

MESH LEARNING BRIEF

COVID-19 Evidence, Experiences and Adaptation in Somalia

May 2020



Key Issues & Risks

Health Facility Survey- Quality and Community Perceptions: MESH

These findings are based on a survey conducted by MESH in February 2020, just before the COVID-19 outbreak. The survey covered 60 health facilities drawn from those supported by SHINE-Change, SHINE Supply, UNICEF and BRCIS. The assessment of facilities included; patient volume, case/registrar management, HMIS reporting, outreach services, RUTF/RUSF, other nutrition supplies, health supplies, staffing, facility quality (patient, clinical, infrastructure) and training.

- **All facilities face multiple deficiencies across categories.** The most glaring gaps noted were to do with; facility infrastructure quality, training, staffing, handling patient volumes, availability of health supplies and registrar management.
- **Especially at this time, there is significant risk** that additional challenges affecting the medical supply chain, availability of staff, restrictions and resources will further diminish the ability of health facilities to respond to community health needs particularly for individuals with underlying health complications.

COVID-19 Community Preparedness Survey: MESH

These insights are based on a call centre survey designed and undertaken by MESH to assess knowledge, behaviours, and other factors related to COVID-19 in Somalia. Phase I of the survey which was conducted between 27th April and 18th May involved 2,056 calls to households across 50 districts. 76% of respondents were women.

- **Most people have heard of the virus and most (82%) could identify all major symptoms with radio being the primary source and most trusted source of information.** This indicates that broad based messaging is working; however the majority did not know that they could have the virus and be asymptomatic
- **Almost 76% of respondents could correctly describe social distancing guidelines,** with significant variance across districts. While the trend is positive, understanding of social distancing is low with particular issues in some districts.
- **While a majority state they would avoid going to the mosque, most respondents were female and broader anecdotal evidence shows this to be more widely spread.** It is essential to work with community and religious leaders to alleviate people of the hard moral choice they see in relation to public prayers.
- **The majority would not seek treatment** given lack of resources/money to seek professional care, fear or because they do not believe local health facilities have the capacity to serve them effectively; this is more concerning for those with life threatening symptoms who may be avoiding medical services as well. Conditional cash support/vouchers for medical care would be an ideal investment.
- **A fair number of respondents have seen a decrease in the availability of food/products in local shops.** This is a concern as people (particularly women and children) have tried to prepare to keep more indoors.
- **There is increasing indication of loss of livelihoods and incomes** especially for those relying on casual employment and livestock keeping.
- **Less than 20% of respondents have seen less remittance from abroad** although this number is going up. This indicates a direct link to the economic consequences of the pandemic around the world.

Key Issues & Risks

Strengthening Engagement with Communities during COVID-19: BRCiS

These insights are based on over 100 community consultations undertaken by BRCiS in early April with the primary aim of putting communities at the heart of their response.

- **A lot of fear and confusion on how to respond to Covid-19** e.g. some want to act now others want to act after people are infected. What should be done?
- **Rumours and false information regarding Covid-19 are widespread.** What is the best way to present accurate information to result in positive community action?
- **People trust Imams, Local Authorities, CRCs and Local Leaders to address Covid-19.** What assistance do you need to share accurate messages with people?
- **Covid-19 severely impacts family income, local business and credit.** What can people do themselves and how best can agencies help communities?
- **People's faith and trust in Imams is important to give hope and guidance to address Covid-19.** How should people pray especially during Ramadan to respect their faith and to avoid spreading Covid-19?
- **Some communities plan to use schools as isolation centres to care those affected by Covid-19.** What other innovations do people have to address covid-19 or other challenges?

Emerging Protection Vulnerabilities and Risks during COVID-19: UNICEF

These findings are based on a survey conducted by the CP AoR from 9-15 April 2020 to better understand how COVID-19 is impacting child protection services and emerging child protection risks.

- **As distancing measures are put in place and people are encouraged to stay at home, the risk of intimate partner violence has been on the increase.** Over one third of participating agencies (36%) reported an increase in sexual and gender-based violence, including rape. One partner has provided services to 13 survivors of rape during this period. More than half of the CP agencies (57%) reported an increase in physical violence.
- **Due to disruption of livelihoods and ability to earn a living, women may be at greater risk of experiencing economic abuse especially in the IDPs.** 12% of respondents stated that boys are at a higher risk of recruitment by armed actors during this time.
- **Front-line providers dealing with COVID-19, the majority being women might experience stigmatisation, isolation, and being socially ostracised** and may be at risk of violence in their homes or in the workplace.
- **Stress and the disruption of social and protective networks.** 40% of children sent home from school are not staying at home. Only 16% of children are undertaking online learning following school closure to mitigate the spread of COVID-19.
- **COVID-19 mitigation measures have had a negative impact upon the delivery of critical CP and GBV services with a number of agencies already cutting back on essential services.** Other services, such as hotlines, crisis centres, shelters, legal aid, and protection services may also be scaled back.
- **Most partners confirmed they have adopted COVID-19 mitigation measures to continue providing critical CP and GBV services** through telephone counselling and referrals, using alternative transport for ambulance support and referrals, increasing door to door awareness using megaphones in IDP camps through opinion leaders like elders and religious leaders and others.

Key Issues & Risks

Adapting Programming during COVID-19: WFP

WFP established a Concept of Operations (CONOPS) for COVID-19 guiding immediate programmatic changes, planning for a potentially worsening scenario, including a shift to mobile money transfers, a further reduction in physical monitoring activities and expansion of mVAM tools. As a result, Relief, Nutrition and Livelihood activities have been adapted or suspended based on risk of transmission.

- A number of activities such as relief in-kind, relief CBT, nutrition in-kind, nutrition CBT and Urban Safety Nets CBT have been adapted, a few such as wet feeding, livelihood in kind CBT and school feeding/CBT have had to be suspended.
- All on-site/physical monitoring has been halted in Banadir in Mogadishu, the worst-affected area in Somalia. In areas where physical monitoring is not feasible, remote monitoring is implemented or expanded.
- Where field monitoring is feasible, monitors are provided with protective equipment and additionally verify the measures put in place by the partners on social distancing and hygiene.

Strengthening Inclusion during COVID-19: Mott Macdonald

Gender

- Need to monitor GBV as families will be confined for longer times.
- Risk that preventive services uptake will reduce (immunisation, ANC, etc.) particularly affecting women and Children.
- Economic effects of lock-down affect family economies. 'Forced' to break the lock-down puts men more at risk.
- COVID-19 incidence/ prevalence in pastoralists still unclear especially as external contacts are often by men.

Youth

- Young people exposed to COVID-19 become infected and are thus contagious, but probably less affected.
- Risk of increased demand on health services for COVID-19 related illness, crowding out Adolescent (Reproductive) Health Care.
- Young people are affected by closure of (schools/universities) education opportunities, depriving them of social engagement.
- Inadequate data to discern impact across age brackets referring to youth dominated population pyramids. Unclear whether definitions in reporting related to age is influenced by early marriage and subsequent inclusion in 'adult' groups.

PWDs

- PWDs have more health-care needs than others and are therefore more vulnerable to the impact of low quality and/or inaccessible health-care services.
- PWDs are more likely to suffer poor health and are therefore more susceptible to COVID-19.
- Movement restrictions may affect PWD dis-proportionally.

IDPs

- IDPs at heightened risk of exposure to COVID-19 due to limited access to healthcare, water, sanitation, food and adequate housing.
- IDPs' income depends mainly on day jobs, making staying at home difficult. Economic impact of COVID-19 is therefore likely to affect IDPs severely.
- Food insecurity likely to also increase because of unfolding events – floods, locust infestation etc.

Minorities and sub clans

- Majority and minority clans are probably affected equally by COVID-19 but the poorer families will be harder hit by the economic crisis.
- There might be a chance that minority groups are not given attention and therefore left out.

Key Actions

MESH

- In phase II of the pandemic preparedness survey, **build on insights generated in phase I and integrate data collection on specific issues** such as remittances.
- **Ramp up data collection on** experiences of specific groups; women, children, PWDs, IDPs etc.

BRCIS

- **Regular CRC engagement via PFIM**, establishing consistent two-way communication to share useful information as well as track and address rumours/misinformation, paying particular attention to groups most affected.
- **Share child-friendly and gender-inclusive messaging** to raise awareness and combat stigma.
- **Engage with influential leaders** (Religious leaders e.g. Imams, teachers, traditional leaders) to share messages.
- **Establish regular communication** through SMS, wifi hubs and whatsapp groups.
- **Adjust the project and messaging** based on conversation with communities.

UNICEF

- **Updated service mapping & referral networks** - identify and provide information about services available locally (e.g. hotlines, shelters, one stop centres, counselling) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages.
- **Training front line workers on GBV screening**- this can also be done at health facilities during the regular health service provision (at nutrition points, maternity, immunisation clinics).
- **COVID-19 response partners to plan and gather data** on reported cases of violence against women.
- **Increase provision of food support to foster care families** as they absorb increased caseloads of separated and unaccompanied children.

Key Actions

Gender

- Monitor the situation through IPs with knowledge of local context, the GESI local expert and analyse routine EPHS reporting.
- Participate in awareness raising campaigns; special attention could be given to common practices of men that congregate over tea/khat.
- Distribution of hand-washing facilities, masks and hand sanitisers to all HCs and hospitals.
- Printing of IEC materials and guidelines from WHO; distributed to all HWs.
- Training of ToTs to train IPC and HE; case management and case diagnosis to all HWs.

Youth

- Participate in coordination community surveillance system that dis-aggregates along different age brackets and actively taking part in coordination bodies.
- Achieving continuity in providing wholesome EPHS.
- Encouraging the MoE to explore ways to design/ improve remote methods for children and young people to study at home.
- Ensuring measures are in place to prevent, protect and mitigate consequences of all forms of violence, stigma and discrimination.
- Encourage all of HWs to increase their Health Education for Young People; give them the IEC tools translated in Somali.

PWDs

- The incidence rate of COVID-19 in PWD appears to be low because of the regular social awareness raising that encourages them to stay at home.

IDPs

- SHINE supply strengthen the capacity of local NGO to engage and pay regular visits to all 4 IDP sites (in Awdal).
- COVID-19 awareness raising and in case of suspect case to call the hotline.
- Distribution IEC materials to emphasise the benefits of regular hand washing.

Minorities and sub-clans

- SHINE Supply project is working with the RHMT and local government, CHCs RHB to maintain awareness.