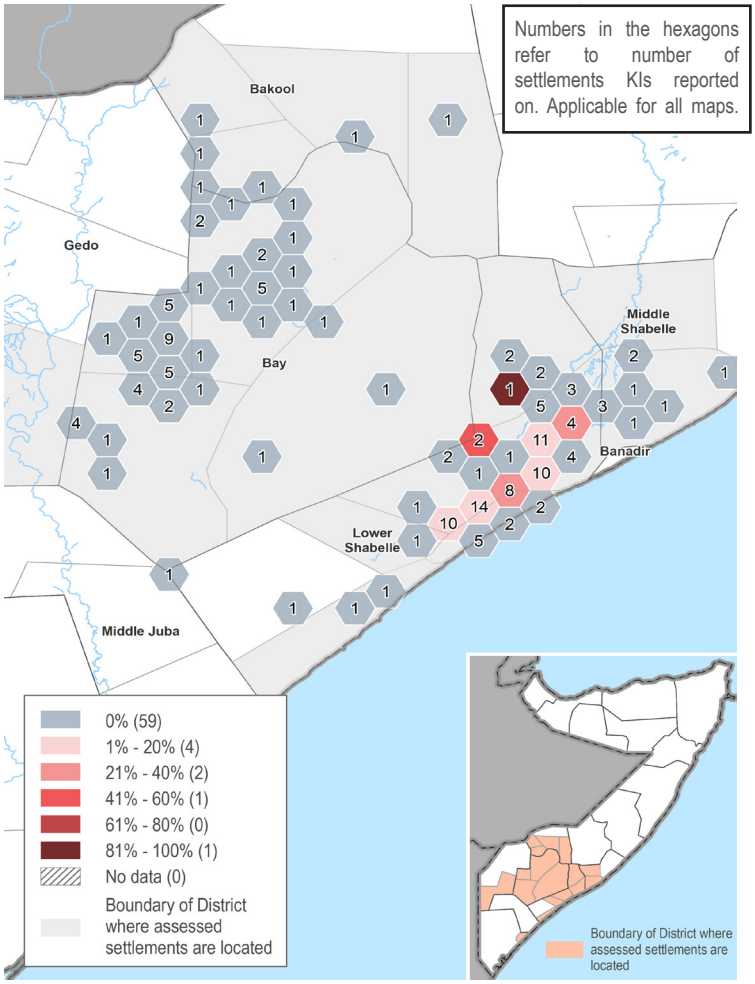
Most commonly reported barriers to access education for girls from the assessed settlements[10]

Cost of studies	57%
Need to support family	9%
Security	5%

Most commonly reported barriers to access education for boys from the assessed settlements[11]

Cost of studies	61%
Distance	2%
Security	2%

% of assessed settlements where KIs reported that children have to walk more than 1 hour to reach school



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 10% of settlements where presence of IDPs was reported.
10. No barriers were reported in 13% of settements, also there was no consensus in 15% of the settlements
11. No barriers were reported in 23% of settements, also there was no consensus in 10% of the settlements.

FOOD SECURITY AND LIVELIHOODS

93% of the assessed settlements reportedly had access to a functional market in the month preceding data collection[12]

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
36%	16%	25%	0%	0%	23%

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

Prices increased	82%
Prices did not change	16%
No consensus	2%
Prices decreased	1%

Most commonly reported source of food, by % of assessed settlements[7]

Own production[13]	79%
Bought with cash	12%
Given Someone	2%

KIs from 29% 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 day[7]

Natural causes	76%
No land for cultivation	52%
Economic causes	46%
Security	16%

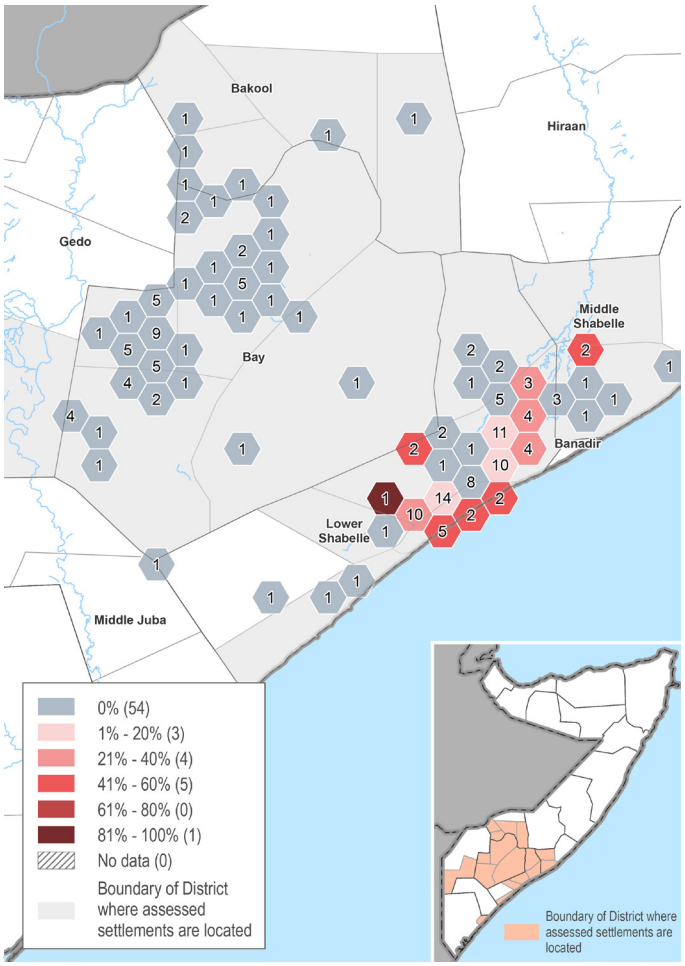
Most commonly reported strategies used to cope with lack of food in the settlement, by % of assessed settlements[7]

Borrow food from others	58%
Limit portion sizes	54%
Reduce number of meals	45%
Buy cheaper food	33%

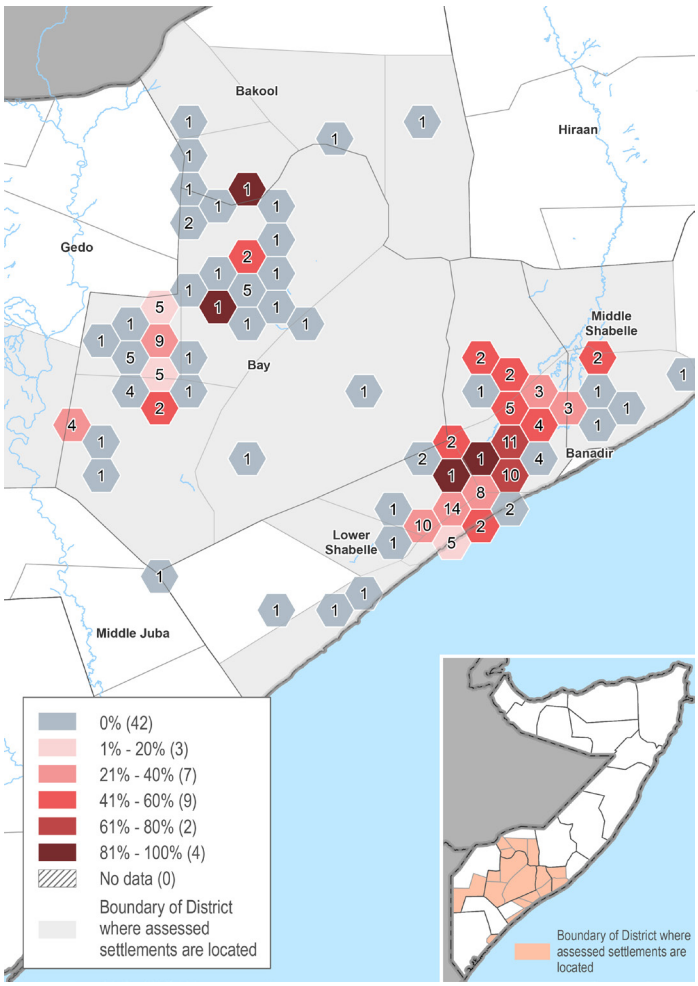
Most commonly reported livelihood source, by % of assessed settlements[7]

Farming	82%
Daily wage labour	47%
Livestock production	29%

% of assessed settlements, where access to food had reportedly deteriorated in the month prior to data collection



% of assessed settlements where farming reportedly was the main livelihood source and where land disputes had reportedly taken place in the month prior to data collection



12. KIs from 42% of assessed settlements reported access to a functional market at all times, 51% - restricted access, and for 7% there was no consensus.

13. Own production includes cultivation and livestock production.

49% of assessed settlements reportedly had no access to any health services[14]

Most commonly reported types of health services available from the assessed settlements reporting access[7]

Drugstore	63%
Clinic	32%
Hospital	4%

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

Cost of services	73%
Distance	45%
Absence of qualified staff	38%

Population groups most commonly reported as unable to access health services when needed, by % of assessed settlements reporting access to health services[7]

People with disabilities	68%
Women over 60	23%
Men over 60	19%

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

Wash hands with water	74%
Pray	50%
Move older people to separate place	13%

C19 In 27% of assessed settlements, health workers reportedly provided basic health services within the settlement[15 16 17 18]

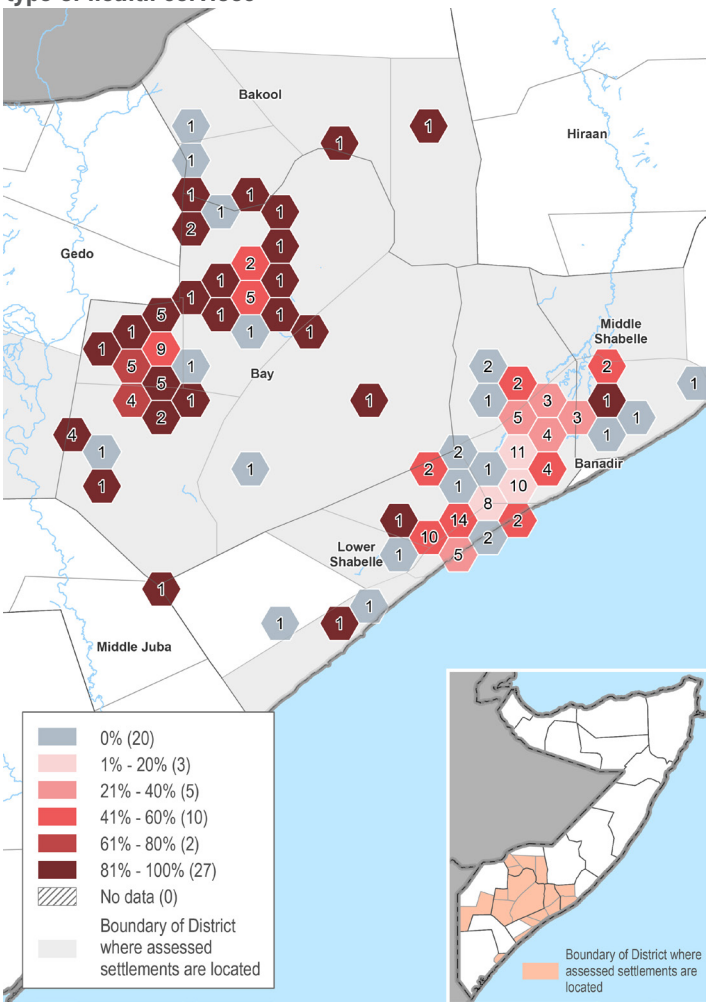
C19 For these settlements, the most commonly reported frequency of healthcare workers providing health services

Once a month	49%
2-3 times a month	26%
Once a week	21%
Less frequently	4%

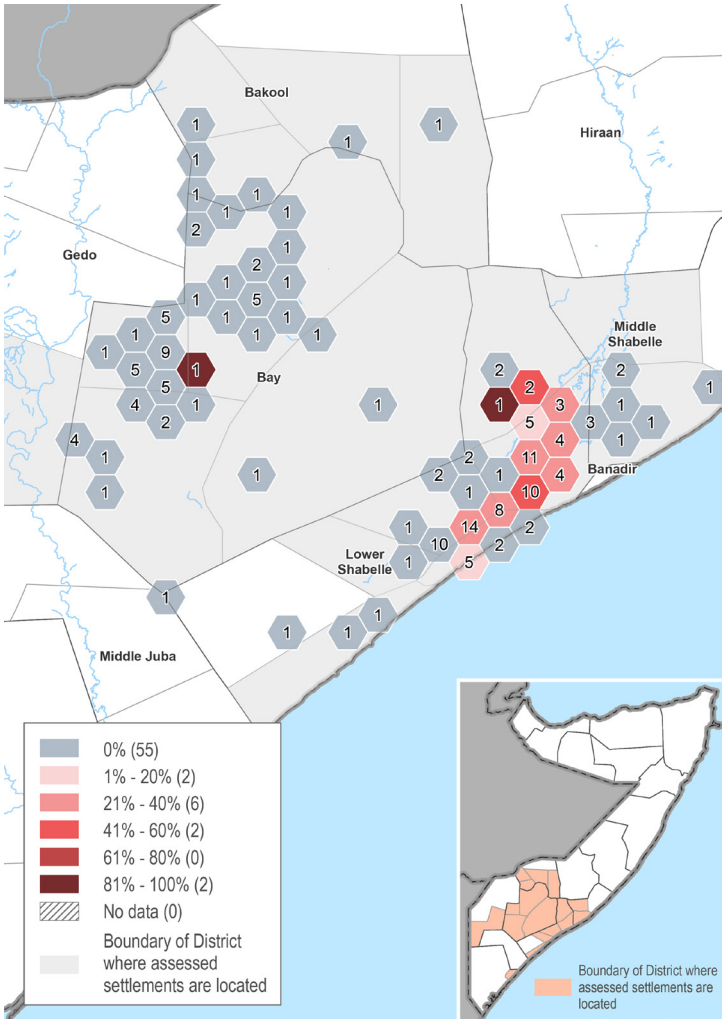
Most commonly reported health issues, by % of assessed settlements

Malaria	45%
Fever	12%
Diarrhoea	1%

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



% of assessed settlements where KIs reported that people need to walk more than 1 hour to reach a functional clinic



14. Access to any kind of health services was reported by KIs from 46% of assessed settlements, and for 6% 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.
17. The health workers were not necessarily based in the assessed settlements.
18. KIs reported that health workers were not providing services in 68% of assessed settlements, and for 4% there was no consensus.

PROTECTION

KIs from 60% of assessed settlements reported at least one type of protection incident that happened in the month preceding data collection[19]

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

Unofficial tax collection	64%
Theft	57%
Conflict in settlement	7%

Most commonly reported location of protection incidents, by % of assessed settlements where KIs reported any protection incidents[7]

Shelters	62%
Market	53%
Water points	47%

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

Community leaders	91%
Clan leaders	55%
Religious leaders	39%

Among 80% of assessed settlements where KIs reported disputes within the settlement, the following causes were most commonly mentioned[7 20]

Family dispute	66%
Dispute over access to food	45%
Water dispute	37%
Livestock dispute	27%
Dispute over access to work	17%

% of assessed settlements where KIs reported evictions in the month prior to data collecton

3%	Yes
95%	No
2%	No consensus

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

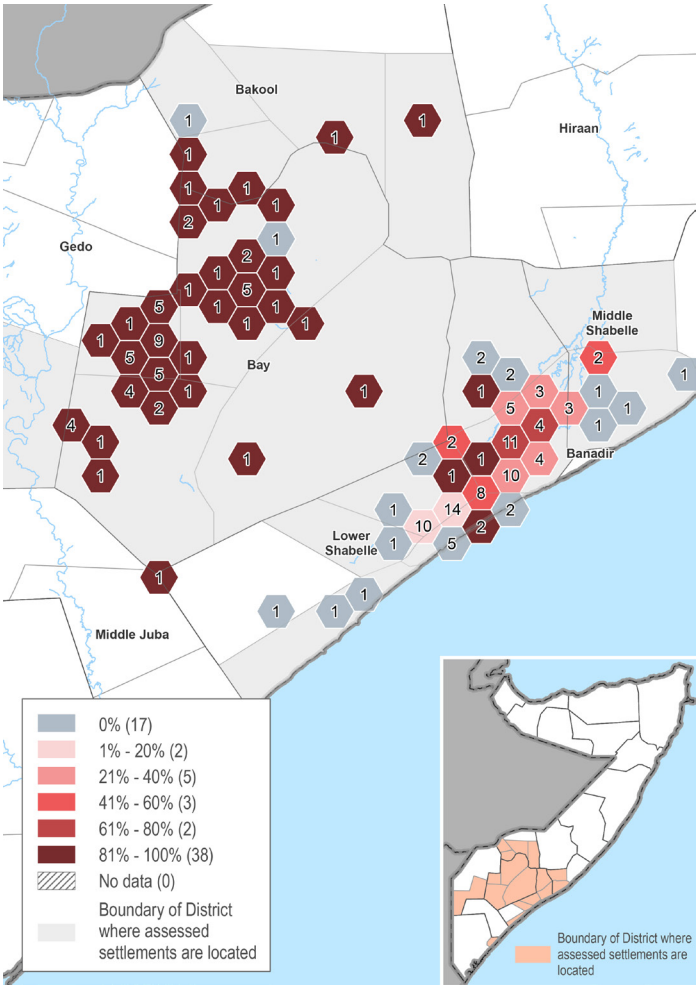
29%	No
58%	Yes
13%	No consensus

% of assessed settlements where KIs reported that people could not safely move around the settlement during the day

21%	Unsafe movement
68%	Safe movement
11%	No consensus

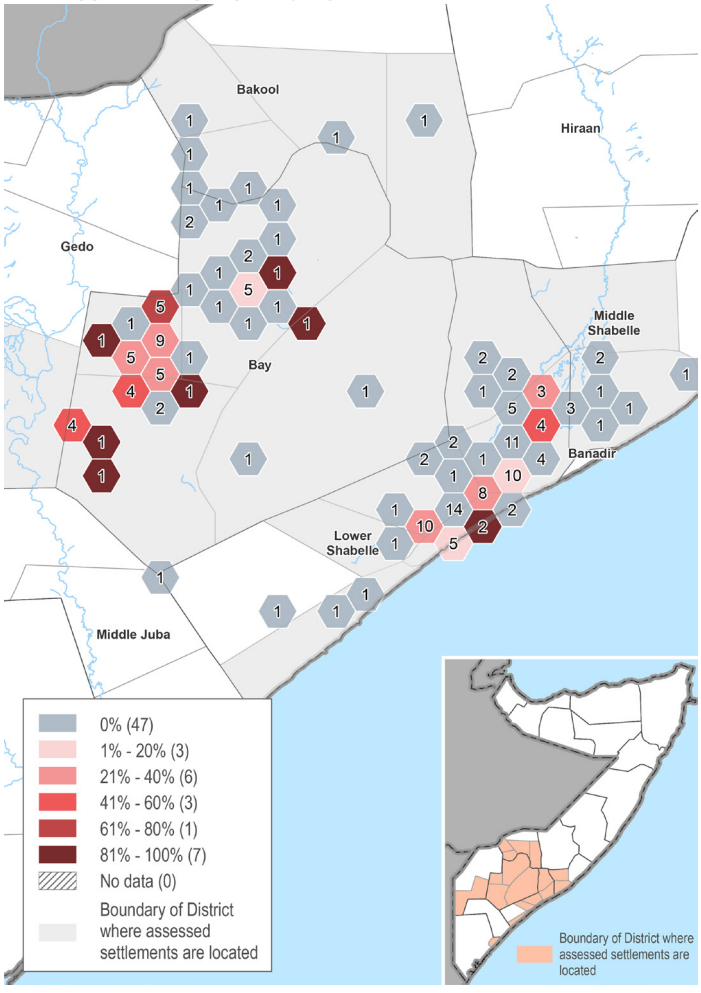
KIs from 78% of the settlements where people were not able to move safely around the settlement during the day, reported that these settlements relied on own production as the main source of food

% of assessed settlements where KIs reported that people were not able to move safely around the settlement during the day



19. No protection incidents were reported by KIs from 38% of assessed settlements, for 2% there was no consensus and KIs from % of settlements did not answer the question.

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



20. No disputes were reported by KIs from 12% of assessed settlements, and for 8% there was no consensus.

PROTECTION / GBV

% of assessed settlements where KIs reported children that went missing in the month preceding data collection

2%	Yes
94%	No
4%	No consensus

% of assessed settlements where KIs reported presence of unaccompanied children in the month preceding data collection

5%	Yes
86%	No
9%	No consensus

In 100% of assessed settlements where KIs reported unaccompanied children, community or neighbors were the main caregivers

In 95% of assessed settlements KIs reported that no kinds of special services for children were available[21] [22]

KIs from 46% of assessed settlements reported protection incidents that happened to women in their settlement of origin[23]

The most commonly reported types of protection incidents that happened to women were[7]

Marriage of a girl under 18	87%
Sexual violence	11%
Physical violence	10%

Places that women from the assessed settlements were reportedly avoiding for safety or security reasons[7]

Field	39%
None	29%
Checkpoints	27%
Markets	25%
Water points	25%
Roads	18%

In 88% of assessed settlements KIs reported that protection services were not available to women from the settlement[24] [25]

SHELTER

KIs from 53% of assessed settlements reported that shelters were destroyed or seriously damaged in the month prior to data collection[26]

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

Flooding	96%
Conflict or looting	4%

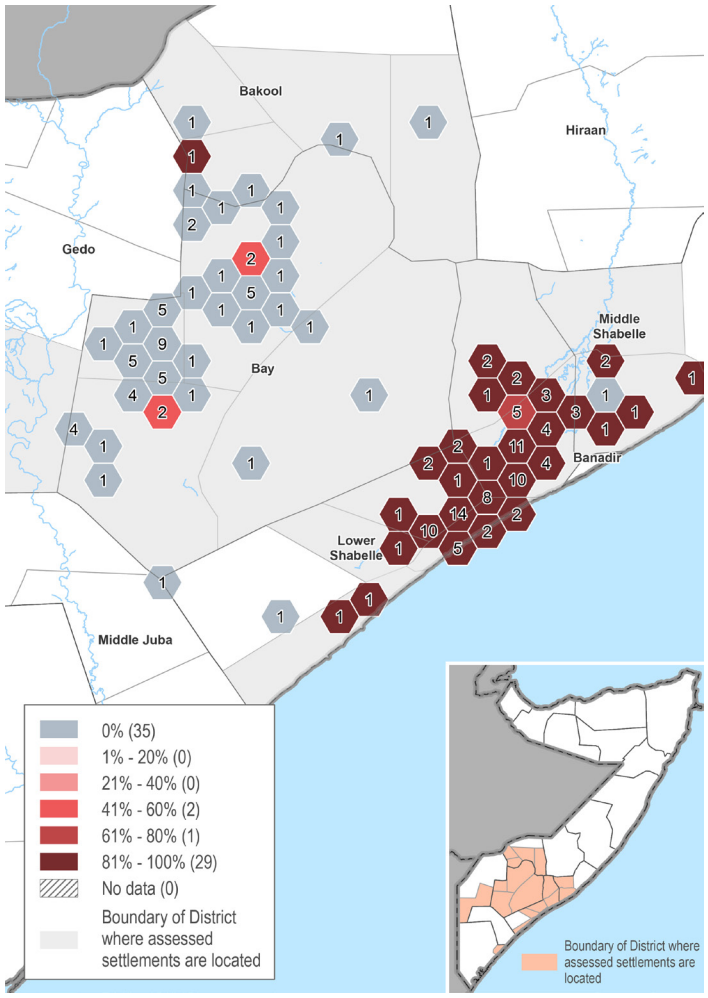
Most commonly reported reasons why shelters were not rebuilt, by % of assessed settlements where destroyed or damaged shelters had reportedly not been rebuilt[27]

No money to buy materials	70%
People whose shelters were destroyed moved away	21%
No materials	1%

Most commonly reported shelter types, by % of assessed

Dwelling hut with thatched roof	83%
Permanent structure	9%
No consensus	8%

% of assessed settlements where KIs reported shelters destroyed or seriously damaged in the month preceding data collection



21. KIs from 3% of settlements were not aware about availability of services and for 2% of settlements there was no consensus.
22. Services for children include: alternative care, psychosocial support, social workers, family tracing and referral services.
23. No protection incidents were reported by KIs from 41% of assessed settlements, and for 13% there was no consensus.
24. For 9% the KIs did not know whether any services were available and in 3% of assessed settlements there was no consensus.
25. Protection services for women include: psychosocial support, treatment of rape survivors, shelters and treatment for victims of GBV, legal support.
26. KIs in 40% of assessed settlements reported that no shelters were destroyed and for 6% there was no consensus.
27. Among KIs from 9% of the settlements there was no consensus on the reasons why shelters were damaged or destroyed.

USAID FROM THE AMERICAN PEOPLE

REACH Informing more effective humanitarian action

WATER, SANITATION AND HYGIENE

November 2020
Somalia

Most commonly reported source of water for drinking and cooking, by % of assessed settlements [28]

River / pond / berkad[29]	68%
No consensus	11%
Protected well with pump	10%

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
29%	30%	23%	0%	0%	17%

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

31%	Insufficient access
56%	Sufficient access
13%	No consensus

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

59%	Did not use / no access
29%	Had access and used
12%	No consensus

% of assessed settlements reporting source of water for drinking and cooking is available during both dry and rainy seasons

22%	Yes
65%	No consensus
13%	No

Estimated proportion of the population reportedly using latrines, by % of assessed settlements

None	38%
Less than half	32%
Around half	12%
No Consensus	12%
All	5%

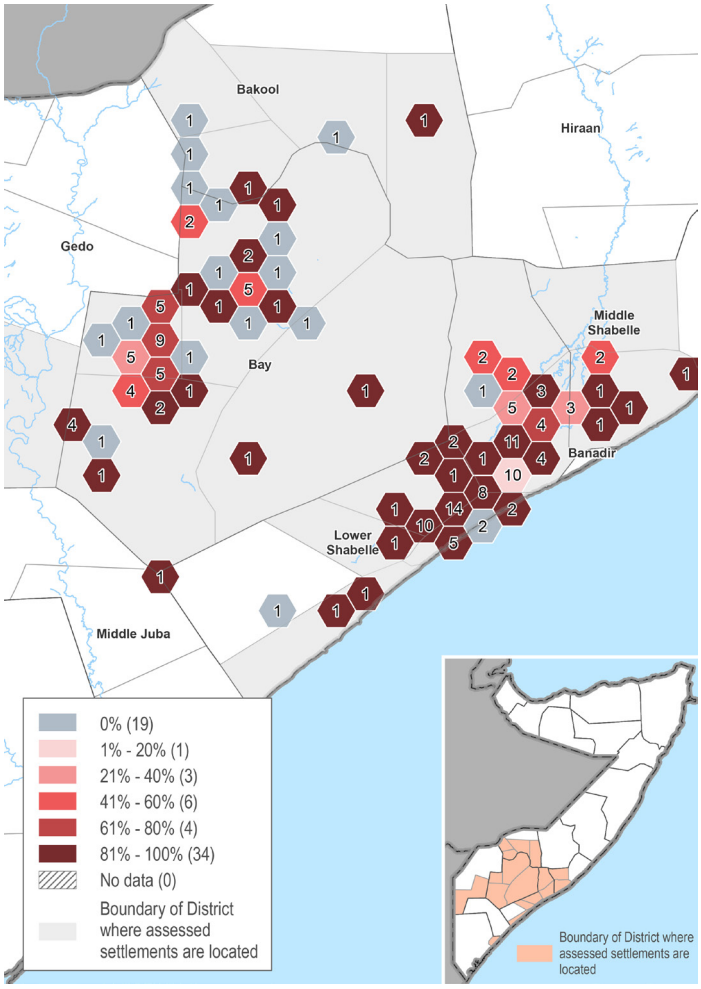
Most commonly reported barriers to using latrines, for % of assessed settlements where half or less of the population was estimated to use latrines

None available	40%
Insufficient quantity	34%
It is not common to use them	24%
Not functional	11%

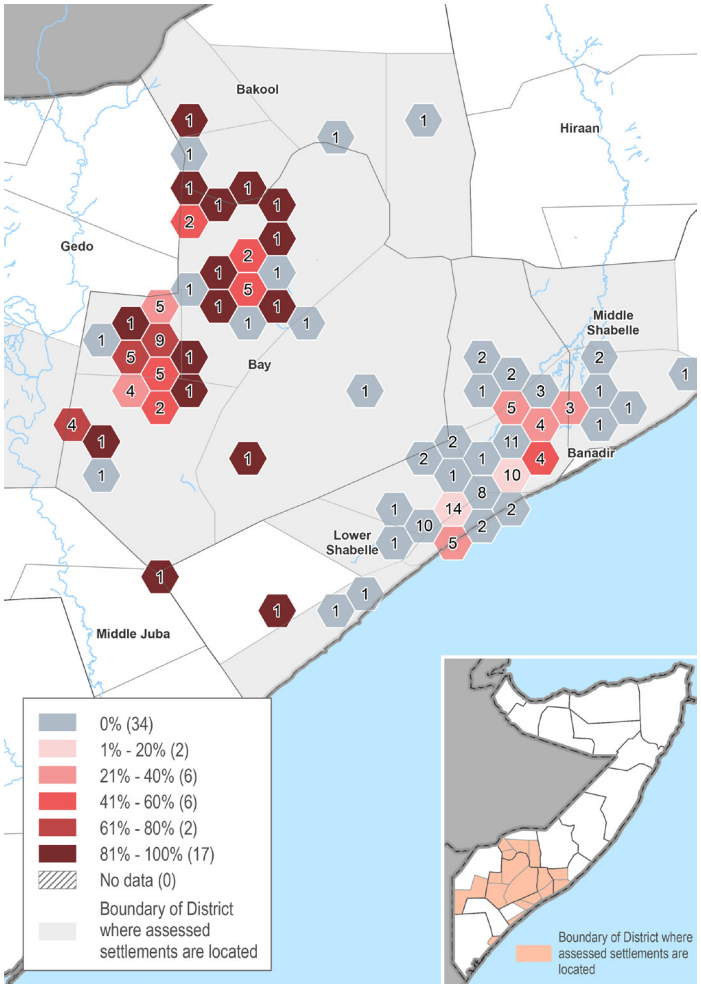
Most commonly reported strategy of disposing waste, by % of assessed settlements

Burned	38%
Dumped in a dedicated area	32%
No consensus	19%
Buried	10%

% of assessed settlements where KIs reported using surface water as the main source of water for drinking[30]



% of assessed settlements where KIs reported that access to water was insufficient in the month prior to data collection



28. River, pond, berkad and unprotected well belong to unimproved water sources.
29. Berkad is a traditional open water storage.
30. River, pond and berkad belong to surface water sources.

COMMUNICATION

C19 People in 86% of assessed settlements had reportedly been receiving any information about COVID-19 in the month preceding data collection[31] [32]

C19 In those settlements where people had reportedly been receiving information about COVID-19, the most commonly reported providers of information were[7]

Mobile network operator	76%
Family or friends	26%
Religious leaders	25%
Media (radio, TV)	17%
Local leaders	9%

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

Radio	61%
Phone calls	45%
Face-to-face conversations	39%

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

Friends or family	86%
No consensus	10%
Community religion leader	3%

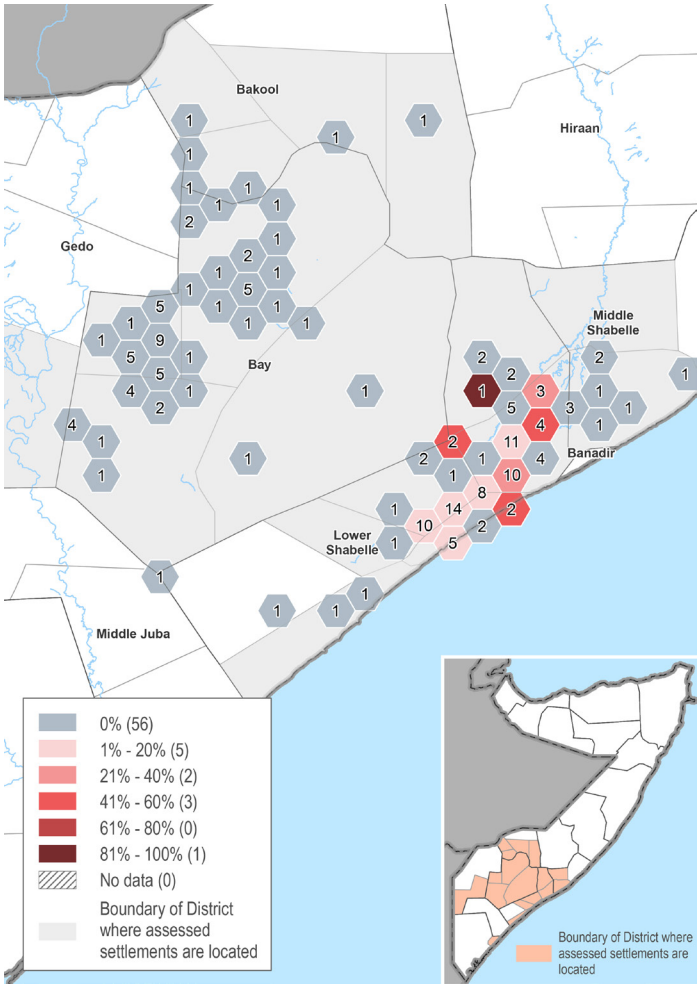
Most commonly reported main radio stations listened to by the population, by % of assessed settlements[7]

BBC Somalia	90%
Voice of America	62%

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

Lack of electricity	83%
Lack of mobile signal	31%
Lack of radio signal	23%

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



ACCESS AND HUMANITARIAN ASSISTANCE

% of assessed settlements where people were reportedly receiving information about available humanitarian assistance

85%	No
5%	Yes
10%	No consensus

% of assessed settlements where people were reportedly receiving humanitarian assistance

98%	No
1%	Yes
1%	No consensus

% of assessed settlements where KIs reported a main or a secondary road to the settlement

93%	Yes
3%	No
6%	No consensus

31. The assessment does not include the questions that allow to evaluate the quality of information that is received by the population.
32. KIs from 10% of settlements reported that people had not been receiving information and for 5% of assessed settlements there was no consensus.

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 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-intiative.org and follow us @REACH_info.

ABOUT REACH'S COVID-19 RESPONSE

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery, and development contexts. As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently scaling up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the 20+ countries where we operate.