VULNERABILITY ASSESSMENT IN SOMALIA

Submitted To

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LIST OF ACRONYMS

COVID 19  Corona virus disease
CPI         Consumer Price Index
DGs         Director Generals
FAO         Food and Agriculture Organization
FEWSNET    Famine Early Warning Systems Network
FGS         Federal Government of Somalia
FMS         Federal Member State
FSNAU       Food Security & Nutrition Analysis Unit
GBVs        Gender Based Violence
GDP         Gross Domestic Product
HEA         Household Economic Assessment
HDI         Human Development Index
HHs         Household
HPRD        Horn Population Research and Development
IDPs        Internally Displaced People
IHM         Individual Household Model
ILO         International Labour Organization
IPs         Implementing Partners
IPC         Integrated Food Security and Phase Classification
LNGOs       Local Non-Government Organizations
MDA         Ministries, Departments and Agencies
MHPSS       Mental Health and Psychosocial Support
MoA         Ministries of Agriculture
MoE         Ministry of Education
MoH         Ministry of Health
MoHAM       Ministries of Livestock
MoLSA       Ministry of Labour and Social Affairs
MoF         Ministry of Finance
NCC         National Coordination Committee
NGO         Non-governmental organisations
ODK         Open Data Kit
PPE         Personal protective equipment
PWD         People with Disabilities
SDGs        Sustainable Development Goals
SHFS        Somalia high frequency survey
SMEs        Small to Medium Enterprises
ToT         Terms of trade
UN          United Nations
UNICEF      United Nations International Children's Emergency Fund
WASH        Water, Sanitation and Hygiene
WB          World Bank
WHO         World Health Organization
WFP         World Food Programme
EXECUTIVE SUMMARY

The study assessed the primary and secondary socioeconomic impacts of COVID-19 on the various livelihood groups in urban Somalia, and identify which households are most at risk of falling below the poverty line due to the consequences of COVID-19. The vulnerability assessment in Somalia adopted a cross-sectional and triangulated qualitative and quantitative approaches of data collection through household (HHs) interviews, key informant interviews, observations, stakeholder consultations and literature review. Data collection was done in August 2020 across 12 selected urban centres in Somalia. Purposive sampling was used to sample a total of 48 key informants from the following partners FAO/WFP Somalia - Food Security & Nutrition Analysis Unit (FSNAU), Somalia ILO, relevant Somalia Government Ministries/Departments and local community representatives. In total, 1,699 urban households were contacted for household survey. About 1140 (67%) were from host community, 502 (30%) were IDPs while 57 (13%) were from other minor groups such as the refugees. Of the total households, 53% are male headed households while 47% are female headed households. Majority (72%) of household heads were married, 14% separated/divorced, 10 % are widows or widowers while the rest (4%) were single. In this present study, a food consumption measure of poverty which considers the total consumption of each household relative to the average expenditure on food items only was used to categorize household poverty and vulnerability across population groups.

The emergence of COVID-19 pandemic in Somalia and the drop in economic performance increased the food consumption poverty levels in urban Somalia with a record of 59% of urban poor households. The study recorded food consumption poverty for IDPs in settlements (54%) followed by women headed households (32%) and 28% for the host community. Household poverty in urban residents of Somalia is on the increase when compared to the baseline findings of the Wave 2 of the Somali High Frequency Survey report which recorded a lower average 41% on food consumption poverty across urban Somalia. Male headed households living in urban areas are less likely to be poor than the women headed households (30%-point difference, p<0.05). Food consumption poverty indicates most urban dwellers of Somalia live in extreme conditions, and that some vulnerabilities seem to be associated to the displacement status of households and gender disparities in household headship. Over 70% of urban households reported a significant decrease on household income after the pandemic comparing to the pre-COVID 19 period and after the onset of COVID 19 pandemic. Consistent with loss of household income, the study recorded monetary poverty rate of 45%, host community households from urban areas were less likely to report hunger (25%) than IDPs in settlements (65%) and female headed households (45%). More men participate in the labor market and salaried income generation than women. Somalia has traditional gender roles which are reflected in the profile of the population in the labor market. In terms of participation by gender, 60% of the men were fully engaged on a salaried income across the labor market before the pandemic, compared to only 35% of the women. However, after the onset of COVID 19, this participation in the labour market for a salaried income has reduced to 30% men and only 10% women fully engaged on a salaried income service. Furthermore, the COVID-19 pandemic appears to be more eroding income generation activities for female headed household as compared to male headed households.

Vulnerability exposed by COVID-19 is also visible in non-monetary features of poverty. Findings from Wave 2 of the Somali High Frequency Survey by the World Bank in 2019 recorded that 43% of households in urban areas of Somalia were deprived in at least two dimensions, compared to 78% of IDPs in settlements. This present study recorded that over 50% of the urban population are multidimensionally poor and has a malnourished person in the household. Almost 90% of study

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1 World Bank, 2019. Somali Poverty and Vulnerability Assessment. Findings from Wave 2 of the Somali High Frequency Survey
2 World Bank, 2019. Somali Poverty and Vulnerability Assessment. Findings from Wave 2 of the Somali High Frequency Survey
respondents in Somali urban households are deprived in at least one dimension: monetary, electricity, education, water and sanitation or health services. The education of children and adults in the household is another key dimension in which households are mostly deprived given the COVID 19 restrictive measures that closed schools and other educational institutions. There were also reports of financial pressure experienced by Small to Medium Business (SMEs) mostly from paying salaries of employees. In the SMEs, rent and loan payments were the second and third causes for stress. Over 30% of urban Somalia’s SMEs dominated by women were reportedly in jeopardy, especially those embedded in small-scale manufacturing, urban agriculture, construction and service industry supply chains. Recently, the agricultural sector in Somalia has been negatively affected by floods of 2019 and the prevailing desert locust infestation. The COVID 19 restrictive measures further disrupt the agricultural activities, as all the interviewed farmers reported experiencing less access to their fields, pastures and workflows due to the movement restrictions. Food production fell below average and prices for food have rose.

The present vulnerability assessment study in urban Somalia revealed a significant reduction on access to health services by 41.6%, after the onset of the COVID-19 pandemic. The main reason for not seeking health care services were lack of health care levy or money (as reported by 78.6% households as study respondents), which reflects decreased reduction in household income and deepening poverty levels. Only 3.6% reported of being scared /afraid of being infected by COVID-19. Other reasons included health facilities closure /lack of health facilities at 10.7% while 7.1% believed that they will recover under home based care. After the onset of COVID-19 pandemic, there occurred a shift in implementing agencies intervention to focus more on WASH related activities, a central component of COVID-19 response, which seem to have addressed a substantial proportion of this WASH needs, although largely in the short term. During the assessment, about 75% of the urban household study respondents reported having adequate water for household consumption. Education stakeholders estimates more than 80% of Somali children (in non-tertiary education) are out of school with no reliable formal learning alternative. Even before COVID-19, poverty, long distances to school, lack of school fees, safety concerns, social norms favoring boys’ education, and lack of teachers, particularly female teachers, and the low availability of sanitation facilities were key barriers limiting school enrolment of children, particularly girls, in school. Host urban community receive remittances more than the IDP households (12% versus 4%, respectively). Remittances makes a vital contribution to the household economy of many Somalis. The average annual value of remittances for all IDP households, whether they receive remittances or not as reported, was about US$35 per capita, which is about half what urban host communities got on average (US$66). Unfortunately, remittances as a source of household funds face two acute risks given the COVID 19 pandemic. First is that Somali remitters who are largely employed in the manual labour of many foreign countries, were reported to have faced severe shortage of income due to restrictive measures across global market. Second, there is a serious disruption to remittance flows because of the flight restrictions. The flight restrictions due to the COVID 19 pandemic have hindered both remittance inflows and local businesses purchasing goods from abroad – a serious situation is currently unfolding both within the money transfer organizations and trading firms. As reported by study respondents, the majority of households (43%) reported that the average amount of remittances received reduced by about 50% within a COVID 19 affected context as compared to the period before COVID 19.

According to the FSNAU September 2020 release summary\(^1\); about 2.1 million people across Somalia are expected to face Crisis or worse (IPC Phase 3 or higher) outcomes between now and December 2020 without sustained humanitarian assistance. An additional 3 million people are expected to be Stressed (IPC Phase 2), bringing the total number of people facing acute food insecurity to 5.1 million. Humanitarian assistance must be sustained through December 2020 to prevent Crisis (IPC Phase 3) or Emergency (IPC Phase 4) outcomes for 2.1 million people. Livelihoods support is also required for people

\(^1\) Somalia FSNAU-FEWS NET-2020-Post-Gu-Technical-Release-30-September-2020-(English-Version)
that are Stressed or worse (IPC Phase 2 or higher). Thus, the survey reported as confirmed by secondary data from the satellite estimates indicating that poverty incidence was highest as more than 80 % in the North (some districts of Togdheer, Sanaag, and Bari) and Southern (some districts of middle Juba, Gedo, and Bay), besides a few districts of Mudug and Galguduud. With regards to People with Disabilities (PWD), it is estimated that about 15% of population are living with some form of disability and/or difficulties. There are safety nets pilots programmes within Somalia however with coverage gaps. There is a comprehensive safety net program currently being implemented by the Federal Government of Somalia under the Ministry of Labour and Social Affairs - the Baxnaano Safety Net Programme which is a comprehensive nutrition-linked national safety net programme targeting 200,000 poor and vulnerable households (approximately 1.3 million individuals) across 21 rural districts of the Federal Member States of Somalia and provide them with nutrition-linked cash transfer. Given the intensity of poverty in urban Somalia, there is need to extend coverage of such a programme to cover the urban poor population as well. The vulnerable families will be able to use the money for their immediate needs, such as food and basic services.

The impact of the COVID-19 pandemic on the Somali economy is significant. Poor urban households, female headed households and IDP households in urban Somalia, are among the most affected by an estimated decline in annual external remittances, lower labor demand, and above-average staple food prices. In most IDP settlements and urban areas, at least 59% are living below the food consumption poverty level with the population facing food consumption gaps or are engaged in negative livelihoods coping strategies indicative of crisis. Although the entire population is at risk of COVID-19, some populations are at higher risk of experiencing more severe health, social, and/or economic impacts from the crisis. Higher-risk urban population groups include IDPs households and women headed households, the elderly and children in poor households and those with co-morbidities such as cancer, diabetes, high blood pressure, and HIV/AIDS.

- What needs to be done: More focus and resources must be directed towards institutional capacity strengthening in Health sector holistically including child and maternal health service (prevention + treatment etc). Expanding existing social protection programmes – including cash transfers, access to health services and employment related guarantees – must be at the forefront of the national response.
- Design a cash transfers programme addressing urban areas beyond Banadir. So far the huge Cash Transfer programme under the SNHCP (Baxnaano) target only rural areas while this assessment shows that many vulnerable urban people have been impacted by the COVID crisis in Somalia. This calls for horizontal growth in coverage to the existing cash transfers programme to expand its geographical coverage to target the urban poor communities.
- The Somalia Country COVID 19 response strategy may need to streamline to link existing Social Protection programmes with access to social services such as education, nutrition and health or strengthen existing linkages, since the assessment shows that vulnerable households experience compounding vulnerabilities: This requires to combine different Social Protection instruments such as Cash Transfers, fee waivers for education and health, and/or in-kind distribution of foods or Cash for Work to rehabilitate Water and Sanitation facilities. This can also be supplemented by public works programmes to compensate for the loss of employment generated by lockdown measures.

The study recommends for a policy response that puts people and their rights at the centre, especially those most negatively impacted and left behind. It calls on Somalia to avoid artificial and damaging demarcations, between response and recovery, and between the humanitarian, health and socio-economic dimensions of the crisis. As with many other things in the world today, these are interdependent and inseparable. There is need to link relief, recovery and development within a social protection lens for livelihood restoration in urban Somalia.
INTRODUCTION

Corona virus disease (COVID-19) pandemic is a health crisis that is creating enormous disruption to lives and livelihoods as well as social and economic systems worldwide, and Somalia is no exception. The virus is highly contagious and has spread with geometric progression and to every corner of the world with profound livelihood implications in the short- and medium- to long-term. The pandemic has precipitated massive short-term economic contraction, shuttered many firms whether big or small, thrown tens of millions out of work, disrupted global supply chains, severely strained health services, fiscal capacity and safety nets, just when they are needed the most. The impacts of COVID-19 are already wide-ranging, and its longer-term repercussions will be profound. The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020. Globally as of 23rd September 2020, more than 31 million cases have been reported with 972,000 of deaths affecting a broad range of ages4. Africa experienced its first case on 14 February 2020 and cases are progressing (874,036 cases; 18,498 deaths) with COVID-19 reaching every nation in Africa5. Africa is already projected to miss most of the sustainable development goals (SDGs) targets, and the impact of COVID-19 is set to further constrain progress6. The UN Development Programme expects the decline in the Human Development Index in 2020 to erase all progress made in human development worldwide over the past six years789.

Somalia confirmed the first case of COVID-19 on 16 March 2020. Since then, more cases have been appearing, including cases with no travel history, suggesting community transmission. The country has 3,227 Covid-19 new cases and 93 deaths to date. It is believed thousands of cases are going undetected simply because the country cannot mass test for COVID-1910. On 23 April, WHO warned that if the virus transmission is not slowed down rapidly, the patient surge and increasing demand for healthcare would overwhelm the Somalia’s fragile health system11. The overall situation is worrisome, especially in urban centres which record the most confirmed cases of COVID 1912. This vulnerability assessment is therefore, a contribution from UNICEF in Somalia to the growing body of work being undertaken in and on the country by the Federal Government through the Ministry of Labour and Social Affairs (MoLSA), humanitarian partners and others. It seeks to examine the primary and secondary socioeconomic impacts of COVID-19 on the various livelihood groups in urban Somalia and understand how best these impacts might be addressed, immediately and into the medium-term, with an eye not just on response but also on finding pathways to rapid recovery that build resilience, reduce inequality and embed sustainability.

1.1 Key Development Features and Trends

Somalia’s history of conflict is well-known. Less well-known, perhaps, is the development progress made by the country over the past seven years. In this regard, Somalia has taken important steps towards the establishment of a federal system of government and sound fiscal and monetary systems, which have supported moderate recent economic growth (approximately 2.8 percent GDP annual growth in 2018). A stronger Federal Government has been met with encouraging signs of community reconciliation and an enhanced capacity for local governance in many regions across the nation. The economy of Somalia

9 WHO statement, 23 April 2020
grew by an estimated 2.9% in 2019, up from 2.8% in 2018. The rebound was mainly due to recovery in agriculture and strong consumer demand. Inflation peaked at 5.1% in 2018 and declined to an estimated 4.4% in 2019 as food prices adjusted downward. The country current account deficit improved from 9% of GDP in 2018 to 8.3% in 2019 because livestock exports recovered and import growth slowed. In Somalia’s current account, humanitarian aid and remittances are reported to have countered the deficits, while foreign direct investment has remained subdued. Despite widespread dollarization, the Somali shilling has remained stable, depreciating by only 5.7% since 2017 to 24,490.85 shillings per dollar in September 2019. The Somali High Frequency Survey, wave 2, of 2017 which indicates that Somalis are among the poorest people in Africa, with a poverty incidence of 69.4% and per capita income of about $400.

With a population of 15.44 million in 2019, Somalia is a young and rapidly expanding nation with an annual population growth of three percent. Since the late 1980s, Somalia has experienced armed conflict, violence and a series of natural and man-made disasters which resulted in a long, drawn-out and comprehensive state collapse. In 2017, Somalia ranked the lowest globally in all dimensions of the Human Development Index (HDI) at 0.251, the lowest in the world. It is not a surprise that the country currently has some of the lowest health and well-being indicators globally. Extended periods of conflict and insecurity exacerbated by recurrent extreme droughts and floods and subsequent food insecurity have devastated the livelihood status of the population and severely damaged its fragile health system. Despite the immense challenges, the country’s health sector is emerging from the crises and is forging a path forward. The Federal Government of Somalia is attempting to fulfil its primary role of protecting the lives of its vulnerable citizens during COVID-19 and reducing their exposure to risk through preparedness, which led to the creation of a National Coordination Committee (NCC) to deal with COVID-19. The NCC is a multi-institutional mechanism that seeks to ensure prevention of COVID-19 from spreading into the country, ensure readiness for a timely, consistent and coordinated response for COVID-19 responses. In the NCC system approach, there are other six operational pillar working groups for; economic impact analyses, social services provision, logistics, finance, data and reporting. The NCC on COVID-19 response plan was developed as a collaborative effort and consultative process involving members from government ministries, UN Agencies, NGOs, Private Sectors and other humanitarian actors. All committees are required to align their response interventions to this plan’s strategic objectives. Currently, building more resilient communities is a key policy concern for the Federal Government of Somalia and those providing humanitarian, development and other support.

1.1 Study Rationale
Somalia is recovering from a long period of civil unrest and the absence of functioning institutions which has led to a growing number of internally displaced people, chronic food insecurity, humanitarian aid dependency, poor and dilapidated infrastructure, unemployment, deaths, illness and fragile livelihoods system. Even before the corona virus disease (COVID-19) pandemic, vulnerable population groups in the community were confronted with a range of challenges, including loss of livelihood assets and psychological trauma, limited access to services including education, lack of livelihood opportunities, numerous social protection risks and a lack of a planning horizon. Due to these seasonal and long-term shocks, the prevailing COVID 19 pandemic is further exacerbating the risk, threats to both social and economic vulnerability of people, owing that the country has one of the lowest gross domestic product (GDP) per capita in Africa and globally. It is against this background that a Horn Population Research and Development (HPRD), an independent consultancy firm, was contracted by MoLSA in collaboration with UNICEF Somalia, to conduct a Vulnerability Assessment in Somalia to assess the social and economic impacts of COVID-19, and to identify which households are most at risk of falling deeper in poverty.

12 World Trading Economics 2019-2020; Somalia GDP. Available at https://tradingeconomics.com/country-list/gdp
This assessment is expected to contribute to the designing and development of immediate and lasting social protection responses that will inform evidence-based decision-making for livelihood restoration programs across the country. Additionally, the vulnerability assessment is expected to inform medium-term post-crisis recovery strategies for the federal government of Somalia (FGS), supporting government, including local governments, social partners and other stakeholders in this process. As vulnerable people experience negative impacts of the COVID-19 pandemic this is undermining the gains made in improved policy and programmatic responses to forced displacement and livelihood loss, further reinforcing the importance of targeted interventions to support efforts to combat such negative impacts. The COVID-19 pandemic being a source of a major shock to the national economy has already started severely affecting Somali people through the following ways: travel restrictions, social distancing, and business closure severely hurt the economy by reducing economic activities and business transactions. Unemployment is rising during the COVID 19 crises, adding to the pre-existing massive unemployment rate in Somalia. A fall of business entities’ earnings due to disruption on the flow of trade to the country, closure of service providers, education institutions agricultural industries and transportations are lessening the capability of respective entities to retain their employees as layoffs are effected, exacerbating the vulnerability of many households in Somalia. In that regard, a framework was developed as a tool for the continuous monitoring and evaluation of the primary and secondary impacts of COVID 19 on livelihood of affected vulnerable populations in Somalia. This is important given the fact that just like the HIV/AIDS, the COVID 19 is likely to prevail with humanity in a long run.

1.2 Study Objectives
General Objective
The overall aim of this assessment was to examine and monitor the primary and secondary socioeconomic impacts of COVID-19 on the various livelihood groups, and identify which households are most at risk of falling below (or deeper under) the poverty line due to the consequences of COVID-19. This assessment also quantified and track the number of people who are in immediate need of assistance, provide projections on the estimated number of people who will need social assistance until end of December 2020.

Specific Objectives of the Consultancy Service
The specific objectives of the assessment included:
- Assess and monitor the impacts (both primary and secondary) of COVID-19 on people’s livelihoods, labor and income opportunities particularly vulnerable populations including urban poor households, IDPs and people from minority clans;
- Assess the socioeconomic impacts of COVID-19 on certain segments of the population, which can trigger worsening food insecurity and social inequality for the period of September-December 2020;
- Identify and track households that are at greater risks than others focusing on vulnerable groups in urban areas including IDPs, people living in slums, and people from marginalized groups and minority clans;
- Analyse households’ capacities to absorb shocks - How are the most vulnerable adapting to the effects of the COVID-19 and demonstrate how social safety nets or any other social protection measures can reduce the negative coping mechanisms.
- Provide up-to-date and relevant information about potential beneficiaries of COVID-19 specific humanitarian assistance through national systems, including social protection systems.

1.5 Scope of Work
The vulnerability assessment covered the six federal member states including Banadir Region, Hirshabelle, Galmudug, Jubaland and Puntland states as well as Somaliland. The overarching aim of the assessment was to investigate the primary and secondary socioeconomic impacts of COVID-19 on people’s lives and livelihoods, access to basic services, and how they are coping with the rising food prices, and declining income opportunities and decrease of remittances flows into country. The assessment further investigated
the socio-economic impact of preventive measures of COVID-19 including internal travel restrictions, market closures and movement restrictions on vulnerable groups. The assessment was conducted in 12 urban locations across the federal member states and Banadir region. In addition, the consultancy firm HRPD developed a monitoring framework to monitor the impacts of COVID-19 on people’s livelihoods, labor and income opportunities and track the number of people impacted.

**Methodology**

**Assessment Design and Approach**

3.1 Assessment Design

The vulnerability assessment in Somalia adopted a cross-sectional observational study design with a mixed participatory method. The aim was to collect rich-quality COVID-19 vulnerability/impact evidence using triangulated qualitative and quantitative approaches comprising of household (HHs) interviews, key informant interviews, observations and stakeholder consultations or engagements. The proposed approach enabled the team to obtain optimal, relevant and multidimensional information/data from the target groups and equally enable a more in-depth and meaningful interpretation of quantitative household survey data. The approach provided a means to quantitatively substantiate (or refute) qualitative data gleaned from focus group discussions and key informants. These primary data sources were supplemented by secondary data sources, particularly data on Labour market, IDPs and other relevant study components.

3.2 Data Collection Methods, Sources and Tools

3.2.1 Qualitative Methods, sources and tools

**Desk Review (context analysis) and Planning:** A literature review and secondary data were used to inform the multidimensional context review and analysis which also largely informed the development of the study analytical framework and questions while providing a deeper understanding and insight on the COVID-19 vulnerability assessment context, expected processes, outcomes and interlinkages across analysis parameters and sectors. Utilizing existing literature, historical experience with shocks in Somalia and other similar contexts was used to offer a ‘rule of thumb’ in comparing possible pandemic effects, given the nature of the COVID-19 pandemic while relying on expert advice in specific areas. Some of the secondary information used includes but not limited to: Somalia high frequency survey (SHFS), the May, 2020, IPC data sets form the FAO Somalia - Food Security & Nutrition Analysis Unit (FSNAU), datasets from the Somalia WFP Vulnerability Assessment and Mapping for the first quarter of 2020, COVID-19 situation update reports and country data from multiple sources such as Health, WASH, Education, Market and livelihood secondary datasets. In some cases, secondary information from international organization was used as inferences to both quantitative and qualitative analysis outputs.

**Key Informant Interviews (KII):** Purposive sampling was used to sample a total of 48 key informants (35% females and 65% males) (Table 1). To gather multi-sectoral and multidisciplinary perspectives on COVID 19 impacts, in-depth qualitative interviews were conducted with approximately 10 international organizations (mainly humanitarian & developmental organizations), 18 federal government actors drawn from various Ministries, Departments and Agencies (MDA), as well as 12 DCs and Local Non-Government Organizations (LNGOs)/Implementing Partners (IPs) at the Federal Member State (FMS)

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13 MoLSA and TWG members provided list of secondary institutional datasets required for assessment such as IPC, VAM, Facility utilization, Market and other data relevant to the assessment and projections
level. This information was used to cross check, validate and to complement the household level data that had been collected.

Table 1 Proportionate Sample Distribution

<table>
<thead>
<tr>
<th>KII - International</th>
<th>No.</th>
<th>Government KII</th>
<th>No.</th>
<th>FMS KII</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>1</td>
<td>MoLSA</td>
<td>1</td>
<td>DCs</td>
<td>12</td>
</tr>
<tr>
<td>UNDP</td>
<td>1</td>
<td>MoH</td>
<td>1</td>
<td>LNGOs/IP</td>
<td>12</td>
</tr>
<tr>
<td>WB</td>
<td>1</td>
<td>MoE</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WFP</td>
<td>1</td>
<td>MoHAM</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAO</td>
<td>1</td>
<td>BRA</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILO</td>
<td>1</td>
<td>COVID-19</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Response Team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Webinar</td>
<td></td>
</tr>
<tr>
<td>UNHCR</td>
<td>1</td>
<td>MoF</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCI</td>
<td>1</td>
<td>MoA/MoL</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRC/NRC</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total KII s</strong></td>
<td><strong>10</strong></td>
<td><strong>18</strong></td>
<td><strong>18</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2.2 Quantitative Data

**Household Survey:** A semi-structured quantitative household questionnaire scripted in digital mobile phones [Open Data Kit-ODK] was used to collect data from selected households in all the twelve selected urban locations. An Individual Household Model (IHM) was used to collect household information. IHM is a disaggregated version of household economic assessment (HEA) data collection tool designed to provide more detailed vulnerability analysis at the household level. Assessing first, second and third order effects to capture as fully as possible the range of impacts e.g. loss of income leading to reduced household expenditure on essential food and non-food items contributing to negative welfare effects (income, consumption, health, nutrition, access to water, children school drop-outs, risk of violence or abuse and so on); applying quantitative methods – simulations - in a few cases (e.g. poverty, epidemiological trends); ensuring as much as granularity as feasible, by covering key sectors, sub-sectors, population groups and geographic areas; differentiating the analysis where this is exceptionally important e.g. by gender, age, disability, other population groups at-risk, and regional and spatial dimensions; and last but not least, doing informal validation checks by comparing findings and conclusions with those emerging from other sources, including from the Government.

The assessment sought to collect representative samples from Northwest (NW) and Northeast (NE) urban, South and Central (SC) urban and IDP populations. Using Cochran Sample size calculator with 95% confidence interval, 5% margin of error, non-response and security factor contingency of 10% degree of variability while factoring in design effect across the mentioned population groups (NW urban, NE urban, SC urban and IDP), a total of 1697 households (539 NW-NE, 634 SC and 524 IDPs) were randomly selected as a study sample of households selected from 12 urban centers (Hargeisa, Burao, Laas Caanod, Bossaso, Garowe, Galkayo, Dhusamareb, Jowhar, Mogadishu, Baydhabo, Dollow and Kismayo) across Somalia.

Using population sizes of each of the sampling units (Assessment cluster/location), proportion Probability to Size (PPS) approach was used to allocate the 1697 sample HHs to the 12 urban areas in each assessment districts across the Federal Government and Federal Member States as shown in Table 2 below. A systematic sampling approach along three radian transects was defined and assigned to each enumerator.
in every sampled cluster. Each of the enumerator was assigned to move and collect data from households along one transect using regular intervals or prefixed pattern to logically skip certain number of households. To determine the skip interval (SI), the following formula was used:

\[
SI = \frac{\text{Number of Households along the transect (e.g. 30 HHs)}}{\text{Number of Households to be interviewed (e.g. 5 HHs)}}
\]

For instance, in the above example, to collect data from 5 HHs from a transect of 30 HHs, a skip interval of 6 HHs would be required. To balance on time required for one enumerator to successfully interview a minimum of 5 HHs per day, transect distance was capped at no more than 3 km. By considering socio-economic indicators at population level on important outcomes such as malnutrition, poverty, livelihood systems, urbanization and residency status, the sampling approach targeted to include most vulnerable affected populations including: IDPs and host communities, women, disabled, children and elderly.

### Table 2 Proportionate Sample Distribution

<table>
<thead>
<tr>
<th>Region Cluster</th>
<th>Towns/Urban Areas</th>
<th>Urban Sample</th>
<th>IDP Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bossaso</td>
<td>118</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Garowe</td>
<td>95</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Burao</td>
<td>113</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Hargeisa</td>
<td>119</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Laas Caanod</td>
<td>94</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>539</strong></td>
<td><strong>213</strong></td>
<td></td>
</tr>
<tr>
<td>South &amp; Central</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baydhabo</td>
<td>93</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Dhusamareb</td>
<td>75</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Dollow</td>
<td>60</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Galkacyo</td>
<td>105</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Jowhar</td>
<td>81</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Kismayo</td>
<td>100</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Mogadishu</td>
<td>120</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>634</strong></td>
<td><strong>311</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,173</strong></td>
<td><strong>524</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 3.3 Limitations of Vulnerability Assessment

- The assessment was undertaken during a country lockdown with strict observation of covid-19 social distancing measures with limited opportunity to meet key-informants, collect real-time data and track-changes over time (e.g. this assessment used virtual platforms to conduct key informant interviews).
- There is a paucity of quantitative data upon which to evaluate macroeconomic development. The statistical system in Somalia is fragmented and lacks coordination, resulting in statistical information that is often incomparable, not nationally representative, and scattered across various national and international stakeholders. Somalia lacks a harmonized, comprehensive, nationally representative Consumer Price Index (CPI) data series which is instrumental for poverty measurement and monitoring.
- Some of the study areas had limited accessibility due to security concerns but the local firm used its robust network and local field team to cover targeted data collection sites.
3.4 Baseline for impact assessment: an analytic view of the situation pre-COVID 19 in Somalia

It is important to bear in mind Somalia’s macro and development situation pre-COVID-19 as the baseline against which to assess and compare socio-economic impacts of COVID 19 upon urban households in Somalia.

- According to the baseline findings from Wave 2 of the Somali High Frequency Survey report of 2019, while the average national poverty was at 69%, only those living in other urban areas, without considering Mogadishu (72%), had a smaller incidence of poverty with Somali urban areas recorded lower food poverty compared to rural areas. For the purpose of the present study where poverty was categorized based on food consumption poverty at household level, the Wave 2 of the Somali High Frequency Survey report of 2019, as baseline recorded the overall national average of 49% urban areas fared better on average at 41% on food consumption poverty\(^1\). The emergence of COVID-19 in Somalia and the drop in economic performance increased the food consumption poverty levels in urban Somalia to over 59% of urban poor population as recorded by the present study. The study recorded food consumption poverty for IDPs in settlements (54%) followed by women headed households (32%) and 28% for the host community.

- Vulnerability exposed by COVID-19 is also visible in non-monetary features of poverty. Findings from Wave 2 of the Somali High Frequency Survey by the World Bank in 2019 recorded that 43% of households in urban areas of Somalia were deprived in at least two dimensions, compared to 78% of IDPs in settlements\(^2\). This present study recorded that over 50% of the urban population are multidimensionally poor and has a malnourished person in the household. Almost 90% of study respondents in Somali urban households are deprived in at least one dimension: monetary, electricity, education, water and sanitation or health services. The education of children and adults in the household is another key dimension in which households are mostly deprived given the COVID 19 restrictive measures that closed schools and other educational institutions.

- According to the 2019 findings from Wave 2 of the Somali High Frequency Survey by the World Bank, a higher proportion of males were in the labour force compared to women in urban areas. This is confirmed by the present study where the share of females in the informal sector was recorded higher than for males. Women’s relative over-representation in the informal sector could be attributed to a variety of factors such as lack of education, low starting capital, lack of working premises and women’s greater commitment for family responsibilities, which prevents them from entering the formal sector.

- There were reports of financial pressure experienced by Small to Medium Business (SMEs) mostly from paying salaries of employees. In the SMEs, rent and loan payments were the second and third causes for stress. Over 30% of urban Somalia’s SMEs were reportedly in jeopardy, especially those embedded in small-scale manufacturing, urban agriculture, construction and service industry supply chains.

- Recently, the agricultural sector in Somalia has been negatively affected by floods of 2019 and the prevailing desert locust infestation.

- Access to water, good hygiene and sanitation is at the core of COVID-19 mitigation and response strategies. According to the Somalia WASH Cluster, about 2.7 million Somalis’ needed humanitarian WASH support in 2019\(^3\). After the COVID-19, there occurred a shift in implementing agencies intervention to WASH related activities, a central component of COVID-19 response, which seem to have addressed a substantial proportion of this WASH needs,

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\(^1\) World Bank, 2019. Somali Poverty and Vulnerability Assessment, Findings from Wave 2 of the Somali High Frequency Survey
\(^2\) World Bank, 2019. Somali Poverty and Vulnerability Assessment, Findings from Wave 2 of the Somali High Frequency Survey
although largely in the short term. During the assessment, about 75% of the urban household study respondents reported having adequate water for household consumption.

- In April 2020, the Ministry of Women and Human Rights Development of the Federal Government of Somalia undertook a rapid assessment of the impact of COVID-19 on women engaged in small-scale business in Mogadishu. The assessment was conducted in the context of a food relief drive. The 42 women who were targeted included street khat sellers, second-hand clothes hawkers ("Hudheey"), women tea and milk vendors and women petty traders peddling nuts, candy, and chewing gum on the streets of Mogadishu. The following findings further serve as baseline status of the present study:
  - Somali women are engaged in the informal sector and micro-enterprises, but also play a role in agricultural production and livestock activities. Women in Somalia are estimated to make up over 60% of business owners, the majority of which are micro-enterprises.
  - Women serve as the main breadwinners for families, providing 70% of household income on average. This percentage is higher among female-headed households. Due to Somalia’s history of conflict, the majority of households are currently headed by women - a percentage that continues to increase.
  - The unfolding COVID-19 crisis and consequent confinement measures pose a serious threat to women’s engagement in economic activities in Somalia. The majority of women work in informal sectors, which exposes them to particular risks. The economic effects of the crisis are further increasing gender gaps in livelihoods in Somali communities and undermining women’s empowerment.
  - Negative effects on women’s economic participation will also erode the health and welfare of Somali households and communities, especially as women currently serve as main breadwinners and head most households.

4.0 STUDY FINDINGS

4.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS/HOUSEHOLDS

In this study, population groups were differentiated by type of vulnerability. Similar to Wisner B et al (2003), in this assessment vulnerability was defined as “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard in this case the COVID 19 pandemic”. Observing that some groups are more prone to livelihood loss and suffering in the context of different hazards and livelihood shocks, the study recorded that the variables that explain variations of impact of COVID 19 included household status (including differences in wealth), occupation, gender, disability and health status, age, and the nature and extent of social networks. Also described is the risk faced by people most vulnerable to sliding into extreme poverty or exacerbating existing poverty when external shocks induced by COVID 19 pandemic occur. In the field, the above categorization proved a useful guide for community-level respondents to identify the population groups that they considered to be more vulnerable than others. These included internally displaced people (IDPs), female headed households, children, youths and people living with difficulties/disability (PWDs). However, the degree of vulnerability experienced by each of these population groups depended on inherent factors, the impact of COVID 19, conflict, geographical location (urban or peri-urban) and predominant types of livelihood.

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In total, 1,699 households were contacted for household survey. About 1,140 (67%) were from host community, 502 (30%) were IDPs while 57 (13%) were from other minor groups such as the refugees. Of the total households, 53% are male headed households while 47% are female headed households. Majority (72%) of household heads were married, 14% separated/divorced, 10% are widows or widowers while the rest (4%) were single. A good proportion of households reported existing burden of the presence of chronically sick and disabled members in the household. Specifically, approximately 20% of households contacted had at least a chronically sick person in the household while about 11% reported having at least a physically disabled person in the household. An average household size had approximately 6 household members. Presence of school going children were reported in about 57% of households interviewed.

4.2 KNOWLEDGE OF COVID 19 IN SOMALIA

All the sample study respondents expressed a good understanding and knowledge of COVID 19; they shared and expressed basic information on the disease and its severity on the population health; the study respondents highlighted the fact that the COVID-19 is a pandemic with a virulent, and highly contagious nature, they are aware of the main COVID-19 symptoms like fever, dry cough, fatigue and respiratory complications that might lead to death. The study respondents were aware of the modes of transmission, as they highlighted the coronavirus capability of staying viable on surfaces for up to 3 days. The respondents also recognized the need for movement and gathering limitations. The well-communicated responses on background information on the disease shows that the respondents and their families have access to reliable sources of health-related information.

4.2.1 COVID 19 Potential Transmission Channels in Somalia

Secondary data confirmed high level stakeholders’ perception that poor critical management care of all those in quarantine and cases admitted to hospitals could be potential transmission drivers of COVID 19. Furthermore, it was reported that the existence of large and densely populated settlements for internally displaced persons (IDPs) and poor households in urban settlement without access to soap or clean water, presented conditions conducive to disease transmission due to crowded living conditions and limited hygienic facilities in public places, including dirty toilets and hand washing basins with no clean water and soap. It is likely that lack of community support for disease surveillance, case detection, tracing and self-isolation would accelerate COVID 19 transmission in Somalia. This is compounded by the impracticality of staying home for most informal workers who need to put food on the table, and inadequate advocacy, social mobilization and communication activities about hygiene promotion, social distancing and support for self-isolation or quarantining.

4.2.2 Current COVID 19 pandemic control measures and their adequacy

Concerning the epidemic control measures that were in place by the time of reporting, all study areas had activated COVID 19 control measures. COVID-19 measures were different from one study area to another, especially in crowded Internally Displaced People (IDPs) settlement where less adoption of control measures was reported compared to host communities across the study area. The COVID 19 control measures ranged from closing schools and academic institutions, religious gatherings were stopped and restricting population movement to banning domestic and international flights, screening people at all points of entry, community awareness activities, training health workers and enhanced disease surveillance. The Federal government of Somalia has also moved from physical meetings to on-
line meetings on E-platforms. However, the disease prevention and control strategies pursued by Somalia were reportedly soft compared to the lockdowns implemented in other countries. Somalia was reported gravely understaffed and ill-equipped to deal with the COVID-19 pandemic outbreak. However, there are ongoing efforts by the federal government to procure diagnostic kits, ventilators and other medical supplies. Meanwhile, donations of medical equipment and supplies had started arriving from the WHO, China, the UAE, Turkey and Italy but the supply remains lower than the demand.

4.3 SOCIO-ECONOMIC IMPACTS OF COVID-19 INCLUDING MARKET CLOSURES AND MOVEMENT RESTRICTIONS ON VULNERABLE GROUPS.

4.3.1 Poverty

According to the baseline findings from Wave 2 of the Somali High Frequency Survey report, while the average national poverty was at 69%, only those living in other urban areas, without considering Mogadishu (72%), had a smaller incidence of poverty (60%)\(^{21}\). Poverty is widespread across Somalia with lower incidence found in other urban areas. Urban areas usually benefit from agglomeration effects that result in more economic opportunities and access to services, relative to rural areas\(^{22}\). In the same Wave 2 of the Somali High Frequency Survey report, Somali urban areas also recorded lower food poverty compared to rural areas, compared to the overall national average of 49% urban areas fared better on average at 41% on food consumption poverty\(^{23}\). The emergence of COVID-19 in Somalia and the likely drop in economic performance increased the food consumption poverty levels in urban Somalia of over 59% of urban population and lead to a further marginalization of IDP communities. This estimate, however, could turn out to be conservative, depending on how the pandemic and associated social and economic impacts evolve over the next 2-4 months and beyond December 2020. Data from other countries indicate that COVID-19 disproportionately affects the poor, who are generally in poorer health to begin with, due to inadequate nutrition, poor hygiene standards, and limited access to health care. This can contribute to a higher likelihood of complications when contracting COVID-19, requiring additional financial resources to address the need for nutrition and health care. Ultimately, this will lead to not only loss of assets and livelihoods, but also catastrophic health expenditures. This in turn renders the rest of the family even more vulnerable to the disease and its effects.

A food consumption measure of poverty which considers the total consumption of each household relative to the average expenditure on food items only was used to categorize household poverty and vulnerability across population groups. Using the total consumption of households, a food consumption measure of poverty identifies those households that cannot afford the average food consumption, even if they were to allocate all their expenditure to food items only. Thus, households considered poor with this threshold are those that are not able to afford the average food expenditure, even if they were to allocate all their expenditure to food items and nothing to non-food and durable items. Above half of the urban population is not able to meet the average consumption of food items, highlighting the dire living standards of most Somalis. These households have a high risk to be vulnerable to food insecurity because most of their household expenditure is on food item only while at the same time, the household food consumption score is poor.

Food consumption poverty was 59% across the urban population in Somalia. The study recorded food consumption poverty for IDPs in settlements (54%) followed by women headed households (32%) and 28% for the host community (Figure 1). Food consumption poverty is less likely among households that have not been displaced (50%) compared to the group of IDPs (60%). Male headed households living

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21 World Bank, 2019. Somali Poverty and Vulnerability Assessment, Findings from Wave 2 of the Somali High Frequency Survey


23 World Bank, 2019. Somali Poverty and Vulnerability Assessment, Findings from Wave 2 of the Somali High Frequency Survey
in urban areas are less likely to be poor with this measure than the women headed households (30%-point difference, p<0.05). Food consumption poverty indicates most urban dwellers of Somalia live in extreme conditions, and that some vulnerabilities seem to be associated to the displacement status of households and gender disparities in household headship. As shown in Figure 1, household poverty levels increased with onset of the COVID-19 pandemic across the urban population. Alleviating urban poverty in Somalia will require addressing significant challenges posed by the displacement crisis and ensuring this group is integrated into society and the economy as well as to ensure women centered economic empowerment interventions. Households receiving remittances have an advantage and thus are slightly less likely to report hunger compared to non-receivers after controlling for displacement and household headship differences (p<0.01).

![Figure 1](image.png)

**Figure 1** Household food consumption measure of poverty based on total consumption of each household relative to the average expenditure on food items

4.3.1.1 Growth and Income Poverty
The COVID-19 pandemic as a systemic shock to the urban Somali economy is already resulting in income and employment losses and is causing a rise in poverty, especially those that are now positioned just above the income poverty line. This is reinforced by the possibility that the current national income poverty line may be insufficient to meet basic needs. Poverty in Somalia is widespread with 69% of the population living in poverty in 2017 as defined by having a total daily per capita consumption expenditure lower than the international poverty line of US$1.90 at 2011 purchasing power parity.24 Hunger is likely to remain present in most households after a severe shock in the form of loss of income due the COVID 19 pandemic and its restrictive measures being experienced in Somalia. Over 70% of urban households reported a significant decrease on household income after the pandemic comparing the pre-COVID 19 period and after the onset of COVID 19 pandemic (Figure 2). In the past month from the data collection period, 60% of poor households reported experiencing some hunger compared to 45% of non-poor households, but the difference is not significant (p<0.005). Consistent with loss of income and the study recorded monetary poverty rate of 45%, with host community households from urban areas were less likely to report hunger (25%) than IDPs in settlements (65%) and female headed households (45%).

24 World Bank, 2017. The value of the international poverty line in 2017 was estimated using the 2011 So.Sh./$ PPP, a Somali Consumer Price Index increase between 2011 and 2017, and the 2017 nominal exchange rate between the Somali Shilling and the US Dollar.
Men are much more likely to participate in the labor market and salaried income generation than women. Somalia has traditional gender roles which are reflected in the profile of the population in the labor market. In terms of participation by gender, 60% of the men were fully engaged on a salaried income across the labor market before the pandemic, compared to only 35% of the women. However, after the onset of COVID-19, this participation in the labour market for a salaried income has reduced to 30% men and only 10% women fully engaged on a salaried income service. Furthermore, the COVID-19 pandemic appears to be more eroding income generation activities for female headed household as compared to male headed households (Figure 3). Labour participation rates were similar across the men from the host community and IDPs in settlements. Increasing participation of women from the host community and IDPs in the urban labor market will be important to accelerate economic growth and raise the living standards of vulnerable households in Somalia.

The gender gap in labor force participation and household income generation is primarily a result of a larger share of women staying at home and caring for their families compared to men. Women often tend to engage in unpaid care and domestic work and therefore are less likely to participate in the labor market. Even though over 60% of the Somali households perceive that most or all women can work outside the home, the gap in both labor force participation and household income generation between
men and women was substantial (14 and 8% - points respectively, p<0.01). Considering the increased difficulty of women to work from home due to child-care and other traditional home roles, women participation in employment is projected to decline further in the future. Changing the perception of women together with removing barriers to both in-office and work-at-home arrangement are crucial steps to tackle gender inequalities.

4.3.1.2 Non-income Dimensions of Poverty

Vulnerability exposed by COVID-19 is also visible in non-monetary features of poverty. Findings from Wave 2 of the Somali High Frequency Survey by the World Bank in 2019 recorded that 43% of households in urban areas of Somalia were deprived in at least two dimensions, compared to 78% of IDPs in settlements. This present study recorded that over 50% of the urban population are multidimensionally poor and has a malnourished person in the household, 50% live in a household where no one has completed six years of schooling and about 30% live in a household with a child not attending school; most also lack adequate access to electricity and adequate sanitation facilities. The vulnerability is expected to increase due to the marginalization of the bottom poor and additional costs of the virus to the most vulnerable households.

In addition to income and monetary poverty, most Somali households suffer other non-monetary deprivations. Deprivation in multiple dimensions is consistent with monetary poverty. Almost 90% of study respondents in Somali urban households are deprived in at least one dimension: monetary, electricity, education, water and sanitation or health services. The education of children and adults in the household is another key dimension in which households are mostly deprived given the COVID 19 restrictive measures that closed schools and other educational institutions. Education is crucial to improve welfare conditions due to its associated externalities and a higher expected income. Households are considered deprived if (i) at least one child (aged 6–14 years) does not attend school, or if (ii) all the adults (aged 15 years or more) in the household have no education. Nearly 70% households suffer in two or more dimensions. IDP populations suffer the most, while urban host community dwellers experience the least. Poor households are slightly more deprived than non-poor households in access to electricity, education and health services. Access to services is limited, particularly for IDPs in settlements. Improved water and sanitation is critical for health, school performance, and productivity, but only 60% of households have access to improved sanitation, and 70% to improved water sources nationally (both urban and rural areas). It is likely that the COVID 19 pandemic disrupted provision of clean water in urban settlements of Somalia, for instance, before the pandemic the main source of water supply was piped water, however, after the onset of COVID 19, urban dwellers reported a shift to rely on water trafficking as the main source of water. From key informants, it was reported that the COVID 19 pandemic and the need for occasional hand washing increased demand for domestic water against rationed piped water supply in some residential areas. This left affect residents to supplement domestic water by relying on water trafficking. Poor households are less likely to have access to improved sanitation and electricity. Health clinics are far, more than 30 minutes walking distance for 30 to 40 percent of Somali urban host community and IDP households. Gaps in access to health services and adequate water supply provision need to be addressed in urban environments of Somalia given the threats and the risk to life as posed by COVID 19. People need continuous and adequate clean water supply for domestic use to combat the COVID 19 pandemic.

4.3.1.3 Enterprises and Employment

With the COVID 19 induced restriction to movements and shutdown of industrial activities, urban areas demand for labour was decreasing thereby affecting the most vulnerable people who depend on daily wages. However, most of the people who constitute the working class, mostly the salaried workers and

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25 World Bank, 2019. Somali Poverty and Vulnerability Assessment, Findings from Wave 2 of the Somali High Frequency Survey
skilled labour do the same work they did before the COVID 19 pandemic; thus, the source of household income did not change much. This is the case mainly on public servants for essential services which the government ensured they remained at work to combat the COVID 19 pandemic. It is important to note that the pandemic seems to have exacerbated the negative impact on agricultural enterprises with most of agriculture-related enterprises severely reduced in its contribution to household income generation further increasing food prices in urban areas (Figure 4). This could be the case given the fact that the agricultural sector in Somalia is still to fully recover from the effect of natural disasters like the flood events of 2019 and the prevailing desert locust infestation which negatively affect agricultural productivity. Furthermore, with the onset of COVID 19 pandemic, there is an increase in sale of livelihood assets like livestock, increase in people providing casual labour and sale of firewood, activities associated with coping mechanism in urban livelihoods.

![Figure 4 Main sources of income for households in urban Somalia](image)

4.3.1.4 Employment Structure of the Economy and Vulnerabilities

Somalia is a country of young people where 72% of its population is less than 30 years of age and about 58% aged 20 years or less. Urban households represent 40% of the total population followed by 15% IDPs in settlements. There is large-scale under-employment as well, in both rural and urban areas. Significant increases in access to higher education over the past decade has also resulted in many educated but unemployed youth. This, in turn, has been a key driver of political unrest in the country in recent years. It is projected that women and girls will feel the social economic impact of COVID 19 more strongly. According to the 2019 findings from Wave 2 of the Somali High Frequency Survey by the World Bank, a higher proportion of males were in the labour force compared to women in urban areas. This is confirmed by the present study where the share of females in the informal sector was recorded higher than for males. Women’s relative over-representation in the informal sector could be attributed to a variety of factors such as lack of education, low starting capital, lack of working premises and women’s greater commitment for family responsibilities, which prevents them from entering the formal sector. As a result, women’s’ earnings and savings are less while holding insecure jobs in the informal sector keeps them in deeper poverty. The severity of the impact on women, therefore, is amplified by the sectoral
focus and nature of their employment in urban areas, compounded by gender defined roles that add a large burden of unpaid work at home.

As far as men are concerned, IDPs participate in the labor force at similar rates to the urban host communities although women have much lower labor force participation. Almost 30% of host communities and 28% IDPs aged 15-64 years, are economically active, meaning that they have worked, (40%) or have been unemployed but sought work (5%) in the last seven days. However, there are significant gender gaps between displaced men and women in labor force participation and employment. IDP women are less likely to be employed than men, and over 50% of IDP women are neither active nor enrolled in school, compared to less than a third (30%) of IDP men. Women are much more likely than men to be economically inactive because they are caring for their families or households. Unpaid care work is not counted in labor force participation statistics as being economically ‘active’. Most Somalis in urban environments (over 70% of IDPs and host community) believe that most or all women in their communities can work outside the home. Yet even if social norms permit, women are much more likely than men to be unable to work or be enrolled in school because of family and household care responsibilities: among IDPs, 65% of women and only 20% of men are economically inactive because of family and household care responsibilities.

4.3.1.4.1 COVID 19 Impact on Small to Medium Business

There were reports of financial pressure experienced by Small to Medium Business (SMEs) mostly from paying salaries of employees. In the SMEs, rent and loan payments were the second and third causes for stress. The COVID 19 pandemic has already exposed one major bottleneck though: the lack of an online business transaction infrastructure means SME sales could literally grind to zero in a large number of cases, especially if there are either localized or generalized lockdowns with non-essential businesses shut down. Over 30% of urban Somalia’s SMEs were reportedly in jeopardy, especially those embedded in small-scale manufacturing, urban agriculture, construction and service industry supply chains.

With the onset of the COVID 19 pandemic, most IDPs rely on small to medium family businesses to provide their main source of income, while the host community rely mainly on salaried labour. IDPs and women from both host communities and IDPs are more likely to rely on small family businesses than urban host communities (IDPs: 25% and 15% host communities). IDPs are also less likely than before to make a living from agriculture (10% before COVID 19 pandemic, versus 6% after the onset of COVID 19 pandemic). As a result of the international and local restrictions in movement and operation of industrial activities, certain economic sectors are impacted differently – Somalia urban centres has a large retail section dominated by swathes of small retailers. Retailers with thin margins face severe drops in demand and, in parallel, liquidity and working capital constraints, reduced stocking levels, reduced total revenue increasing risks of business closure, particularly Small and Medium Enterprises (SMEs), workers lay off or deduction of staff salaries (Figure 5). In that regard, the IDP households who dominate the SMEs are vulnerable to loss of livelihoods. Humanitarian support with business grants and training on improved business skills can caution IDP traders and maintain local market viability to sustain the local economy.
The COVID-19 pandemic has drastically affected women (both IDPs and urban host communities) in SMEs. The women revealed that the curfew in the towns has significantly reduced the time they have to hawk their products. For instance, they cannot sell tea at night, which is their peak business period. Reduced human mobility in communities has also seriously shrunk their volume of trade. The tea women pointed out that people now fear drinking tea on the street as many of them believe they may contract the COVID 19 and have resorted to drinking tea in their homes for the sake of their safety. In fact, most women have stopped selling tea all together. Those retailing Khat and candies, who largely depend on the ports for their supplies, revealed that the halt on flights (both international and regional) has dealt a blow to their businesses because all imports have thereby been curtailed. Most of the women also reported that the businessmen who normally lend them goods and money for trade had suspended their businesses for the period of the COVID 19 lockdown. When asked to quantify the financial implications of COVID-19 for their businesses, the women pointed out that before the outbreak of the pandemic and introduction of restrictions, most of them earned between 80 to 350 USD per household per month. They reported that due to COVID-19 they now have no income at all. With the onset of COVID 19 and its restrictive measures, most of these women now live from hand to mouth with reliance on handouts from friends and relatives who are government workers in essential services or relatives and friends who send limited remittances.

4.3.2 COVID 19 impact on Agriculture (crop, livestock and fish value chains)

The COVID 19 pandemic could be expected to worsen malnutrition with preventive social distancing limiting access to health facilities, community health and nutrition screening outreaches and markets while coming at a time of deteriorating food security. On-going COVID 19 restrictions complicate the underlying seasonal challenges that vulnerable communities face in accessing adequate food and income. As a result, the most vulnerable areas could face a longer and more acute hunger season. Productivity in high potential peri-urban areas is compromised. The output of peri-urban agricultural production areas which depends on inputs and labour is being negatively affected by COVID-19 in several ways: i) travel and movement restrictions suppress the supply market, thus, negatively impacting access to required agricultural inputs like seeds, agrochemicals and fertilizers; and ii) the spreading/fear of COVID-19 infection among the population decrease the supply/availability of the labour force for traditionally labour-intensive farming systems. Through demand and supply side shocks, the COVID-19 crisis has disrupted food systems, thus, threatening jobs in each segment of the system. Labour in urban agriculture is becoming scarce, mainly in labour-intense value chains like horticulture, pastoralist affecting IDP workers and employment of internal seasonal migrants. This could be driven by faltering SMEs in urban agriculture and other sectors which lack the capital to overcome a short-term drop in cash flow or disrupted access to markets for their produce, in addition to restrictions on public travel and gatherings. As a result, household incomes are affected negatively by reduced employment in peri-urban farming
areas. This assessment projected a possibility of about 20% production decline if producers revert to the extensive production system for cash crops. Along with the effect of lower productivity, incomes from urban agriculture is suffering from limited opportunities to sell produce. This has led to price increases, aggravating food insecurity, malnutrition and, ultimately, vulnerability of the population to poverty. Livestock products represent an important source of food intake for Somali communities, as well as income and food sources for urban people. The livestock sector under intensive production system (fattening centres) may be knocked out following feed shortages due to restrictions on movement and reduction in agro-industrial production.

Climate change and its extreme weather conditions of drought and floods occasionally affect agricultural (crops and livestock) productivity for Somalia. This severely affected livestock is a key source of livelihood for Somalis. Recently, the agricultural sector in Somalia has been negatively affected by floods of 2019 and the prevailing desert locust infestation. The COVID 19 restrictive measures further disrupt the agricultural activities, as all the interviewed farmers reported experiencing less access to their fields, pastures and workflows due to the movement restrictions. Food production fell below average and prices for food have rose. Main reasons for reduced agricultural productivity as influenced by the COVID 19 pandemic across the study area, are presented in Figure 6. The same experience was reported on the accessibility to agricultural and retail markets as it negatively impacted on the crops and livestock value chain development. Concerning the availability of agricultural workforce, all the surveyed peri-urban farmers reported labor shortage. Following the same trend, transportation was reported to be significantly limited and less available. Differently, the people’s access to fuel was reportedly less affected by the COVID 19 control measures in most towns.

![Figure 6](https://fsnau.org/downloads/SOMALIA-Food-Security-Outlook-June-2020.pdf)

**Figure 6** Household food consumption scores in urban Somalia disaggregated by population groups

### 4.3.2 Primary and secondary impact of COVID-19 on Food security status and livelihoods

#### 4.3.1.5 Food consumption a pattern

According to FSNAU and FEWSNET June 2020 to January 2021 Food Security Outlook, in most IDP settlements and urban areas, at least 20 percent of the population still face food consumption gaps or are engaged in negative livelihoods coping strategies indicative of Crisis (IPC Phase 3) even after food assistance distributions. According to the report COVID-19 has been stated as one of those factors negatively impacting on food security of Somalia population. The outcome of this assessment is in line with FSNAU-FEWNET’s foregoing projection as the results from main food security indicators collected indicate that a good proportion of households have poor food consumption and are utilizing both food consumption-based and livelihood-based coping strategies to access food. Specifically, as shown in figure

7. more than 50 percent of contacted households reported poor to borderline food consumption score. Disaggregation by household category showed that IDP households were more affected compared to host community with about 70 percent of IDP households reporting poor to borderline food consumption score.

Disaggregation by household category showed that IDP households were more affected compared to host community with about 70 percent of IDP households reporting poor to borderline food consumption score.

Figure 7 Household food consumption scores in urban Somalia disaggregated by population groups

Disaggregation by gender revealed worse food consumption level among female headed households compared to their male counterparts. A total of 57% of female headed households reported poor to borderline food consumption score which is 9% higher than the proportion of male headed households that reported the same (48% poor to borderline) (Figure 8).

Reduced coping strategies

Similarly, more than 30% of both male and female headed households reported either medium (rCSI = 4-18) or high (rCSI >18) reduced coping strategy. Disaggregation by respondents’ household category reveals that higher proportion (47%) if IDP households reported either medium or High reduced coping strategy index (Rcsi) (Figure 9).
Livelihood-based coping strategies
Most households rely on livelihood-based coping strategies to meet their basic needs with the majority (83%) indicating access to food as the main reason for resorting to negative coping behavior. Access to health services and shelter were among the reported reasons (55% - health and 39% - shelter) as shown in the figure 10 below. Access to health services is critically important given the prevailing COVID-19 pandemic.

Figure 10 Main reasons for adopting livelihood-based coping strategies in urban Somalia
The proportion of households that adopted either crisis or emergency level of livelihood-based coping strategies stood at 49%. However, crisis and emergency livelihood-based coping strategies were adopted by higher proportion of female headed (55%) households compared to male headed households (43%).
Figure 11 The proportion of households disaggregated by gender of household head, that adopted either crisis or emergency level of livelihood-based coping strategies in urban Somalia.

Just like with recorded food security indicators, crisis and emergency livelihood-based coping strategies were reported by higher proportion of IDP households (57%) compared to the host community where about 44% of households reported the same (Figure 12). These crisis and emergency livelihood-based copings adopted by vulnerable urban households in Somalia included reducing expenditure on health services and education (adopted by 72% of interviewed households), withdrawing children from school or depriving school children from schooling services (adopted by 48% of interviewed households), selling productive assets (adopted by 42% of interviewed households) (Figure 12b).

Figure 12 The proportion of households disaggregated by population groups that adopted either crisis or emergency level of livelihood-based coping strategies in urban Somalia.
Commodity prices and Terms of trade

Analysis of commodity prices and terms of trade (ToT) recorded reductions in availability of food which is reflected in the increased prices of local staple cereals. Compared to both March 2020 (pre-COVID-19) and April 2020, July 2020 (with COVID-19) local cereal prices increased from moderate to high levels in most regions of the country (Figure 13). This is a likely indication of impact of imposed restrictions on movements as a result of COVID-19. Food access is being impacted adversely by the outbreak of COVID-19 which negatively impact physical access to food, especially in areas where households are already facing deficits due to other factors – for example, below normal rains and displacements. Inadequate supplies of food in markets will further reduce dietary diversity and food consumption by households. Incomes for households in the informal sector will be reduced during the COVID-19 period, worsening the food security situation. Food prices are already unseasonably high; therefore, further increases will worsen the food security situation.

Figure 13 Change of prices for staple cereals during the pre-COVID-19 and with the COVID-19 affected context in Somalia.
Similarly, the household purchasing power measured in terms of ToT between daily labor rate and local staple cereal prices indicates a decreased economic access as the ToT decreased significantly in most parts of the country in July 2020 compared to both March and April 2020 (Figure 14). This confirms decreasing economic access of commodities as likely influenced by the COVID-19 pandemic.

Figure 14 Change in terms of trade (ToT) for local staple cereals for the pre-COVID-19 period in comparison to the era of COVID-19 pandemic.

4.4 SOCIAL SECTORS (primary and secondary socioeconomic impacts of COVID-19 on people’s lives and livelihoods)

4.4.1 Health and Nutrition (e.g. risks to specific conditions and groups, sexual and reproductive health, systemic vulnerabilities)

Somalia health care system has been dysfunctional for over several years with humanitarian and private sector playing a vital role to bridge the gaps in the health care services. Primary healthcare is the first line of defense against COVID-19, and therefore plays a key role in determining the capacity to cope with the pandemic in any country. COVID-19 is an emerging disease and there is more to learn about its transmissibility, severity, and other features. Access to primary healthcare during the COVID-19 pandemic has continued to suffer as a result of the impact resulting from the disease itself, as well as the short- and medium-term consequences. These impacts affect the vulnerable groups (adolescent girls, women, children, elderly, disabled and IDPs) disproportionately on issues of sexual reproductive health, mental health, malnutrition among others like the postponed or suspended child vaccination programs to prevent polio, measles etc and these will have serious health consequences in future. Prepositioning of PPE to attend COVID-19 patients and training of health care workers on screening, infection prevention and control as well as surveillance were carried out by WHO early in January 2020 in Somalia but were inadequate further increasing risks to frontline health workers, their families and the community at large.

The present vulnerability assessment study in urban Somalia revealed a significant reduction on access to health services after the onset of COVID-19 by 41.6% while 35.7% reported no change as shown in figure 15. The main reason for not seeking health care services were lack of health care levy or money at 78.6% which reflects decreased reduction in household income and deepening poverty levels. Only 3.6% reported of being scared /afraid of being infected by COVID-19. This may have to do with the lack of understanding of how COVID is transmitted. An attributing factor to this may indeed have to do with local myths around disease prevention, control and transmission. Other reasons included health facilities

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closure /lack of health facilities at 10.7% while 7.1% believed that they will recover under home based care.

![Access to health services after the onset of corona](image)

**Figure 14** Household access to health services after the onset of COVID-19 pandemic in urban Somalia

### Mental health

Good mental health is critical to the functioning of society at the best of times. It must be at the front and centre of every country’s response to COVID-19 pandemic mitigation. The mental health and wellbeing of individuals have been severely impacted by this crisis and are a priority to be addressed urgently. According to WHO, one in three Somalis are affected by some form of mental illness, a far higher rate than the one in five expected among communities living in war zones28. Psychological distress due to the impacts of COVID-19 and its consequences such as containment measures have caused individuals to be afraid of the infection, dying, or even losing family members. Stigma for those reported to have contracted the disease is persistently high with ripple effect on other livelihood sources. Many people, in health and non-health sector, are facing economic turmoil having lost or being at risk of losing their income and livelihoods while health workers have been subjected to higher risk and fear of contracting the disease, separation from families as they take care of sick people and associated stigma from the community. Frequent misinformation and rumours mongering about the virus and deep uncertainty about the future are common reported sources of distress, further worsening the impact of the pandemic. As a result, a long-term upsurge in the number and severity of mental health problems is likely.

Out of the interviewed 1694 households, 6.1% had sought medical attention or assistance for mental illness before the COVID-19 pandemic whereas, only 4.7% were able to seek medical help for mental illness with onset of the COVID-19 pandemic. It is suspected that the scary COVID-19 and the fear to get infected at health service centres may repel away many patients while scores are living in denial or ignorance of the disease. Other known cyclic shocks in the country such as drought, conflicts acts are only expected to worsen the problem. Interestingly, a huge number of the sampled respondents choose not to the question. Secondary data indicated UNICEF Somalia in collaboration with the Protection and Health clusters, provided an online Mental Health and Psychosocial Support (MHPSS) training for frontline Social Workers to support people in distress and to ensure care for people with mental health condition as a mitigation response. Few interventions targeting the local community were reported but their impact on the increasing mental burden remains unevaluated or known. Mental health problems exist along a continuum from mild, time-limited distress to severe mental health conditions. The COVID-19 pandemic has influenced where people are situated on that continuum while many people who previously coped well, are now less able to cope because of the multiple stressors generated by the

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COVID-19 pandemic. Those who previously had few experiences of anxiety and distress may experience an increase in number and intensity of these and some have developed a mental health condition. And those who previously had a mental health condition may experience a worsening of their condition and reduced functioning. Incorporating mental care programs in health-facilities and community outreaches is fundamental in arresting the hidden mental burden associated with the COVID-19 pandemic.

Nutrition
The impact of COVID-19 is felt mostly in low-income countries where conflict, economic shocks and climate change contribute to health problems, growing food insecurity for children and their families hence risk for under nutrition. Somalia population is faced with a chronic nutrition crisis, with malnutrition rates increasing and remaining stubbornly high due to a combination of factors, including food insecurity, high morbidity, low immunization, lack of Vitamin A supplementation, conflicts as well as poor health care practices. Before the onset of COVID-19, only 20.5% of the sampled population reported having sought for medical attention or assistance for malnutrition while 20.4% were able to seek medical attention or assistance for malnutrition treatment with the onset of COVID-19 pandemic. Limited access to health facilities and services as well as decrease in diversified dietary at household level including poor child-care practices are reportedly key drivers to malnutrition. COVID19 has the potential to erode all the efforts, gains and progress made so far by developmental partners and the government on delivering maternal and child nutrition support services.

Secondary data from FSNAU September 2020 release29 and its partners highlights that urgent treatment and nutrition support are required for approximately 849 900 children under the age of five years (total acute malnutrition burden), who will likely face acute malnutrition through August 2021, including 143 400 who are likely to be severely malnourished. Integrated interventions should be provided to support recovery and prevent deterioration in the nutrition situation. Data obtained from the Food Security Outlook from FSNAU indicated 13% increase in monthly admission of acutely malnourished children between January and March 2020 compared to the first quarter average monthly admission for 2016-201930, which is attributed to sporadic disease outbreak (acute watery diarrhea/cholera and measles outbreak) and worsening food insecurity in many areas. The country is also facing a Triple Threat of Desert Locust, flooding’s and the global pandemic COVID-19 contributing towards the deterioration of production outputs, social economics increasing vulnerabilities of households which is expected to precipitate and escalate the health and nutrition impact of the COVID-19 on the already worse states of acute malnutrition situation affecting children and women.

It is likely that due to COVID-19 preventive measures that limit movement and accessibility to services/markets, the quality of dietary intake has worsened, with limited access to and relatively greater unaffordability of staple foods and scarcity of diversified diet of nutrient-dense foods. Should these preventive measures continue for a longer period and the stability of the food supply chain continue to get negatively impacted as reported, the accelerated deterioration in diet quality is likely with increased loss of gains already achieved in the fight against chronic malnutrition at risk of reversal in urban Somalia. To build more resilience communities, more nutrition-sensitive social protection and safety net programs including scaling up school feeding programs, supplementary feeding, screening and treatment designed to address both the short-to-medium and long-term needs of most vulnerable households and or populations such as children, PLW, PLWHA, disabled, elderly among others.

Acute respiratory infection
Acute respiratory infections (ARIs) are classified as upper respiratory tract infections (URIs) or lower respiratory tract infections (LRIs). URIs are the most common infectious diseases. The present study recorded 17.5% of study respondents who reported that they had sought for medical treatment on acute respiratory infection before COVID-19, whereas, the same number increased to 22.5% of household members who had sought for medical attention or treatment for acute respiratory infection. There was no significant difference (p>0.05) for acute respiratory tract infection of people before and after the outbreak of COVID-19 pandemic in urban Somalia.

Places of seeking care (before and after COVID-19 onset)
Health seeking behaviors are influenced by internal and external contributing factors. Internal factors include attitudes, beliefs and core values, life adaptation skills; psychological disposition whereas external factors include social support, media, socio-cultural, political, economic and biological aspects, health care systems, environmental stressors and societal laws and regulation. Almost all the interviewed households seemed to have maintained places for seeking health care services before and after the onset of the COVID-19 pandemic. Public and private health service centres continue to be used as providers of health care (Figure 16).

![Figure 15 Health care service centres for urban population in Somalia](image)

**Where HH members were seeking care**

<table>
<thead>
<tr>
<th></th>
<th>Before Corona onset</th>
<th>After Corona onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health facility</td>
<td>47.9</td>
<td>46.1</td>
</tr>
<tr>
<td>Private clinic or health facility</td>
<td>36</td>
<td>32.6</td>
</tr>
<tr>
<td>Traditional healers or medicine men</td>
<td>28.6</td>
<td>27.2</td>
</tr>
<tr>
<td>Homa based care</td>
<td>20.8</td>
<td></td>
</tr>
<tr>
<td>Other means of seeking care</td>
<td>17.6</td>
<td>16.8</td>
</tr>
</tbody>
</table>

Health education
Health education is any combination of learning experiences designed to help individuals and communities improve their health status, by improving their knowledge or influencing their attitudes. Majority of households (77.5%) reported having received health education, sensitization and preventative practices on COVID-19. This is an indication that the Somalia Ministry of Health in collaboration with its partners public sensitization on COVID-19 has been effective. Key informants reported that WFP, UNICEF and NC along with relevant government departments have integrated COVID-19 messaging in the nutrition and health guidelines/trainings across Somalia. About 62% of study respondents confirmed an increase in the frequency of receiving health promotion and behavior change information with the onset of COVID-19 as compared to the pre-COVID era. Hygiene promotion information meant to combat the COVID-19 pandemic is being disseminated through mass media including radio and television, health workers and through the community-based training/sensitization meetings as confirmed by over 67% of study respondents. Regarding adoption of best practices to combat the COVID-19 pandemic, study respondents reported high adoption of proper hand washing (where handwashing facilities (such as water, soap is available)
and safe handling of food (Figure 17). However, there is still room for improvement on detection management of COVID-19 patients and referral cases management. People seem still reluctant to visit healthcare centres of mild case detection, screening, diagnosis and treatment for fear of contracting or being diagnosed with COVID-19 and or lack of health fees (where required such as among private providers). Increased social mobilization, education and awareness creation such as through mass media among, community workers is indicated.

Figure 16 Adoption rate of best practices to combat COVID-19 in urban Somalia

4.4.2 Water, Sanitation and Hygiene

Access to water, good hygiene and sanitation is at the core of COVID-19 mitigation and response strategies. According to the Somalia WASH Cluster, about 2.7 million Somalis’ were in need of humanitarian WASH support in 2019\(^\text{31}\). After the COVID-19, there occurred a shift in implementing agencies intervention to WASH related activities, a central component of COVID-19 response, which seem to have addressed a substantial proportion of this WASH needs, although largely in the short term. During the assessment, about 75% of the urban household study respondents reported having adequate water for household consumption; 8% more than the 67% reported by WASH fact sheets in Somalia before COVID-19\(^\text{32}\). After COVID-19, There was a substantial change in access to different water sources as shown in Figure 18. After the pandemic, there was a tremendous increase in household access to clean water by water trucks/tankers (63% versus 23%) and public taps (32% versus 13%) compared to before pandemic. Qualitative findings noted lack of adequate piped water and sanitation facilities (such as soap) in households and key public areas with urban settings frequented by huge number of people including market actors posing higher risk of COVID-19 transmission and negative impact. There has been increased efforts by humanitarian agencies to provide water trucking interventions as a COVID-19 risk mitigation measures, but the WASH needs remain high.

Compared to before the COVID-19 pandemic, only 17% of the households surveyed reported reduction in amount of water accessed which was mainly linked to reduction in water source supply and inability to pay for the increased water services prices especially from private water trucks and water vendor due to Livelihood (employment, labour and income) disruptions. Most of the households (82%) relied on payment vouchers to access clean water for domestic use. Desk reviews concurred that water was among the commodities reported to have most significant monthly price increases with a consumer price index

\(^{32}\) https://reliefweb.int/sites/reliefweb.int/files/resources/Fact%20sheet%20WASH.pdf
(CPI) of +4.28% as at June 2020 – After the pandemic (Figure 18). While the CPI increase was associated with disruption of livelihood, the increase was also attributed to increases in prices of Charcoal, capped at +20.59%.

**Figure 17 All Groups Consumer Price Index (CPI) for Somalia as at June 2020**

Women and girls involved in water collection were reported to be most exposed to COVID-19 lockdown and restriction of movement impacts including increase in cases of rape, domestic violence and lack of basic hygiene (due to water shortages). Further, IDPs and the poor households with high dependence on daily wages to pay for safe drinking water for their households were also more affected by the pandemic.

**Figure 18 Household access to clean water pre-COVID-19 and with the onset of COVID-19**

A total of 77% of households reported no change in quality of water accessed with the onset of the COVID-19 pandemic outbreak; only 8% of households reported improvement in quality of water access. Sustained access and slight improvement in quality water accessed was due to a successful shift of humanitarian interventions towards provision of COVID-19 basic services relief, including provision of clean water to people. After the pandemic, numerous reliefs and implementing agencies, partners have

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teamed to provide the COVID-19 affected populations such the IDPs, hard-to-reach rural communities and vulnerable populations with access to clean water, promote good sanitation and hygiene practices including constructing public handwashing stands to help slow the spread of COVID-19 and its impact. This includes rehabilitation of boreholes, mini-water systems, trucking water, constructing handwashing facilities (in IDP camps, urban centers, markets and health facilities among other strategic points) and distributions on NFIs (WASH) such as soap and sanitary materials. The current situation in urban areas is different from that reported by the Somalia WASH Cluster report in 2019. At the time, key indicators used for the Somalia WASH Cluster report showed the pressing level of WASH needs in Somalia. Specifically, before COVID-19, the report indicated that about 30% of total urban households reported not having enough drinking water, 50% reported lacking access to improved latrines, water sources, and soap, while about 75% reportedly did not have menstrual hygiene materials (e.g. menstrual cloth, pads, tampons, menstrual cups, etc.). However, qualitative results project the WASH indicators to depress in future when partner programming priorities for WASH to their core business changes; the interventions are largely short-term. Scaling up more resilient WASH interventions to ensure sustainable WASH projects at the community level is fundamental considering the medium-to-long-term effect of the pandemic.

The survey indicated no substantial change in access to and use of proper sanitation services in the urban settings. Urban households use of toilet/latrines improved marginally by 0.5% to about 92% since COVID-19 pandemic outbreak (Figure 19). However, the 92% sanitation coverage in these urban areas was 5% higher than the 83% reported by UNICEF before the onset of the COVID-19 pandemic and the 40% more than 52% reported by the Somalia WASH Cluster before the pandemic. UNICEF had also reported sanitation coverage among IDPs (national wide) at 75%. Non-functional toilet and perceived bad smell were the main barriers to toilet/latrine use.

Knowledge of critical handwashing times sharply increased with the onset of COVID-19 pandemic. The proportion of study respondents knowing at least three of the five critical times to wash hands was 97% for male headed households and 98% for female headed households. The improved handwashing knowledge is reflected in the specific critical hand washing practices. For instance, with the onset of

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34 Somalia: Water, Sanitation, and Hygiene Assessment Report - December 2019
35 Somalia: Water, Sanitation, and Hygiene Assessment Report - December 2019
37 UNICEF Somalia WASH Strategy Note 2018-2020
38 https://reliefweb.int/sites/reliefweb.int/files/resources/Fact%20sheet%20WASH.pdf
COVID-19 pandemic, 99% of households reportedly washed their hands before eating; an increase from the 89% reported by the Somalia WASH Cluster\(^{39}\). Equally, wash of hands after defecation increased from 45% as reported by Somalia WASH Cluster\(^{40}\) to 98% reported in the survey. With the onset of COVID-19 pandemic, engagement of hygiene promoters (including community hygiene workers), increased community awareness messaging (including in mass media platforms) and provision of COVID-19 information materials in local languages provided in line with WHO COVID-19 guidelines significantly improved which explains the positive improvement in the HHs level handwashing knowledge. It is worth noting that WASH Cluster report combined both rural and urban area results hence need for caution in interpreting the results.

The present study revealed that COVID-19 risk (in poor households) has been greatly undermined by the stark reality for millions of Somalis who cannot maintain good hygiene and handwashing due to lack of adequate safe water and soap; the commodities are simply not readily available or are unaffordable to about half of the urban populations. For instance, 29% of the households had no water (which is mainly paid for) in the hand washing locations while 54% could not afford a soap. Non affordability was reportedly highest among IDPs, women headed households and the urban poor. Limited access to water and poor sanitation has been linked to increase in vicious cycle of avoidable infection, serious health outcomes and poor living conditions. In this assessment, we note that WASH safety index assessment (based on conditions and usage of WASH facilities) could not be derived because the number of wash indicators captured/assessment were few and not covering the index scope. This can be best captured in a larger WASH specific assessment survey. However, WASH survey indicators assessed suggested improved wash safety index with the onset of COVID-19 pandemic outbreak, at least in the short-term.

### 4.5 Education

Education has been hardest hit by the COVID-19 pandemic worldwide. In Somalia, most school learners out of school due school closure across the country. A day after the first COVID-19 case was confirmed, Somalia’s country’s educational institutions were closed by the government for 15 days as of 9th March, 2020\(^{41}\), in a bid to stop the spread of the disease but subsequently, the closure was extended till mid-august when they re-opened. Education stakeholders estimates more than 80% of Somali children (in non-tertiary education) are out of school with no reliable formal learning alternative with IDPs and refugees being most affected. Even before COVID-19, poverty, long distances to school, lack of school fees, safety concerns, social norms favoring boys’ education, and lack of teachers, particularly female teachers, and the low availability of sanitation facilities were key barriers limiting school enrolment of children, particularly girls and mainly IDPs/refugees, in school. The grim pandemic situation has only widened social-economic inequalities between the poor and well-off households in Somalia where the World Bank (WB) estimates that seven in ten people live in poverty\(^{42}\). There is consensus that key Somalia education indices which were already dismal before the COVID-19 pandemic, are at risk of worsening in the current crisis.

As a swift response to the pandemic and like other countries, both developed and under-developed globally, some of Somalia learning institutions adopted a shift from physical classes to online learning mainly in selected universities and well-off schools in the country. However, the learning process has been hampered by many challenges such as low internet service coverage, and smart phone penetration, especially in peri-urban areas, lack of trained staff and necessary online infrastructure to support progressive learning and high levels of poverty; very few students have access to alternative education learning options especially for the urban poor including IDPs who have no access to online and distance

\(^{39}\) Somalia: Water, Sanitation, and Hygiene Assessment Report - December 2019

\(^{40}\) Somalia: Water, Sanitation, and Hygiene Assessment Report - December 2019

\(^{41}\) Somalia Education Cluster Note on COVID-19 Preparedness and Response, 2020

learning materials, equipment and facilities. Online learning costs is also an eminent challenge. The high subscription costs are a barrier to online learning for institutions with thousands of students yet financially unsustainable. The COVID-19 outbreak has ignited a major education crisis, exacerbating the risk that inequalities in education presents among IDPs and refugees. IDPs and refugees are at a higher risk inaccess to online learning programmes and eroding the 17% enrollment progress reported by UNHCR in the country. Most IDPs and refugees are most disadvantaged by the shift to at-home learning modalities, as they experience uneven access to distance education and online learning opportunities and hardware, and do not have access to support services such as language classes. While some partners such as UNHCR has been supporting IDPs and refugees to access distance learning, most of these households -most of which are not in the program- are poor and do not have the basic infrastructure to support online and distance learning programs such as laptop, smartphones and internet further widening education inequality gaps. It was established that although the Federal Government of Somalia through the MoE developed comprehensive strategies to allow children to learn from a distance, most of the strategies focused on online learning and use of mass media such as TV and Radio stations. This excluded thousands of children in Somalia, particularly marginalized and rural children who do not have access to these tools.

Through the Ministry of Education (MoE), there has been positive progress in promoting distance learning programme recording and dissemination through Television (TV) and radio especially in Somaliland and Puntland. Blended systems incorporating mass media -radio and TV and web-based learning was adopted. Specifically, the MoE in these states developed COVID-19 education response strategy targeting 529,896 students with Alternative Basic Educations (ABE) and IDP students; 229,896 in Puntland and 300,000 in Somaliland. Training of teachers to develop and deliver these distance and online learning was also done. These have been adopted as short-term options of providing virtual learning amid the online learning challenges. The total budget envelop for the preparedness and response plan was estimated at USD 13,955,000. Through the program, distance students were provided with an interactive hotline system to provide remote support to students and raise any queries and difficulties they may have about the program, including, for example, remote IT support, remote query and answer sessions, etc.

With the onset of COVID-19, learning and outcome challenges have continued to pose heightened and formidable risks to school going children (with devastating effect on the excluded and marginalized groups like IDPs, women headed households, girls, urban poor and disabled) including but not limited to recruitment into armed groups, drop out from schools on resumption to learning, GBVs (such as early and forced marriages, FGM, rape and other child exploitations including child labour), increase in HHs poverty levels, malnutrition, related morbidity and mortality. Similar to other countries, prolonged school closures have increasingly exposed more children and adolescent youths to abuse and exploitation. The poor, including urban households and IDPs are the at most risks of exploitation and abuse. There has been a spike in child right violations, with a particular increase in cases of female genital mutilation (FGM), sexual violence, unwanted pregnancies and child marriage. A recent report from the Social Norms and Practice Consortium found that in the 13 districts where consortium works, 52 cases of FGM were reported in March and April 2020 alone, compared to 38 cases in January and February. With the majority of cases of FGM and child marriage going unreported, the rise is even higher and a grave concern. The secondary impact is school dropouts especially by girls.

Many children and youth relied on free or discounted meals provided at schools for food and healthy nutrition in Somalia. For instance, MoLSA through its partners was targeting 70,000 vulnerable and/or marginalized children for school feeding using food support/aid distribution, cash transfer and grants

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43 Somalia Education Sector Covid-19 Response Plan, 2020
44 Somalia Education Sector Covid-19 Response Plan, 2020
45 SNaP is a multi-year project implemented by International Rescue Committee, Care International and Save the Children and their national partners across 13 districts in Somalia. The Project is funded by UKAID.
which had to be suspended with schools’ closures. Upon closure, nutrition provided through school feeding programs – a major source of livelihood support for children from the poor households - was compromised severely. This has risked lowering the nutritional status of children and increase risk of weakened immune systems which is associated with more frequent episodes of ill health and their cascaded negative effects on learning and overall well-being. The continuing, pandemic crisis threatens the future of Somali learners while negatively impacting upon human capital gains of the county. It is estimated that for the first time since its conception, the Human Development Index, of which the education dimension accounts for a third, will show a striking decline.

COVID-19 has also caused unparalleled economic costs and loss of livelihood in the education sector. There has been serious negative impact on teachers’, school owners and associated workers livelihoods such as loss of income, which is already strained by other crises. This assessment highlighted that safety packages, food, and cash distribution to ameliorate the deteriorating economic situation of Somali teachers are less common in Somalia. With double effect of negative economic impact, working parents have missed either work, employment and other livelihood sources, incurring wage loss in many instances and negatively impacting productivity and livelihood sources. Many staff in contract were also not renewed while others continue to complain of salary delays and cuts, hence livelihood loss. The Ministry of Education Covid-19 preparedness and response plan also provided for Emergency teacher incentives at USD 100 per month for a period of 6 months period. Through Partners support such as UNESCO and UNHCR, continued payment of school fees and teacher incentives has helped learning while helping some of the teachers keep their livelihoods. For instance, Nomadic Assistance for Peace and Development with funding from the Norwegian Church Aid supported 84 primary school teachers and 20 primary headteachers from 20 schools in Somalia with teacher incentives. The headteachers were supported with $100 monthly incentives while the teachers were supported with $90 monthly incentives. However, the closure of schools by The Ministry of Health saw many teachers without a source of income, as many schools could not afford to pay the teachers, especially most of those with no development partner support. Several qualified teachers left to look for alternative sources of income. After some of the schools re-opened in August, and there are even fewer teachers than before.

There has also been gaps in childcare after COVID-19 outbreak. In the absence of alternative options, working parents often have been forced to provide child-care support at home further widening earning gaps and gender disparity especially among women-headed households and child(ren)-headed households. Social isolation has also been an emerging concern. Parents who lose income may tend to make unfavorable enrolment decisions which may expose girl’s education to learning drop out (attrition), increased risk of child labour, incentivize joining of armed group and exploitation. With the number of people in extreme poverty due to COVID-19 projected to increase substantially, there is need to pay special attention to school dropouts, as well as opportunity costs that are likely to affect Somali parent’s decisions to support their children enrollment, especially girls. When the devastating drought and famine of 2011 hit six regions in Somalia, it affected at least 3.1 million people. Half of them were children, who were forced out of school, many after being displaced. At least 15% of the children affected by the famine never returned to learning according to the Somalia Education Cluster, meaning around 225,000 children never picked up learning again. We can assume a similar or worse scenario as this time, the whole country is affected. Further, schools were a hub of social activity and human interaction. With schools closed, many children and youth have missed out on social contact that is essential to learning and development.

46 UN. Policy Brief: Education during COVID-19 and beyond AUGUST 2020
47 Somalia Education Cluster Note on COVID-19 Preparedness and Response, 2020
48 Supporting Continued Access to Education During Covid-19 Emerging Promising Practice, 2020
Qualitative results concur that the COVID 19 pandemic has aggravated the already well-documented educational challenges in Somalia such as inequality, poor access, exclusion of disadvantaged groups, poorly trained teachers, and funding. It is now more apparent that there is an enormous digital equipment and skills deficiency in the current workforce education system and these digital competencies are equally needed in different occupations across the country. Out of the study respondent’s of 1699 urban households, there was an average of 3 children per households affected by the COVID 19 pandemic in such a way that they were not attending school. This translated to about 5 091 school children deprived of schooling with the onset of the COVID 19 pandemic. Households are considered deprived if (i) at least one child (aged 6–14 years) does not attend school, or if (ii) all the adults (aged 15 years or more) in the household have no education. Most negatively affected school children are those in Southwest of Somalia (about 3.5 children /household) followed by those in Hirshabelle (about 3.4 children/household). The least number of school children affected by the COVID 19 pandemic were recorded in Banadir (about 2.5 school children/household). Consequently, there is need to revise existing digital skills education policies, train and retrain the teachers -build capacity- on digital education relative to their teaching subject, and provide relevant instructional materials for online instructional delivery. The international community and governments should consider offering both short and long-term support and find all the options available. They can support Somalia in various ways such as to build digital infrastructure, to create connectivity in schools, to provide laptops, tablets and other equipment, to ensure a high quality of education and training and to implement digitally signed qualifications. Short term support is needed to scale up the most basic distance learning programmes such as radio and television programming (including development of learner friendly content) that most nations have adopted. Ensuring that all children can access a radio and or television will go a long way to address the accessibility gaps caused by the pandemic. UNICEF study shows that television and radio have the potential to reach 50% of school-age children in developing countries. Mid to longer term support can focus on more advanced technologies which would address the challenge of quality after access.  

4.6 Human Settlements and Urban Informality

For people living in informal settlements and slums, the impact of COVID-19 is two-fold: people live on precarious incomes and in housing with little or no connection to running water and with poor sanitation. With many of urban areas in Somalia consisting of informal settlements and slums, these areas will face the brunt of the pandemic. It is not just the lack of access to water and sanitation that is a problem but overcrowding which makes it impractical to adhere to the two-meter social distancing rule in slums and informal settlements. In many parts of towns in Somalia, households in slums share a single room, making physical distancing impossible. In addition, the impact of COVID-19 in informal settlements has a risk of increasing violence against women and girls and unpaid care due to limited access to critical services, including sanitation and safe housing. Women also carry the burden of water collection in most of the water deprived households and this reality increases exposure to sexual violence due to poor WASH access.

5. PEOPLE MOST AT RISK (primary and secondary socioeconomic impacts of COVID-19 on people’s lives and livelihoods)

Although every level of society has been affected by the COVID-19 pandemic, the intensity of the effect has varied widely across social population groups across the country. The COVID-19 pandemic is impoverishing the poor and exacerbating the pre-existing inequality. These are sections of the population that have been under humanitarian support from Somalia’s development partners over the past few decades, namely unemployed youth, persons with disabilities (PWD), women and girls (female headed

households), internally displaced persons (IDPs), refugees/returnees, urban poor and child headed households. The poor and the vulnerable households, especially those living in extreme poverty are being hit the hardest, not only in terms of lost incomes, but in terms of how their life conditions and future are threatened by this whole situation. As the COVID-19 spreads from more affluent towns where it arrived first, it affects populations that live in poorer sanitary conditions, and suffer from multiple deprivations, which are magnified due to lockdowns and restrictive measures.

5.1 Women and Girls + Female-Headed Households (including Gender based violence)

While the pandemic continues to affect all levels of the society, women are more hit than the other vulnerable groups since women are mostly involved in the service sectors which has been especially hard-hit by COVID-19 restrictive measures. There is a particular burden on women and IDPs that live in precarious conditions around urban centres. These women face significantly different challenges because those in host communities have a support system and access to services. But for IDPs who have covered miles to flee from conflict or natural hazards and must work hard to adapt to their new life, access to services has been limited during this pandemic. As acknowledged extensively in this vulnerability assessment, public health emergencies, like COVID-19, highly impact livelihoods especially in poor countries such as Somalia. This is often true for women who are engaged in informal or low-wage activities such as petty trading, daily wage labour and domestic work. The 5% of women revealed that the curfew in the towns reduced the time they have to hawk their products, since they cannot sell tea at night. Reduced human mobility in communities seriously shrunk their volume of trade. Disease control measures that do not consider the gender-specific needs and vulnerabilities of women and girls may also increase their protection risks and lead to negative coping mechanisms. A significant lesson from the Ebola Outbreak of 2014 – 2016, the biggest threat to women’s and girls’ lives was not the Ebola virus, but the shutdown of routine health services and people’s fear of going to health facilities where they could get infected. Thousands more lives were lost when safe delivery, neonatal, and family planning services became inaccessible due to the outbreak and more focus was shifted towards the outbreak. Right now, residents of urban Somalia are witnessing the same dynamic on a much larger scale.

Due to the prolonged disparities between women and men in Somalia, women and girls’ access to adequate and correct information on COVID-19 is lower than that of men, particularly women in the informal sector, migrants, women with disabilities and those in hard to reach settings such as refugees and IDPs. About 10% of the 799 female-headed households interviewed in urban Somalia reported that they are faced with major factors that restrain them from business due to gender-based discrimination, lack of communal support, limited access to information, inadequate education and training facilities. Women are the main victims of domestic violence, and abuse has gotten worse, as the quarantine has forced families to lock down together, further raising tensions amongst household members as reported by 5% of the women in the interviewed 901 male headed households. Women interviews have raised concern that domestic workers, older women, women with disabilities and women without access to technology are finding it harder to get urgently needed services during the pandemic. Initial reporting from SWDC and hotline data has documented over 600 cases in the first quarter of 2020 which has doubled compared to the last quarter of 2019. Despite these challenges, lest we forget that COVID-19 is the not the challenge the country is facing. Somalia is facing almost three other emergencies which are all contributing to gender-based violence.

COVID-19 threatens already vulnerable maternal and reproductive health systems in the country. The country already has one of the highest maternal mortality rates in the world and an estimated one out of every 22 women is likely to die due to pregnancy or childbirth-related causes. The maternal mortality
ratio stood at 732 deaths per 100,000 live births in 2018\textsuperscript{52}. Access to both information and services about maternal health is low as reported by 32% of the interviewed 1699 households, with only around two out of ten women delivering being assisted by any skilled personnel. Girls and adolescent girls are also impacted by the care work burdens of COVID-19: Recent data shows that adolescent girls spend significantly more hours on chores compared to their male counterparts.\textsuperscript{53} School closures which affected about 57% of households who reported presence of school deprived children do not just mean that girls are taking on more chores at home, it could also lead to millions more girls dropping out of school before they complete their education, especially girls living in poverty, girls with disabilities or living in isolated locations. Even before this COVID-19 pandemic, millions of girls were contending with poor quality education – and millions were not on course to meet minimum proficiency in basic reading and math, nor the secondary level skills, knowledge and opportunities they need for a productive and fulfilling life. Evidence from past epidemics shows that adolescent girls are at particular risk of drop out and not returning to school even after the crisis is over.

5.2 Children and Adolescents (Including child protection, health and nutrition)

While the IDPs, women headed households, the elderly and chronically ill people are vulnerable, however, the population group that is most vulnerable are children and pregnant and lactating women in poor households who are obviously at risk of secondary impacts of COVID-19 and its restrictive measures. This is the case given that during the first 1000 days of human life (conception to 2 years of human life cycle) is the most acceptable and critical period in terms of combating malnutrition in children. There are safety nets pilots within Somalia however with coverage gaps for widely targeted safety nets program. There is a comprehensive safety net programme currently being implemented by the Federal Government of Somalia under the Ministry of Labour and Social Affairs - the Baxnaano Safety Net Program which is a comprehensive nutrition-linked national safety net programme targeting. The Baxnaano program is anticipated to target 200,000 poor and vulnerable households (approximately 1.3 million individuals) across 21 districts of the Federal Member States of Somalia and provide them with nutrition-linked cash transfer. The families will be able to use the money for their immediate needs, such as food and basic services. However, there are quite a lot of school children about 3 million nationwide deprived of education with the onset of the COVID-19 pandemic and lactating women and other population not receiving any safety net and social protection assistance. As these vulnerable population groups are not receiving any social protection assistance this means that they may never develop fully along the human life cycle and the risk of losing a generation due to malnutrition and diseases like polio, measles and respiratory infection diseases, as a result of livelihood shocks COVID-19 pandemic could be serious in a long run. Within the social protection and safety nets framework, humanitarian interventions must target and prioritize children from poor households. Household-level investments in human capital will directly benefit children, representing nearly half of the Somali population. A large young population is a huge asset for Somalia that can contribute to its growth.

The COVID-19 pandemic has had significant impact on the well-being of children and adolescents thereby preventing them from reaching their full potential. Children are affected by this crisis through infection with the virus itself; the immediate socioeconomic impacts of measures to stop transmission of the virus and end the pandemic; and the potential longer-term effects\textsuperscript{54}. Although a limited number of children are reported to be affected by COVID-19, numerous cases of affected children have been reported including deaths. Limited data exists on how COVID-19 plays out in a setting with high rates of acute malnutrition such as in Somalia. More importantly, a significant challenge faced by the children is the psychosocial impact from the loss of a parent, sister or brother. Furthermore, because the health response is now fully focused on COVID-19, other health services have suffered such as the measles and polio vaccination campaigns planned. Moreover, it is expected that children’s malnutrition will increase due

\textsuperscript{52} According to the Population Estimation Survey for Somalia (2014).


\textsuperscript{54} United Nations, Policy Brief: The Impact of COVID-19 on children, 2020
to household food insecurity triggered by measures such as business closures, social distancing protocols, reduced parental caring practices and supervision as well as limited access to health services for common child illnesses and for treatment of moderate and severe wasting.

Children in institutions (orphanages, detention/remand homes and so on) are at risk of exposure of the direct and indirect effects of COVID-19 because they often have compromised psychosocial, physical and mental health issues, live in crowded or unhygienic conditions, and are more vulnerable to abuse and neglect. There are children in prison facilities, including mothers imprisoned with their children. While efforts are taking place at federal government and regional levels to review/consider release of prisoners with a comprehensive plan to ensure their safety/wellbeing on release, it will be crucial to prioritize children including those in the remand home. For those who may not be safely released with a comprehensive plan, it is important that those who remain in institutions are provided with the same level of health care and other services. School closures also impact children’s nutritional status negatively as many cannot access school feeding programmes weakening their immune systems. Although COVID-19 as a new virus is not researched well-enough to fully understand its impacts on children, they may be unusually at risk compared to the average epi-curve, not only due to high incidence of respiratory diseases, malnutrition and acute watery diarrhea, but also because they live with their low-income families in overcrowded settings where physical distancing measures are hard to follow effectively. The distress caused by the situation, in addition to fear and anxiety, may put some children at risk of substance use and other risky behaviour. Moreover, due to restricted movement, adolescent girls, while staying at home, may be exposed to a wide range of risks such as teenage pregnancies and pressure to marry early.

**School closures are detrimental to children's and adolescents' learning.**

As many school children come from poor households, their families are neither well equipped to provide the necessary learning spaces, materials and devices to access education materials nor are they likely to be in a position to supervise this process to successfully bridge lost period of school opening. Impairment of learning outcomes, with increased needs for catch-up programmes, is not only casualty but also that some children and adolescents may not return to school at all given the additional economic hardship their poor households have been experiencing. In addition, girls exposed to unwanted pregnancies will be forced to drop out of school to take care of their children. Moreover, as expected, children’s malnutrition will increase due to household food insecurity triggered by measures such as business closures, social distancing protocols, reduced parental caring practices and supervision as well as limited access to health services for common child illnesses and for treatment of moderate and severe wasting. Social distancing is likely to lead to increased levels of stress, anxiety and discomfort for children and adolescents as they are not able to communicate and engage with their friends and peers during lockdown, especially for low income households that do not have access to ICT and social media for their children.

**5.3 Internally Displaced Persons, Refugees and host community**

Populations affected by the ongoing humanitarian crises in the country, particularly those displaced and living in IDP settings, are often faced with challenges including vulnerabilities distinct from those of the host population. For IDPs, the study observed that people displaced from rural areas especially and forced to flee into IDP camps in urban areas lacked the survival skills or social networks necessary to navigate urban areas. They could neither establish viable economic enterprises nor join social networks in the new urban settings. Over the years, the IDPs also began to lose the agrarian skills that they previously had, implying that displacement had brought about a permanent change in their lives and livelihoods. This suggests that such people needed (and were thus helped) to acquire new skills, such as those deemed necessary for petty trade or other informal sector jobs. These vulnerabilities are further
compounded by the disparate health and socio-economic impacts of COVID-19. More IDPs have been disproportionately affected by the economic repercussions of lockdown measures, given their already precarious circumstances and heavy dependence on casual labour and/or external support (from host communities, authorities and humanitarian organizations) to meet their basic needs. As such, they will be even more vulnerable to exploitation and abuse, including sexual violence. Restrictions on movement (personnel, vehicles and aircrafts), delays in deliveries of goods (relief supplies and/or equipment), the slowdown of livelihoods, food aid and cash programmes owing to reduced access and funds, as well as concerns about the safety of staff working in camps has hampered the ability of humanitarian organizations to help internally displaced people and respond to sudden and slow-onset emergencies, thereby creating the conditions for new or secondary displacements.

Some of the IDPs already existing vulnerabilities include:

- Absence of family or community networks in current location: Absence of such as integral unit in the Somali society can lead IDPs to be more vulnerable, as they are unable to rely on support from relatives in safe areas, or frequently are unable to access those areas.
- The influx of new IDPs: With continuous fluidity around the country, IDPs who were displaced years are facing greater uncertainty over their current/future status and the sustainability of assets as new waves of IDPs impact on the already limited support provided by the development agencies. Similarly, there is a significant risk of greater pressure being placed on IDP populations as these may create or increase host community resentment towards IDPs, or highlight sectarian divisions.
- Overcrowded settings: Many IDPs live in overcrowded settlements, with multiple families sharing shelters, bathrooms and cooking facilities. Apart from various protection challenges, such living conditions make IDPs highly susceptible to spreading the COVID-19 disease.
- Poor access to healthcare: IDPs face difficulties accessing critical health services beyond primary health care. Intensive care services – the kind of care that COVID-19 patients need when they develop complications is either scarce or nonexistent, leave alone in IDP settlement, it is also scare among in the whole country.
- Poor access to information: IDPs often has limited access to reliable information as a major tool in addressing COVID-19. Misinformation and limited communication avenues can disadvantage IDPs during the outbreak.
- Risk of interruption of humanitarian assistance: As part of mitigation measures to control the outbreak, humanitarian workers may limit contact with IDP communities, or may not have the required capacity to respond. Authorities may also restrict movements of personnel and vital supplies, interrupting the humanitarian supply chain.

5.4 Persons living with difficulties/the disabled

Persons living with difficulties, the disabled in generally are considered marginalized group in all the societies because of their need for a specialized healthcare than others; both standard needs and needs linked to impairments – and are therefore more vulnerable to the impact of low quality or inaccessible health-care services than others. Many PWDs rely on special services for their daily survival. Their needs are amplified during challenging times, the majority of persons with disabilities live in rural areas where access to basic services is limited. Many depend on family support and in some instances begging to get sustenance. A concern for civil society groups in the Somalia, is that the recommended response measures, actions and guidelines in response to the pandemic do not accommodate or cater for persons with disabilities – many of whom were already vulnerable before the pandemic. For example, preventive measures like portable hand washing booths set up by local authorities in Mogadishu are not accessible for wheelchair users. Many of the PWDs are already suffering from social isolation and the panic and measures surrounding the control/prevention of COVID-19 may even increase the sense of isolation. According to SODEN, which advocates for the rights and empowerment of persons with disabilities,
there have been five deaths of Somalis with disabilities linked to COVID-19 between 16 March and 25 April in Mogadishu alone.

5.5 The elderly
The elderly are most susceptible to COVID-19, especially mortality. This is partly because older persons are more likely to have underlying health conditions such as non-communicable diseases compared to young adults which weaken their immunity and make it much more difficult to recover from illness. This is evident from age-specific COVID-19 death rates which are skewed towards older persons – about 95% of people who have reportedly died of COVID-19 in Europe were over 60 years of age (partly reflecting their demographic structure as well).

Besides having the greatest chance of dying of COVID-19, the elderly also stands out as a vulnerable group from a social perspective. They are highly dependent on others as they are not experienced in handling technology or communication tools. Some of them live alone, and have difficulties accessing food, medical care, and medicines due to the lockdown and restrictive measures.

5.6 Minority groups
Findings on the vulnerability and exclusion of ethnic minority groups and weak clans reveal the following. Both male and female respondents agreed that the Bantu community (comprising the Gosha, Shabelle, Shidle and Boni) and Bajuni community were perhaps the largest and most prominent ethnic minority groups in southern and central Somalia whose members had experienced various forms of exclusion and marginalisation. In Kismayo, the minority Reewin and Bantu communities were disproportionally affected during the 2011 famine. It was reported they experienced a direct loss of assets and fluctuations in agricultural production due to violence and targeted looting by some members of the majority clans. This increased their vulnerability.

Hill (2010) observes that the country’s minority groups have so far received inadequate human rights protection and humanitarian assistance, and that information about them is incomplete and not widely known. It was recorded from focus group discussions that the traditional clan structure formed by the majorities continues to exclude minorities from local leadership role participation and employment, denies them their rights to development, education and sustainable livelihoods; and places restrictions on intermarriage between majorities and minorities.

6. SOCIAL PROTECTION GAPS AND NEEDS AS DRIVEN BY THE COVID 19 PANDEMIC
6.1 Sources of vulnerability at macro Level
Somalia’s history is rife with conflict and violence, which often led to physical and economic displacement, combined with loss of life and productive assets. Furthermore, the country has been experiencing recurrent climatic shocks such as droughts and floods because of its geographic location, as well as the recent desert locust which destroyed crops and forage. The presence of conflict, violence and recently the onset of COVID-19 pandemic has exacerbated the impact of livelihood shocks by affecting access and mobility. Loss in agriculture and livestock sectors directly or indirectly impact welfare of both IDPs and urban host communities, as these sectors form the backbone of the urban economy and are the largest source of employment, income, and exports. Reduced agricultural productivity can lead to dwindling food supply which causes a hike in food prices, which aggravated food insecurity. For instance, in 2020, there was a sharp drop in crop production in Somalia due to floods and the desert locust which

57 SIDRA Institute, 2019. Towards an improved understanding of vulnerability and resilience in Somalia
destroyed crops, with maize and sorghum harvests being relatively lower than in previous years. Somalis, especially those living in urban areas, had reduced access to food markets and even those who still had access to markets experienced much higher prices because of limited supply. COVID 19 pandemic restrict household’s capacity to access and procure food.

Ever since the civil war of 1991, the governance structures and institutions have deteriorated causing political fragility. Only in 2012, the Federal Government of Somalia was established but still lacks technical and institutional capacity to deliver goods and services adequately, let alone under the challenges of a global COVID 19 pandemic. In the absence of well-coordinated formal institutions and regulatory structures, the vulnerable household is left on its own to cope with shocks. It is hard to distinguish between the impact of conflict and climatic shocks because the political economy of the two is closely intertwined. However, the impact of natural disasters is compounded by the ongoing conflict, political instability within a COVID 19 affected population. Consequently, due to restrictions on trade and freedom of movement caused by both current insecurity and restrictive measures of COVID 19, it is likely that vulnerable population groups living in southern Somalia could have limited access to humanitarian funding and other external resources during this crisis. There is need for well-coordinated network of social protection systems to ensure no vulnerable population groups are marginalized for support.

6.2 Experience and impact of shock

Urban Somalis are vulnerable to various forms of shocks (i.e., community level shocks such as natural disasters like droughts, floods, famine, desert locusts and the current pandemic of COVID 19 and this is amplified by idiosyncratic (i.e., household level shocks such as unemployment, loss of income or unproductive due COVID restriction) shocks, which have become a threat to a dignified human livelihood given the COVID 19 affected context. Somalia has faced almost three decades of humanitarian crises caused by recurrent climatic and conflict related shocks. These shocks have been exacerbated by the COVID 19 pandemic and are contributing to the extreme poverty, vulnerability, and displacement in the country, negatively affecting the most vulnerable IDP households and women headed households and children within poor households. One of five urban host communities, three in five IDP households and two in five women headed households in Somalia reported an experience of more multiple types of shocks after the onset of COVID 19 pandemic as compared to the period before COVID 19.

Most shocks reported as experienced by households are related to COVID 19 and its impact on livelihoods and economy. Households reported loss of income, lack of access to electricity and adequate domestic water, evictions from rented accommodation, loss of crops or livestock and high food prices. Unsurprisingly, incidence of conflict and violence is higher among households as women reported a higher level of violence at domestic levels. Both exposure and experience of shock affects the behavior and welfare of vulnerable households. Exposure to risk can make a household poor but at the same time, a poor household are more likely to take decisions that increases its exposure to risks. For instance, a vulnerable household will allocate a large share of its welfare to smooth its consumption in response to a shock. This can push the household into poverty or further increase its severity. Similarly, a poor household is less likely to save or invest in insuring its productive assets. The study recorded severe reduction in livestock assets as a coping mechanism with the onset of COVID 19 pandemic as compared to the period before COVID 19 (Figure 20). It is likely that as vulnerable households incur shocks, they tend to dispose their livelihood productive assets (poultry, goats, cows and sheep). This will further increase its vulnerability to shocks. Households which are elderly headed, with household head older than 64 years are more likely to experience shock as compared to households with younger heads. Other factors such as loss of income, lack of livelihood opportunities, immobility, loss of networks, and loss of health and physical strength contribute to their vulnerability. Poor households are more likely to experience a shock than non-poor households (70 and 65%, respectively). Usually, poor households are
more likely to experience shocks because they lack access to risk management instruments such as household income, insurance or credit.

![Livestock ownership](image)

**Figure 21** Change in ownership of livestock at pre-COVID 19 and with the onset of COVID 19 pandemic in urban Somalia

### 6.3 Social Protection and Safety Nets (gaps and risks)

The greater Horn of Africa is currently experiencing the worst desert locust upsurge in the last 25 years. The COVID-19 pandemic will continue to limit control and surveillance operations (already impacting supply of pesticides), as well as the deployment of experts to the field. This is causing considerable damage to livelihoods and food supply. In urban areas, it is expected that there will be continuous sharp rise in the price of key commodities, driven largely by behavioral changes such as food hoarding, exchange rate effects and potential production losses. Food price increases are having a considerable impact on vulnerable and poor urban households. Moreover, as most women in urban areas are engaged in low wage and informal employment with low protection against dismissal – as domestics, small traders, workers in the hospitality sector – their livelihood and economic security is being compromised to a large extent. There will continue to cause widespread loss of household income and deeper levels of poverty as social distancing intensifies. There is having a big impact on the service industry and the sizeable self-employed population. The combination of labour constraints and limited access to markets is driving poverty and exacerbate food insecurity. Loss of income especially for those engaged in informal activities where women are overrepresented is negatively affected rendering more vulnerability to the women headed household.

Somalia’s vulnerable population groups have high exposure to risk and lacks access to public and private sector safety nets and insurance systems. Somalia’s authorities have inadequate capacity to mitigate risks and to protect households against shocks, due to a lack of institutional setup required to administer such programs. Humanitarian organizations are filling the void. However, the government is inclined toward transitioning from short-term emergency response to early recovery and long-term and stable safety nets programs. But it lacks technical and institutional capacity to administer an expansive program. Households, with no access to formal or informal safety nets, resort to coping strategies that are detrimental to their well-being and create an increasing risk and vulnerability which is difficult to exit. Other than the direct negative impact of a shock on a household’s welfare, it can lead to adoption of negative coping mechanisms such as selling or consuming productive assets, incurring debt, foregoing medical care or reducing the share of meals consumed. In response to the COVID 19 restrictive measures with loss of income and limited access to crop fields, pastures and ranges, over 50% host community, 70% IDP and 65% women headed households coped by selling their assets such as breeding stock.
draught animals, milking animals, and household valuables. Loss of productive asset is a direct shock to income whereas loss of physical asset indicates reduced savings.

6.4 Remittances
Host urban community receive remittances more than the IDP households (12% versus 4%, respectively) (Figure 21). Remittances makes a vital contribution to the household economy of many Somalis. Data on remittances are believed to be underestimated in Somalia as these data are neither comprehensively reported, nor do they capture flows of monies that take place outside of formal financial channels. The average annual value of remittances for all IDP households, whether they receive remittances or not as reported, was about US$35 per capita, which is about half what urban host communities got on average (US$66). Women-headed households get far less than men-headed households, getting about US$10 on average, compared to US$55 for male headed households. These findings are consistent with earlier surveys and likely reflect the extent to which such households are marginalized and disconnected from social networks that would otherwise provide such support.

Unfortunately, remittances as a source of household funds face two acute risks given the COVID 19 pandemic. First is that Somali remitters who are largely employed in the manual labour of many foreign countries, were reported to have faced severe shortage of income due to restrictive measures across global market. This is the first time a global pandemic has hugely affected the remittances to Somalia over the three-decade years of civil wars in the country. Second, there is a serious disruption to remittance flows because of the flight restrictions. The flight restrictions due to the COVID 19 pandemic have hindered both remittance inflows and local businesses purchasing goods from abroad – a serious situation is currently unfolding both within the money transfer organizations and trading firms. As reported by study respondents, the majority of households (43%) reported that the average amount of remittances received reduced by about 50% within a COVID 19 affected context as compared to the period before COVID 19 (Figure 22). This triggers a social protection gap that need to be addressed by increasing humanitarian cash transfer assistance to target vulnerable people.
There is a strong correlation between households that receive remittances and poverty. The proportion of households receiving remittances tend to be less poor. About 55% of the households receiving international remittances are poor compared to 82% of the households that do not receive remittances. Children and households that do not receive remittances are disproportionately poor. Children from poor households face challenging conditions, for example, they have no electricity or are deprived of education which present strong obstacles to escaping poverty. Remittances provide a lifeline to some households, which makes them less likely to be poor or their poverty less deep. Receiving remittances can serve as a resilience mechanism to smooth shocks and improve welfare conditions. Poverty is 10% - points lower for households that received remittances, compared to non-receivers (75% versus 86%). Among the poor, poverty is also deepest for households that did not receive remittances. Food consumption poverty is less likely for households that received remittances compared to non-receivers. Social protection programs can reach the ones most in need and help lift these population groups out of poverty.

6.5 Estimate number of vulnerable people in need of social assistances from various sources
Somalia is one of the poorest countries in eastern Africa. As perceived by the Famine Early Warning Systems Network and Food Security and Nutrition Analysis Unit (FSNAU) of Somalia, the economic impacts of COVID-19, an erratic gu rainfall season, and the desert locust upsurge are likely to continue drive an increase in the food insecure population and household vulnerability in Somalia. According to the FSNAU September 2020 release summary, about 2.1 million people across Somalia are expected to face Crisis or worse (IPC Phase 3 or higher) outcomes between now and December 2020 without sustained humanitarian assistance. An additional 3 million people are expected to be Stressed (IPC Phase 2), bringing the total number of people facing acute food insecurity to 5.1 million. Humanitarian assistance must be sustained through December 2020 to prevent Crisis (IPC Phase 3) or Emergency (IPC Phase 4) outcomes for 2.1 million people. Livelihoods support is also required for people that are Stressed or worse (IPC Phase 2 or higher). Further, the NOAA/CPC NMME forecast predicted an increased likelihood of a below average deyr rainfall season from October to December 2020. Combined with the persistent threat of desert locust, the impact of below-average rains on crop and livestock production it is expected to lead to widespread deterioration to crisis in northern and central areas and southern agropastoral areas of Somalia in the absence of sustained food assistance.

60 Somalia FSNAU-FEWS NET-2020-Post-Gu-Technical-Release-30-September-2020-(English-Version)
The present vulnerability assessment recorded that, 59% of the country’s urban population lived in food consumption poverty and there is a significant difference of increasing poverty to the related findings of the World Bank Somalia high frequency survey which recorded 41% food consumption poverty rate in urban areas of Somalia. Poverty levels vary considerably across the Somali population, with regional differences ranging from about 50% in urban Jubaland (Gedo, Lower and Middle Juba) and Mogadishu. Food consumption poverty incidence is higher than the national urban average in IDP settlements where 60% of people are poor and the internally displaced Somalis number is about 2.6 million, the majority of whom are (56.5%) in South central Somalia, 21.3% in Puntland while 22.2% are registered in Somaliiland. The magnitude of the IDP and urban population in crisis or emergency and in need of assistance was also reportedly increasing in Beletweyne town of Hiraan, where consecutive seasons of largescale displacement due to floods led to long periods in which they could not participate in productive livelihood activities, and the loss of productive assets has eroded their coping capacity.

In this assessment, data collection was restricted to accessible urban areas due to insecurity. However, the present study findings concur with the secondary data and results from the Somali Poverty and Vulnerability Assessment by the World Bank of 2019, which recorded high levels of poverty as more prevalent in the North and South West of Somalia according to poverty estimates from satellite images. Thus, the survey reported the satellite estimates indicating that poverty incidence was highest as more than 80% in the North (some districts of Togdheer, Sanaag, and Bari) and South West (some districts of middle Juba, Gedo, and Bay), besides a few districts of Mudug and Galgudud. With regards to PWDs, it is estimated that about 15% of population are living with some form of disability and/or difficulties.

Furthermore, by the time of reporting, latest secondary information from FSNAU and its partners estimated that nearly 850,000 children under the age of five years are likely to face acute malnutrition through August 2021 (total malnutrition burden), including 143,400 who are likely to be severely malnourished. Integrated interventions should be provided to support recovery and prevent deterioration in the nutrition situation. Data obtained from Somalia FSNAU indicated 13% increase in monthly admission of acutely malnourished children between January and March 2020 compared to the first quarter average monthly admission for 2016-2019 which is attributed to sporadic disease outbreak (acute watery diarrhea/cholera and measles outbreak) and worsening food insecurity in many areas. The country is also facing a Triple Threat of Desert Locust, flooding’s and the global pandemic COVID-19 contributing towards the deterioration of production outputs, social economics increasing vulnerabilities of households which result in impact on the states of acute malnutrition situation affecting children and women. There are three-underlying causes of acute malnutrition namely: (i) household food insecurity due to limited household food access and reduced income particularly, among those in the lower quintile of the income distribution with children under the age of 5, and reduced food availability and diversity; (ii) caring practices for children and women that are likely to deteriorate as livelihoods are affected such as breastfeeding and appropriate complimentary feeding practices; and (iii) disrupted access to health services for common childhood illnesses and for treatment of moderate and severe wasting as health workers become overwhelmed by COVID-19 related activities and/or access to health facilities is limited due to movement restrictions.

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64 World Bank, 2019. Somali Poverty and Vulnerability Assessment, Findings from Wave 2 of the Somali High Frequency Survey
7. HOUSEHOLD COPING MECHANISMS IN RESPONSE TO THE COVID 19 PANDEMIC

Over 60% of interviewed households reported to have reduced household expenditure to only meet basic and essential needs and reduction in non-food consumption as coping mechanism in response to the livelihood shocks induced by the COVID-19 pandemic (Figure 23). Reliance on less preferred food and less expensive food was also reported as a coping mechanism by about 45% of households interviewed. Additionally, other reported coping mechanisms in response to the COVID-19 pandemic are presented in figure 23, that included: borrowing of food and other needs from friend’s family or relatives, borrowed money from friends and family or relatives, used personal or household savings, and selling of productive assets and engaged additional income generating activities. The disposal of household assets, savings and reduction in HH expenditure on food and essentials items among other coping mechanisms that mostly result in a decrease in livelihoods investments are problematic as, in the first case, can impact negatively on the wellbeing of household members and, in the second case, it can reduce the livelihood options available to households. Concerns over food insecurity could increase, as households are reducing food consumption to cope with livelihood shocks induced by the COVID-19 pandemic. There need for close monitoring and where possible respond to any form of malnutrition especially across vulnerable population groups.

8. POLICY RESPONSE TO THE CRISIS

Looking ahead, the policy response to COVID-19 needs to distinguish between two distinct but overlapping phases: response (or management of immediate health and economic shocks) and recovery. Response needs to focus on the obvious and immediate priority to save lives and livelihoods. The frontline policy measures for response are emergency support for overwhelmed health systems and for the millions of formal and informal sector workers, enterprises and businesses who are being hit hard. Its duration can vary but anywhere between the first 3-6 months from the outbreak of the pandemic is a

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66 Poverty and Vulnerability Assessment, A survey instrument for the Hindu Kush Himalayas 2020
67 Myanmar High-frequency Monitoring of COVID-19 Impacts 2020
reasonable assumption. Recovery is essentially about return to trend as quickly as possible but doing so smartly, taking advantage of large-scale policy measures to tackle systemic risks and development shortfalls exposed by the pandemic rather than simply return to business-as-usual. A shift towards recovery can begin 6 months into the pandemic and could last anywhere between 12-36 months from the outbreak of the pandemic.

The Federal Government of Somalia is currently putting in place a national social registry and a social protection platform supported by World Bank. The social protection policy framework including the implementation framework is available and responsive of natural disasters like drought, floods and pandemics within the Somalia context. Due to political fragility in Somalia, NGOs and INGOs will have to work collaboratively with the Federal Government of Somalia to build technical, institutional and fiscal capacity to address the impacts of COVID 19 pandemic. One of the best practices is to ensure good coordination and collaboration across stakeholders to implement interventions to combat the COVID 19 pandemic and its negative impacts on vulnerable people of Somalia. Once an emergency is declared coordination should be properly done with Federal Government of Somalia taking leadership to ensure most affected areas and vulnerable people are provided with the necessary resources. Interventions needs to ensure that the targeted population are not exposed unecessary to any risks. Program Implementation structures need to be set up at state levels to ensure in future Donors are channeling support through established mechanism with multisectoral (Agriculture, Health, Education, social protection services) collaboration and use of standard instruments to ensure all the vulnerable groups are provided with support using a life cycle approach. Labour laws especially on the labor markets and managements should be updated and passed in parliament. Provision of gainful employment for the youth since they make up most of the population and should be prioritized within policy instruments of the Federal Government of Somalia.

7.1 Public Awareness, Communication and Mobilization
As the world tries to contain the pandemic, the role of effective communication is becoming increasingly critical. The core of the COVID-19 response is building trust between government and people, including through strong communications, focusing on reaching vulnerable communities with the information they need. The main objective of effective communication is to empower individuals, families and communities to make informed decisions and positive behavior change, thus, maintaining trust in the response. Part of building this trust includes taking control of the narrative as the outbreak evolves and recognizing that what is communicated is just as important as how it is communicated. Governments, health authorities, the media and other key institutions need to show empathy and care while communicating balanced and information. Moreover, it is crucial to effectively involve communities in the response. The COVID-19 response, however, is hamstrung by social distancing, which limits interpersonal and community engagement processes. While the threat of COVID-19 has triggered a serious global health and economic crisis, a great deal of the fear surrounding the disease is being fueled by widespread misinformation. In the era of social media, separating truth from falsehoods is a challenging task. The WHO has announced the world’s first infodemic- ‘an overabundance of information - some accurate and some not - that makes it hard for people to find trustworthy sources and reliable guidance when they need it. There is need for effective coordination and collaboration in public awareness, communication and resource mobilization to combat the COVID 19 pandemic and its negative impact to human-kind.

7.2 Social cohesion, justice, and security
Most IDPs feel safe where they are, and IDPs report good relations with the urban host communities around them. Almost 80% of IDP households moderately feel safe where they are, but somewhat less than how the host community members (95%). However, across the study respondents, most tenants after loss of income and disrupted income generating activities as influenced by the COVID 19 restrictive
measures, people now live in fear of eviction from rented accommodations after failure to pay rent. There was a high record in increase of eviction threats (84%) with the onset of COVID 19 in comparison to the period before COVID 19 (Figure 24). The main reasons for eviction were recorded as lack or delays in payment of rental cost of accommodation. Eviction from rented accommodation is another livelihood shock experienced mostly by poor households in urban Somalia.

7.3 Policy Implications and social protection systems
In terms of the policy implications of the COVID 19 pandemic, this assessment is meant to inform a Government social protection response to address socio-economic vulnerabilities caused by livelihood shocks and exacerbated by the COVID crisis. The vulnerability study identifies those people most vulnerable, as well as highlighting options for expanding existing Social Protection programmes and/or to design new programmes. In that regard, recommendations are presented here as follows:

Policy gaps
Gap: Although the entire population is at risk of COVID-19, some populations are at higher risk of experiencing more severe health, social, and/or economic impacts from the crisis. Higher-risk populations include IDPs households and women headed households, the elderly and children in poor households and those with co-morbidities such as cancer, diabetes, high blood pressure, and HIV/AIDS.

What needs to be done: More focus and resources must be directed towards institutional capacity strengthening in Health sector holistically including child and maternal health service (prevention + treatment etc). Furthermore, investment is necessary to help support Somalis with co-morbidities. This population must be able to continue to seek treatment without fear of catastrophic expenditure. Somalia must identify ways to remedy harsh conditions of those in informal IDP settlements and female-headed households to ensure this population does not face any further hardship.

Policy and program recommendations
- With more than half of IDPs reporting hunger, continuing life-saving activities to support basic needs remains critical. Expanding access to basic services, including economic recovery, health, nutrition, education and WASH is also important in enabling communities to become more resilient.
- Strengthen the viability of urban and peri-urban areas and enable IDPs to better integrate into them, given that about eighty percent of IDPs express a desire to stay in their current locations.
which are mostly in urban areas. This will entail investing in services and infrastructure (including housing, shelter, water and sanitation, and health and education) to help towns to better absorb massive population growth and provide services for displacement affected populations and host communities. There is also a need to empower municipal authorities to plan, monitor, and budget for growth of towns.

- **Promote livelihood and employment opportunities** - Employment and labor force participation among IDPs and women is low. Enabling access to livelihoods, employment, and opportunities to earn an income is critical both for household stability and resilience, as well as for local economic development and growth. In urban settings, this may include expanding salaried labor opportunities, for example through public work schemes or other infrastructure investment activities. Development investments targeting IDPs youth and women employment should investigate integrated approaches that combine business skills development, vocational training, or cash transfers with skills building.

- In the medium term, cash transfers can be combined with productive inclusion strategies that can help diversify livelihood strategies. Households receiving cash transfers use them for productive investments including entrepreneurship promotion, savings, and other income generating activities.

- Household-level investments in human capital will directly benefit children, representing nearly half of the Somali population. A large young population is a huge asset for Somalia that can contribute to its growth. But the challenge is to create conducive conditions to ensure a dignified living standard for poor households including children. Household-level investments in human capital will directly benefit children, representing nearly half of the Somali population, thus safeguarding the future generation of Somalia.

**Recommendations for Social protection: ensuring effective response and inclusive recovery in the context of COVID-19 in Somalia**

Expanding existing social protection programmes – including cash transfers, access to health services and employment related guarantees – must be at the forefront of the national response. Somalia is still in the process of formulating responses and mobilizing resources, and it has to consider social protection instruments as a critical response tool. A review of the experience of social protection in Somalia and best practices leads to the following recommendations:

- Social protection should be part of the short and long-term response to the health, food security and socio-economic consequences of the COVID 19 pandemic.
- Somalia should invest in expanding social protection programmes, leveraging humanitarian funding to make them more risk informed and shock responsive and create contingency funds and including social protection as a national supported sector in negotiations with donors, while assuring the protection of such budgets in the context of economic recession.
- In terms of social protection design and implementation:
  - Ensure programmes provide uninterrupted benefits. Assess local health risks for delivery of cash or in-kind benefits, cash-for-work, and school feeding and adapt delivery mechanisms to meet safety guidelines; ensure timeliness of benefits, providing advance payments or distribution when possible; relax conditionalities that require work or access to school and health services.
  - When programmes exist, consider top-ups (vertical expansion) of transfers or expansion of coverage (horizontal expansion) to affected communities, building capacity for shock responsive social protection. Provide a top up to existing benefits; use existing registries to reach additional at-risk households, including female-headed households, single mothers, widows, IDPs and build capacity of national systems to respond to future crises.
  - Consider innovative approaches to reach the vulnerable in the informal sector, including agriculture sub-sectors and SMEs. Expansion should focus on the most vulnerable, but also aim to cover those with significant livelihood risks; immediate measures should consider support for livelihood preservation and recovery; enhancing community-level schemes; employment and
livelihood restoration schemes should seek to reach informal and small-scale agricultural workers and SMEs.

- Work with humanitarian actors to deliver and build government capacities for shock responsive social protection. Where systems are less developed or compromised by conflict, delivery of social protection through humanitarian actors may be necessary and can be used as an opportunity to build the capacity of public institution system for the future.

- Design a cash transfers programme addressing urban areas beyond Banadir. So far the huge Cash Transfer programme under the SNHCP (Baxnaano) target only rural areas while this assessment shows that many vulnerable urban people have been impacted by the COVID crisis in Somalia. This calls for horizontal growth in coverage to the existing cash transfers programme to expand its geographical coverage to target the urban poor communities.

- Link existing Social Protection programmes with access to social services such as education, nutrition and health or strengthen existing linkages, since the assessment shows that vulnerable households experience compounding vulnerabilities; This requires to combine different Social Protection instruments such as Cash Transfers, fee waivers for education and health, and/or in-kind distribution of foods or Cash for Work to rehabilitate Water and Sanitation facilities. This can also be supplemented by public works programmes to compensate for the loss of employment generated by lockdown measures.

**Recommendations for the education sector**

- Build teacher capacity on digital teaching, learning and contingency plan development for MoE staff to tackle emerging digital competency needs and similar challenges in future.
- Development partners to provide both short-term and long-term support to build digital infrastructure including internet connectivity in schools, provide laptops, tablets and other necessary equipment to ensure a high quality of education delivery for digital learning
- Review existing education curricula and policies to include digital skills, instructional materials, delivery and learning approaches -digital education.

**CONCLUSIONS AND RECOMMENDATIONS**

The impact of the COVID-19 pandemic on the Somali economy is significant. Poor urban households, female headed households and IDP households in urban Somalia, are among the most affected by an estimated decline in annual external remittances, lower labor demand, and above-average staple food prices. In most IDP settlements and urban areas, at least 59% are living below the food consumption poverty level with the population facing food consumption gaps or are engaged in negative livelihoods coping strategies indicative of crisis. Given the high level of uncertainty and volatility in conditions, whether in Somalia or outside - not least in understanding the trajectory of COVID-19 - as well as gaps in data and analysis, the present assessment offer its contribution not as accurate predictions of the future but as an evidence-based projection of possibilities which can be used to inform the development of substantive proposals on socioeconomic response and recovery to save life and restore dignity for the most vulnerable and urban poor households in Somalia. This assessment leaves little room for doubt that the COVID-19 impact on urban Somalia is already serious and could, depending on conditions, become severe. The study recommends for a policy response that puts people and their rights at the centre, especially those most negatively impacted and left behind. It calls on Somalia to avoid artificial and damaging demarcations, between response and recovery, and between the humanitarian, health and socio-economic dimensions of the crisis. As with many other things in the world today, these are interdependent and inseparable. There is need to link relief, recovery and development within a social protection lens for livelihood restoration. Coincidentally, this assessment aligns fully with the *UN
framework for the immediate socio-economic response to COVID-19 by addressing all aspects of the framework, in terms of the people we must reach: the five pillars of the proposed UN response – health first, protecting people, economic response and recovery, macroeconomic response and multilateral collaboration, community cohesion and community resilience; and the collective spirit deployed to deliver the product and the expected upcoming socio-economic responses.

**EMERGENCY PHASE: SECTOR AND RECOMMENDED MEASURES**

**A. Support and protect individuals and households hit hardest by the crisis.**

- Cash transfers to vulnerable and impacted populations in urban and rural areas (self-employed, day laborers, temporary workers, women-headed poor households, PWDs), using an emergency response intervention to cover people in need. Depending on market conditions and the level and form of available resources, and informed by analysis of those at risk, cash-based transfers may offer an efficient and effective means of relieving the pressure on the vulnerable, enhancing flexibility and choice, and boosting local markets, especially where these are still functioning properly. Cash-based transfers may also offer advantages where there are access constraints for in-kind assistance.

- Job retention programmes to help sustain employment levels in SMEs in the most impacted sectors such as agriculture, construction and hospitality.

- Unemployment benefits backed by emergency disbursement measures e.g. laid-off workers and highly impacted sectors of the urban economy.

- Government Waiver of a value-added tax (VAT) on a list of essential food and non-food items for a period of 6 months. These tax cuts can be re-introduced gradually starting with lower rates in the beginning and upscaling as communities adapt to the shocks depending on prevailing context?

**B. Support and protect SMEs in sectors**

- Rapid repurposing of SMEs to meet immediate requirements (e.g. for public health equipment and supplies) using guaranteed public contracts over a specified period and securing adherence to quality standards.

- Interest free financing, low-cost credit and/or credit guarantees for SMEs to improve liquidity and refinance debts [using quality-assured microfinance institutions].

- Continuity of input and output distribution channels servicing the agricultural sector backed by support to maintenance of occupational safety across all key parts of supply chains supporting the rural economy and connecting it to the urban economy.

- Temporary (up to 6 months) suspension of taxes for Small to Medium businesses and workers

- Temporary waiver of a range of fees and regulations imposed on enterprises by Federal and Regional Governments as well as cities and local governments, especially for micro and small enterprises.

**D. Ensure vital social services and critical government functions continue to be delivered with minimal disruption.**

- Ensure the planned financial resources are restricted solely towards the planned expenditure on critical components of social service delivery (e.g. immunization, reproductive, maternal, neonatal, adolescent and child health.

- Targeted expansion of access to WASH e.g. in health facilities and urban informal settlements.

- Re-start of the measles and polio immunization campaigns and school feeding programmes (even

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without school attendance) at the earliest feasible date.

- Occupational health and safety for frontline workers in the health system.
- Innovative programmes to target specific at-risk groups such as women at risk of violence, IDPs, street children, PLWHA, channeling resources through governmental departments and its channels to ensure coordination and harmonization of relief and social protection programmes. In that regard, this will also require to strengthen the capacity of public institutions to relieve pressure on public institutions and services.
- Expanded emergency support to help meet the needs of women headed households, IDPs, and vulnerable children in poor households till the crisis stabilizes.

**RECOVERY PHASE: SECTORS + RECOMMENDED MEASURES**

**A. Develop homegrown solutions that boost productivity and resilience.**

- Support medium- and long-term business investments that lead to resilient supply chains for critical goods and services including agriculture.
- Drive development of national and regional value chains additions
- Explore opportunities for cross-border digital trade.
- Institutionalize risk management principles, practices and institutional arrangements at federal and regional levels.

**B. Scale-up digital transformation in the private and public sectors.**

- Accelerate development of digital connectivity (coverage, access, quality, reliability) to support competitive industries and link these to regional value chains and markets.
- Accelerate development of e-commerce and e-governance including digital banking, digital payments platforms, e-financial services (e.g. microcredit and micro insurance), a national ID system, and robust digital communications systems within government and private sector.

**C. Support social recovery.**

- Ramp-up testing on a large-scale to contain the pandemic sufficiently to enable a sustainable recovery and minimize the possibility of a ‘second wave’ of infections.
- Prioritize hardest hit social sectors for additional public support, to recover losses and increase investments to prevent permanent reversals in health, nutrition, education, social protection, social services and WASH.
- Build better targeted, more efficient, social safety nets using the lessons learnt from the pandemic, including through much greater use of digital technology.

**D. Ensure sustainable recovery.**

Leverage investments towards a more sustainable trajectory in energy production, health sector, transportation services and natural resource management and biodiversity