



COVID-19 RESPONSE

RCCE Feedback Assessment in IDP Sites – Round 2

SOMALIA



EXECUTIVE SUMMARY

In May 2020, CCCM Cluster partners carried out a Risk Communication and Community Engagement (RCCE) assessment aimed at identifying community's understanding of COVID-19, their ability to prevent and respond to the virus and preferred or most utilized channels for receiving critical COVID-19 messages. The results of this assessment were influential in reshaping RCCE campaigns in districts such as Kismayo and Hargeisa which appeared to be in need of strengthened RCCE activities. Additionally, the assessment provided an important baseline illustrating degrees of COVID-19 knowledge in internally displaced persons (IDP) communities and humanitarian stakeholders' RCCE efforts.

The objective of this second round of the CCCM RCCE assessment is to gauge progress in COVID-19 knowledge and behavioural change that has taken place since May, in addition to identifying areas for improvement. In an ever evolving COVID-19 climate, the assessment strives to demonstrate how IDP communities are coping with current COVID-19 restrictions and how humanitarian partners can support in this process. In total, the assessment was able to capture RCCE data from 2,025 participants from 8 districts highlighting that while there has been strengthened knowledge of COVID-19 prevention and response, there are still opportunities to enrich information sharing activities at the site-level.

KEY FINDINGS

Knowledge of COVID-19

- ❖ Overall, participants demonstrated an improved understanding of how COVID-19 is transmitted. 87% of respondents mentioned that COVID-19 is transmitted via droplets from sneezes or coughs, compared to 65% respondents from May's assessment. Notably, Kismayo respondents almost unanimously highlighted that COVID-19 is transmitted through droplets from sneezes or coughs and touching contaminated surfaces. This is in stark contrast to May's findings where 82% of respondents stated that COVID-19 spreads through blood transfusion and 73% mentioning that transmission occurs through mosquito bite.
- ❖ Participants demonstrated a strong knowledge of how to prevent COVID-19 transmission with 91% citing regular handwashing and 62% calling attention to covering mouth when coughing/sneezing. This is an improvement from May's responses where 65% highlighted regular handwashing as a prevention measure for minimizing COVID-19 transmission.
- ❖ 34% of Kahda respondents mentioned that adults were at highest risk of becoming sick due to COVID-19. This is a contrast to 11% of total participants who cited the same answer during May's assessment. Overall, 44% of respondents stated that individuals with pre-existing conditions are most vulnerable to the virus compared to 15% recorded in May's assessment.
- ❖ Overall, Kismayo has seen a substantial improvement of COVID-19 knowledge as compared to May's assessment.
- ❖ 58% of participants stated that they would stay in quarantine if they or someone in their family has COVID-19 symptoms. This demonstrates a noticeable increase from 36% that said the same during the assessment's first round.

COVID-19 Information Sources

- ❖ 62% of respondents trust humanitarian workers as a source of COVID-19 information in comparison to 42% in May.
- ❖ Respondents from Kahda and Deynile IDP sites continue to show a preference for receiving information via radio. It was noted that Kulmiye and Shabelle were the preferred radio stations for Mogadishu IDPs.
- ❖ Participants in the qualitative survey mentioned the Hormuud call tone as a main source for COVID-19 information.
- ❖ Cadaado IDPs appear to be dependent on receiving COVID-19 information via radio, likely due to a lack of other viable sources.
- ❖ Youth beneficiaries in Doolow illustrated that they are receiving most of their COVID-19 news from both Twitter and Facebook.
- ❖ While religious leaders are the third most trusted source of COVID-19 information, they rank fifth among most common sources.

The Effects of COVID-19 on IDPs

- ❖ Site leaders in Baidoa raised the point that since schools have closed, the community's youth population have turned to illicit activities as they no longer have studies to focus on.
- ❖ Participants in Kismayo mentioned incidents of children drowning while swimming, escalating the issue that children are at risk due to school closures.
- ❖ Persons with Disabilities (PWDs) voiced concerns about worsening access to essential services.
- ❖ 54% of IDPs believe that government imposed COVID-19 restrictions have had some effect on curbing COVID-19 transmission.

Accessing Humanitarian Services during the Pandemic

- ❖ 36% of respondents expressed that their community can adequately access health services related to COVID-19. However, this figure is at only 2% in Belet weyne.
- ❖ 33% of Belet Weyne IDPs stated that humanitarian actors are not present at site-level.
- ❖ 23% of respondents have access to COVID-19 tests
- ❖ Kahda IDPs mentioned that while concerns about COVID-19 are being voiced, feedback is not being provided by service providers.

INTRODUCTION AND OBJECTIVES

Prior to the onslaught of COVID-19, Somalia IDP sites were facing acute challenges that undermined service providers' efforts of raising living standards. Perennial displacement due to conflict and environmental factors have created a strain on the already limited resources available in urban and peri-urban IDP sites. Additionally, new arrivals of displaced populations tend to move into established unplanned, informal IDP sites, or precariously settle on public or private land.

Of the 2,344 IDP sites surveyed in 2020s Detailed Site Assessment, 1,012 sites or 43% of settlements are overcrowded and unable to accommodate any increase in population¹ Moreover, compounding factors such as lack of adequate drainage, sanitation and shelter spacing produce conditions that are favourable for the transmissions of COVID-19.

As of September 12th, 2020, there have been a total of 3,389 confirmed cases of COVID-19 in Somalia out of 22,369 cases tested.² Over the past six months, all states in Somalia have suffered from spikes in COVID-19 cases with health community surveillance activities, government outreach work and humanitarian support scaled up to assist communities in both preventing and responding to the virus. Numerous directives issued by the Somali government have been enacted with the objective of ameliorating COVID-19 transmission through promoting social distancing, limiting movement between states, and closing schools and religious centers.³ Furthermore, humanitarian service providers have repositioned programming to focus on delivering RCCE activities geared at penetrating communities with best practices to mitigate COVID-19 transmission and ensuring that beneficiaries can access emergency support. Such activities have been coordinated through the advent of the RCCE taskforce spearheaded with leadership from OCHA, UNICEF and the Federal Ministry of Health.

Since COVID-19 cases were first reported in Somalia, CCCM partners have been adjusting activities pivoting towards focusing on RCCE activities that target all members of the IDP community. RCCE engagement led by CCCM partners has incorporated stakeholders such as local health ministries, WASH and/or health service providers and religious leaders/site leaders. Through using an agreed cluster approach to RCCE which posits a diverse methodology of face-to-face engagement and remote initiatives, CCCM partners have provided comprehensive RCCE activities in 921 IDP sites throughout Somalia (40% of all Somalia IDP sites). Moreover, government offices, humanitarian agencies and development partners have rolled out comprehensive messaging campaigns geared at generating behavioural changes that minimize the likelihood of COVID-19 exposure, and equipping communities with the resources needed to both prevent the spread of the virus, and to respond appropriately during times of community transmission.

The second round of the CCCM RCCE assessment looks to evaluate changes that have occurred with sources of COVID-19 information in addition to knowledge and best practices for lessening COVID-19 transmission. Additionally, the assessment features added questions addressing COVID-19 restrictions, access to essential services and livelihood impacts caused by the virus. Like the first CCCM RCCE assessment in May, we intend for the assessment's results to inform and enhance RCCE activities. Lastly, the objective of the assessment is to showcase certain districts that currently have gaps that require strengthened resources.

¹ REACH, 2020 (Detailed Site Assessment Key Finding).

https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_DSA_National_Factsheets_May-2020.pdf

² OCHA, 2020 (OCHA Somalia: Overview of COVID-19 Directives) September 12th, 2020.

<https://www.humanitarianresponse.info/en/operations/somalia/covid-19>

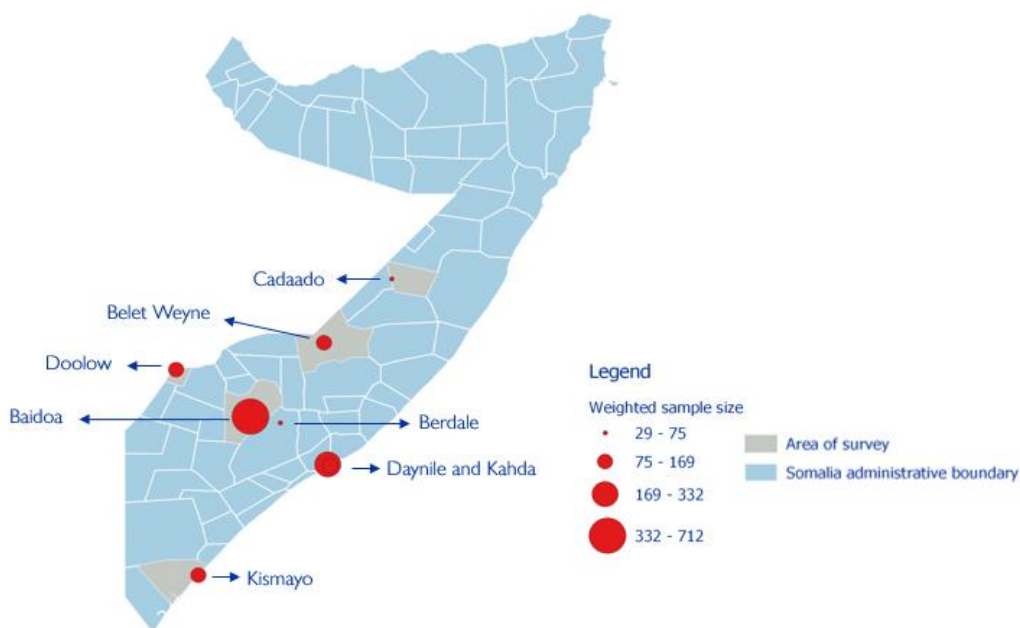
³ OCHA, 2020 (OCHA Somalia: Overview of COVID-19 Directives) April 26th, 2020.

<https://reliefweb.int/report/somalia/ocha-somalia-overview-covid19-directives-16-april-2020>

METHODOLOGY

CCCM cluster partners have taken part in a two-part assessment targeting 8 districts with a high volume of IDP populations (Doolow, Baidoa, Kismayo, Deynile, Kahda, Berdale, Belet Weyne and Cadaado). This assessment is comprised of a qualitative questionnaire administered through focus groups discussion (FGD) format, and a quantitative survey provided to beneficiaries selected in a randomized manner. Each assessment is designed to capture beneficiary feedback on the success of RCCE activities through their fundamental understanding of COVID-19, utilizing prevention and response methods, identifying trustworthy sources for COVID-19 information within communities and analysing improvements partners can make in RCCE approaches.

ASSESSMENT LOCATION



In total, 1,659 quantitative surveys were captured in IDP sites targeted for this assessment, a dramatic increase in total surveys as compared to the 211 quantitative interviews that were undertaken in May's assessment. This increase in total surveys allowed for partners to obtain a 95% confidence interval with a 2% margin of error for all locations when analysed together. This contrasts with May's assessment which provided an 85% confidence interval for IDP sites that were covered by a CCCM actor. In order to keep the representativeness by district of the aggregated/total results, all observations have been weighted. Furthermore, the methodology of the assessment during this latest round of surveying has been altered to feature face-to-face interviews. The use of in-person surveying and FGDs has enhanced the quality of data. Lastly, CCCM partners sampled 333 IDP sites, drastically increasing their footprint and ensuring that data collected was well representative of the total IDP population in a respective district.

QUANTITATIVE INTERVIEWS

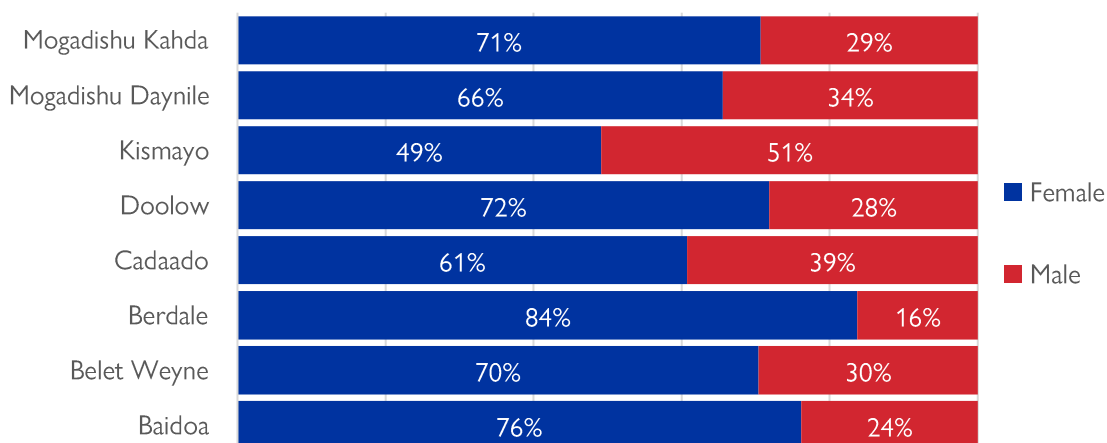
District	Agency	#sites	#HH	#ind	Sample Surveys
Baidoa	IOM	483	55 005	377 145	591
Belet Weyne	DRC	51	7 438	44 868	81
Cadaado	SSWC	5	2 594	15 542	28
Daynile	NoFYL	491	33 413	175 980	454
Doolow	IOM	2	10 324	51 629	110
Kahda	SSWC	267	18 497	89 480	201
Kismayo	ACTED	43	3 046	14 917	48
Kismayo	IOM	96	7 741	44 294	66
Berdale	CESDO	24	7 370	39 669	80
Total		1 462	145 428	853 524	1659

Additionally, CCCM partners conducted 61 FGDs, providing an average breakdown of 7 FGDs per district. To promote broader participation from all members of the IDP community, gender segregated FGDs occurred with youth, PwDs, and site leaders. Additionally, one FGD with religious leaders was carried out in each district. As a means of providing participants protection against COVID-19, FGDs were limited to eight participants with discussions occurring in open-air locations that featured 2 meters of spacing between each individual. All data collection occurred between August 17th and September 7th 2020.

Partners obtained RCCE data primarily through recording responses using smartphones equipped with the Kobo toolbox. Both questionnaires were translated into Somali via support from OCHA with a half-day training held with partner enumerators and community mobilizers to ensure that all facilitators were fully confident in operationalizing both sets of questionnaires. Informed consent was requested prior to carrying out surveys and FGDs with IDP beneficiaries. Moreover, due to the stigma of holding FGDs predominately with PwDs, this population was given the option of either discussing as a group (FGD) or being interviewed individually at their homes. As a result, most qualitative data obtained for PwDs came through house-level interviews with this data collated and analysed for each district.

Overall, female participation was ostensibly high with 71% of quantitative respondents being female. While female representation in Somalia IDP sites is generally higher than men (54% of Baidoa IDPs are women as cited in the Baidoa Site Verification, August 2020), districts such as Berdale posit what can arguably be viewed as overrepresentation of female participants. Qualitative questionnaire participants were much more balanced, achieving close to a 50/50 split.

SEX OF THE INTERVIEWEE



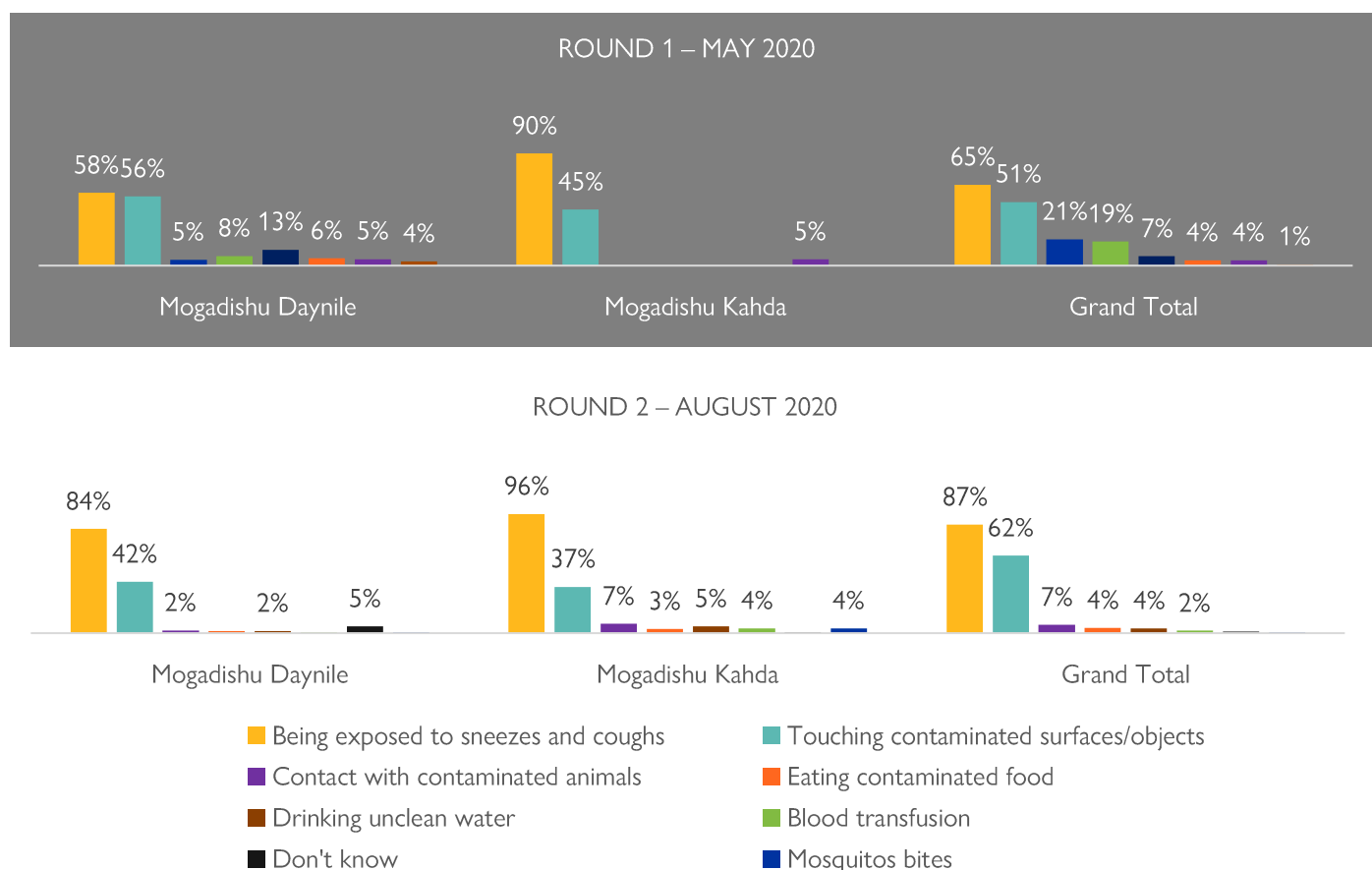
LIMITATIONS

Through changing the modality of collecting data, CCCM partners successfully were able to hold more inclusive surveys and FGDs targeting certain underrepresented demographics. However, despite the qualitative study being more heterogeneous in nature, the quantitative data continued to have a considerably high average age (the average age of quantitative survey participants was 40). One possible reason for the documented under-sampling of youth participants can be attributed to surveys occurring during the morning and afternoon hours of the day, when young adults are out of their respective houses. This could also be a reason for the subsequent low sampling of men within the quantitative questionnaire.

COMMUNITY'S UNDERSTANDING OF COVID-19

Through analysing findings from the assessment, respondents uniformly accentuated their understanding of what COVID-19 is, recognizing the danger of the virus, and knowing what demographic groups are at heightened risk. Apart from a few select PwDs participants in Doolow, all parties involved cited that there has been mass broadcasting of COVID-19 information throughout the community. One community member in Kismayo mentioned that the 'community hears day and night of COVID-19'. Moreover, most respondents were able to accurately state that COVID-19 poses a danger to them and their community. Only 2% of participants suggested that COVID-19 does not pose a danger to their community while 1% stated that COVID-19 does not pose a risk to their family. During qualitative interviews, respondents from all demographics were able to elaborate on COVID-19's evolution, its symptoms and best prevention tactics.

HOW DOES COVID-19 SPREAD?

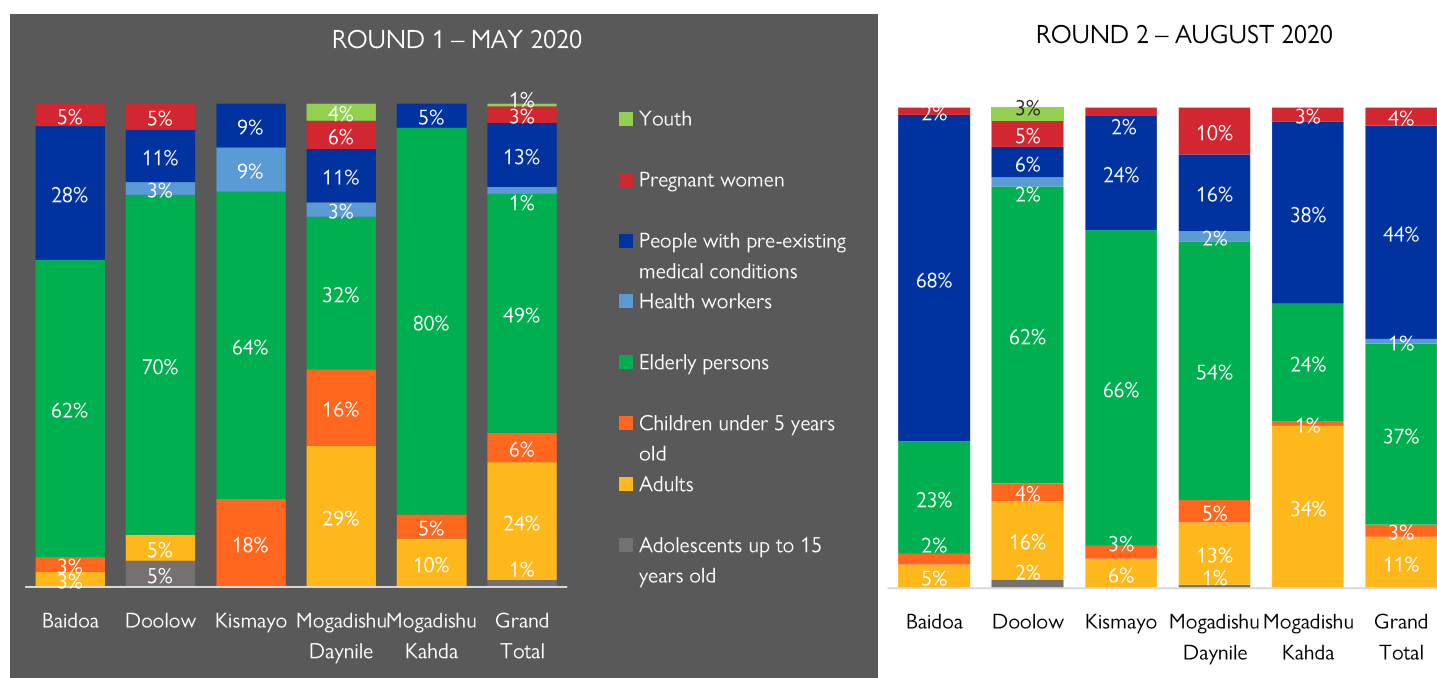


Reading: 84% of respondents in IDP sites in Mogadishu Daynile district think that COVID-19 spreads by being exposed to sneezes and coughs in August 2020.

Note: this is a multiple-choice question.

Consequently, the assessment underscores the extensive knowledge that IDP beneficiaries have on how COVID-19 spreads. 87% of individuals highlighted that COVID-19 is spread through being exposed to sneezes and coughs (**in comparison to 65% in May**), with 62% mentioning that COVID-19 is transmitted via touching contaminated surfaces (**in comparison to 51% in May**). Interestingly, respondents displayed a drastic decrease in underlining misinformation about how COVID-19 is spread. In May's assessment, 21% participants stated that COVID-19 was spread through mosquito bites with 19% believing that transmission occurs through blood transfusion. For August's assessment round, under 1% of beneficiaries affirmed that mosquito bites and blood transfusion are the culprit for the overall spread of COVID-19.

WHO DO YOU THINK IS AT HIGHEST RISK OF BECOMING SICK FROM COVID-19?



Reading: in August 2020, 44% of respondents in the IDP sites assessed district think that people with pre-existing medical conditions are at highest risk to become sick from COVID-19.

Lastly, participants demonstrated an enriched knowledge of community members who are most vulnerable to the COVID-19. 44% of respondents stated that people with pre-existing medical conditions are the most at-risk group compared to 13% which was captured in May's assessment. Likewise, adults being an 'at-risk group' has decreased from 24% to 11%.

COMMUNITY'S RESPONSE TO COVID-19

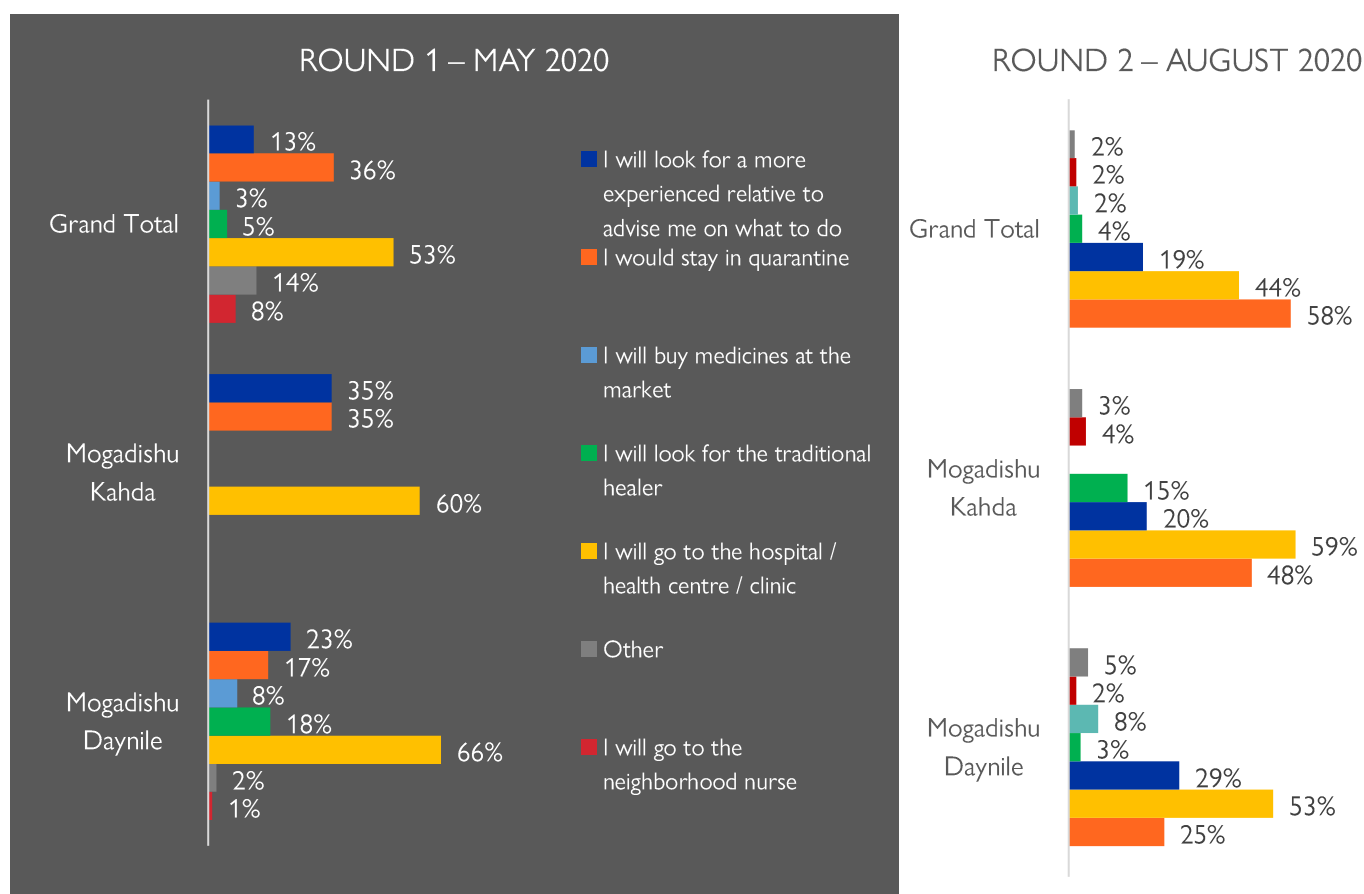
Communities demonstrated a strong understanding of how to minimize COVID-19 transmission in their respective settlements and how to broadly protect their community. Knowledge of how to prevent COVID-19 was particularly high with 91% citing washing hands regularly using soap or hand sanitizer, 62% mentioning covering one's mouth and nose when coughing/sneezing and 45% avoiding close contact with anyone who has a fever or cough. In contrast, 4% of respondents declared that drinking only treated water and cooking meat and eggs well are key actions in avoiding transmitting the virus.

In turn, through FGDs with IDPs, respondents stated that communities have been avoiding social gatherings, using masks, staying in their homes when they can, avoiding visiting public areas and locating jerry cans at the entrance of shelters to ensure hand washing occurs before members enter each shelter. Religious leaders stated that mosques were closed during the beginning of the COVID-19 pandemic, and highlighted how they have been encouraging Quran reading and prayers from home. However, not all practices seem to be based on accurate information. For example, FGDs in Daynile

and Kahda showcased that some participants have been drinking ginger tea or consuming hot beverages to avoid COVID-19.

Ultimately, participants in both questionnaires offered accuracy in what actions should be taken if a family member has symptoms of COVID-19. 58% of all participants would self-quarantine if they or a family member had COVID-19 symptoms, which is a drastic increase from May's findings of 36%. This is evident in the decrease of individuals who would seek medical support as 44% of respondents would visit a health facility versus 53% of May's participants.

WHAT DO YOU DO IF YOU OR SOMEONE FROM YOUR FAMILY HAS SYMPTOMES OF COVID-19?



Reading: 58% of all respondents would stay in quarantine if themselves or someone of their family has symptoms of COVID-19.

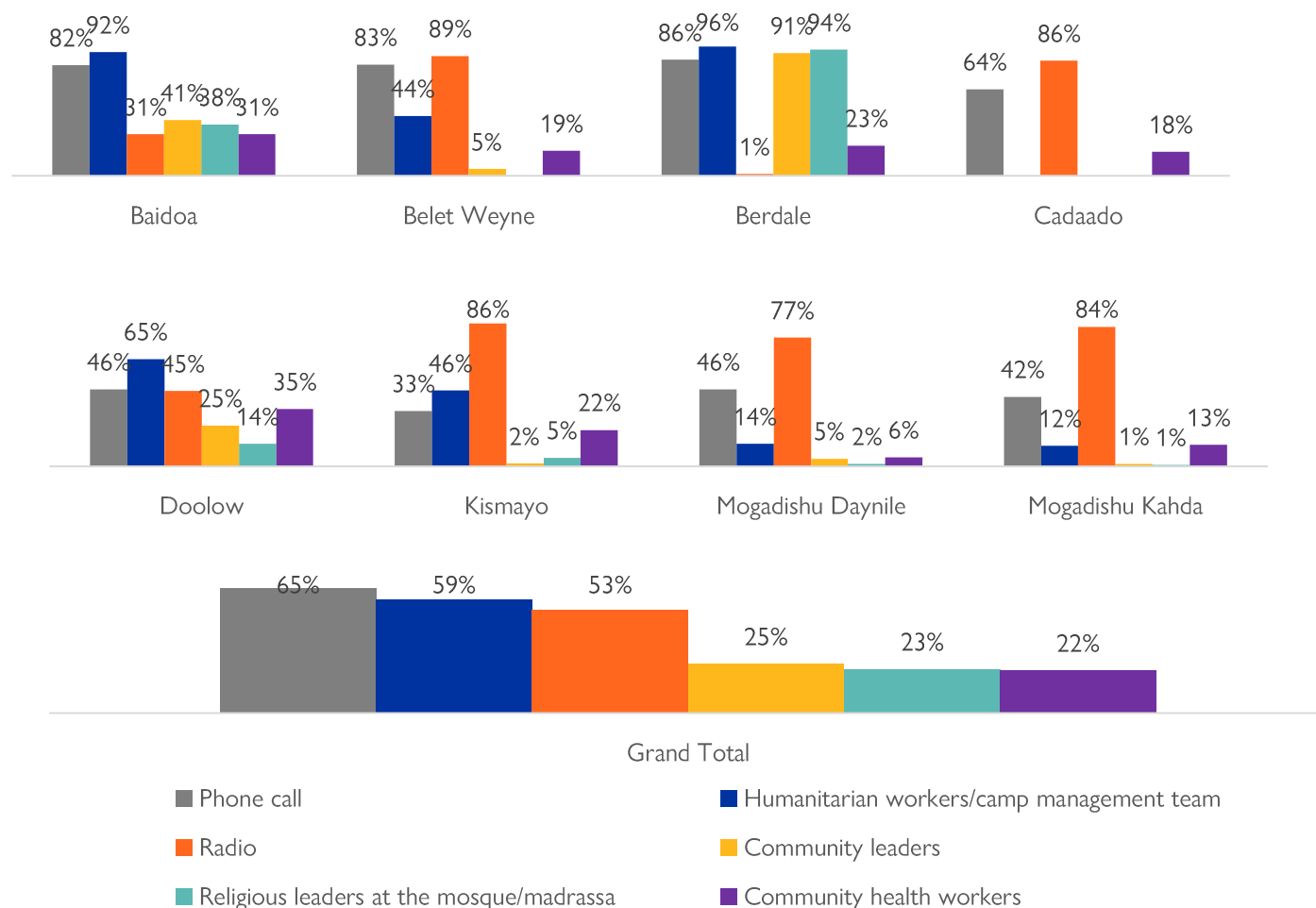
Note: this is a multiple-choice question.

SOURCES OF COVID-19 INFORMATION

As a primary source for COVID-19 information, assessment participants mentioned that they receive COVID-19 information from phone calls, humanitarian workers/CCCM teams, radio and community leaders, in this order. Respondents from Kismayo, Daynile and Kahda mentioned that they primarily receive COVID-19 information through the Hormuud ringtone public service announcement (PSA) that has recently been added to telephone calls. PwDs in

Baidoa mentioned that they receive COVID-19 from humanitarian workers with the ability to ask questions and provide feedback. Moreover, Daynile beneficiaries highlighted stickers and information, education and communication (IEC) material that has been posted in IDP sites, while Kismayo community members articulated that the Ministry of Health has been extremely active in COVID-19 awareness exercises. Youth members from Doolow mentioned that they primarily receive COVID-19 information via Twitter and Facebook.

HOW DO YOU HEAR ABOUT COVID-19?



Reading: 65% of all respondents hear about COVID-19 via phone calls.

Note: this is a multiple-choice question.

Humanitarian workers/CCCM teams, radio, religious leaders and community leaders are the top trusted sources for receiving COVID-19 information. Humanitarian workers as a trusted source of COVID-19 information has risen from 42% in May, to 62% in the latest assessment. Despite this rise, respondents in Kahda and Daynile still view humanitarian workers as a relatively insignificant source for information. In both districts, radio remains the primary trusted source for COVID-19 with very negligible changes from May's captured data. As showcased within the study, religious leaders are the third most trusted source for COVID-19 information. However, these leaders are currently listed as the fifth most

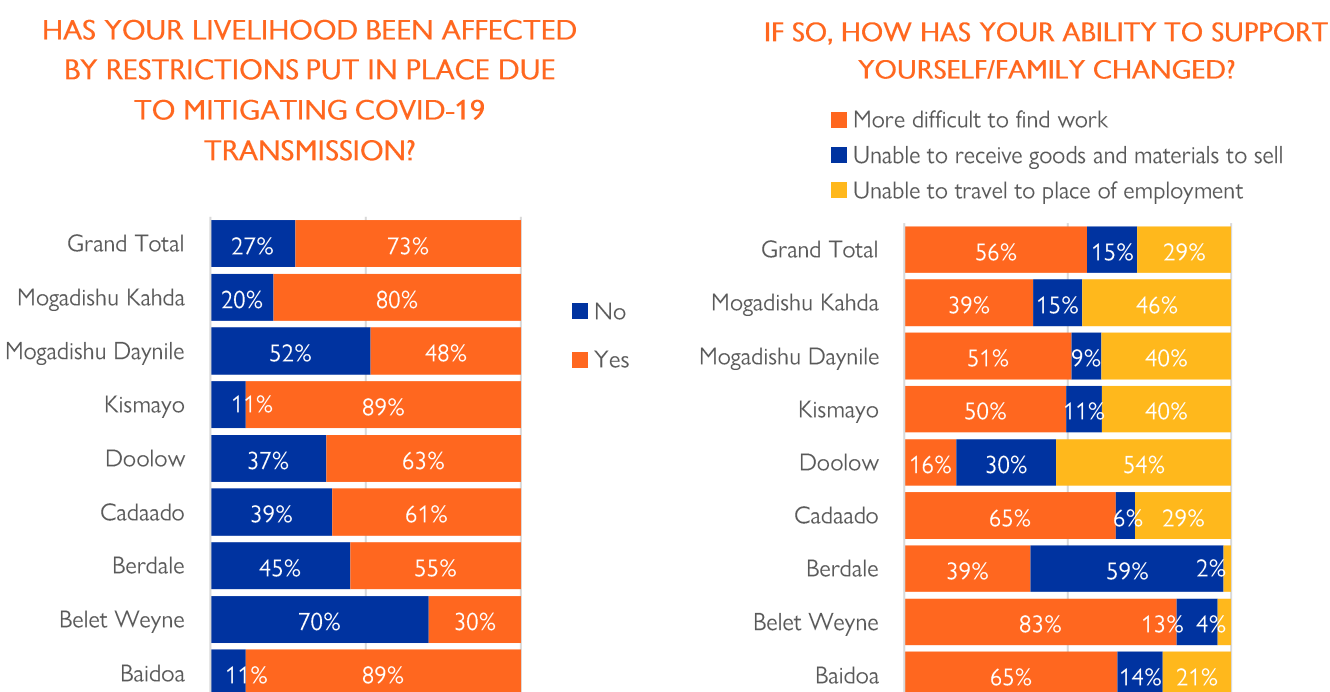
common channel for receiving COVID-19 information. This slight discrepancy highlights the opportunity for partners to scale up COVID-19 engagement with religious leaders based on how well trusted these leaders are within their respective communities.

While 71% of respondents believe that they are able to receive appropriate information about how to protect themselves and their respective communities from COVID-19, this is not the case in Daynile, Cadaado and Kahda where the availability of this information is only somewhat available. Moreover, the lack of humanitarian staff available to supply this critical information in Belet Weyne is a reoccurring trend (further discussed below).

COVID-19 EFFECTS ON IDPS LIVING IN SITES

The second round of the CCCM RCCE assessment aimed to illustrate the effects that COVID-19 restrictions have had on accessing essential services, maintaining livelihood opportunities and interacting with humanitarian service providers.

Accessing COVID-19 health services was an issue that came up during the latest assessment. In total, 36% of respondents mentioned that they were able to adequately access health services for COVID-19 support. Furthermore, only 4% of



Reading: 48% of respondents in IDP sites in Mogadishu Daynile district declared that their livelihood has been affected by restrictions put in place due to mitigating COVID-19 transmission. Among them, 51% declared that it is more difficult to find work.

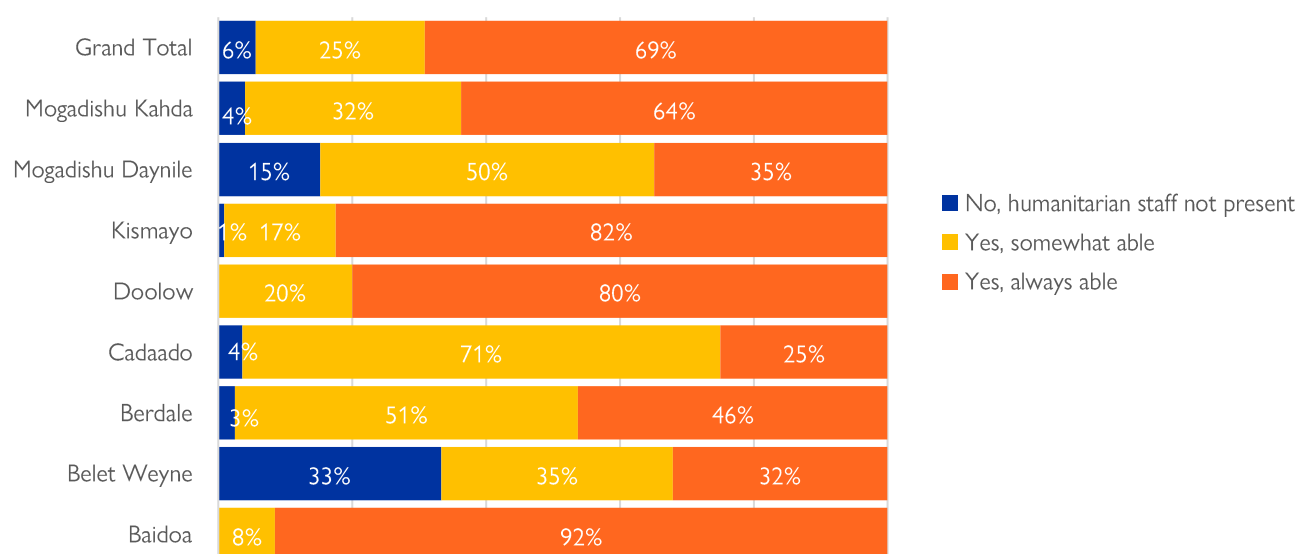
participants from Berdale and 2% of participants from Belet Weyne feel that they are able to access these essential health services. Similarly, only 23% of respondents voiced that they were able to access COVID-19 tests. This data demonstrates

that in more remote districts such as Berdele, Cadaado and Belet Weyne, there is an imperative to enhance some of the COVID-19 health outreach work and information sharing activities that partners carry out.

Most beneficiaries stated that their livelihood has been affected by COVID-19 restrictions with Kismayo being perceived as the worst affected district, and Belet Weyne as the least affected. In Belet Weyne, qualitative interviews illustrated that COVID-19 restrictions have been weakly enforced translating to less negative economic impacts. More remote districts such as Berdale underlined the inability to receive goods and materials as the primary reason for weakened livelihoods due to COVID-19 restrictions. In more urban districts such as Daynile and Kahda, travel to places of employment is a critical reason for suffering economic setbacks.

During the COVID-19 pandemic, it is essential for IDP communities to relate to humanitarian service providers. This allows for community members to raise complaints, ask questions and provide feedback. Based on the assessment's findings, 69% of participants cited that the ability to supply feedback and ask questions to humanitarian staff was always available. This was exceptionally true in the districts of Doolow, Kismayo, Baidoa and Kahda. However, noticeable gaps were identified in Belet Weyne and Daynile. For Belet Weyne especially, one third of all individuals stated that humanitarian service providers were not present in IDP sites. The COVID-19 pandemic has forced organizations to administer remote modalities of service provision which has weakened the ability for IDP residents to raise concerns directly with partners. Due to these findings, it is encouraged for agencies to further review and strengthen methods which allow remote operations to continue a close relationship between humanitarian providers and the communities that they are serving.

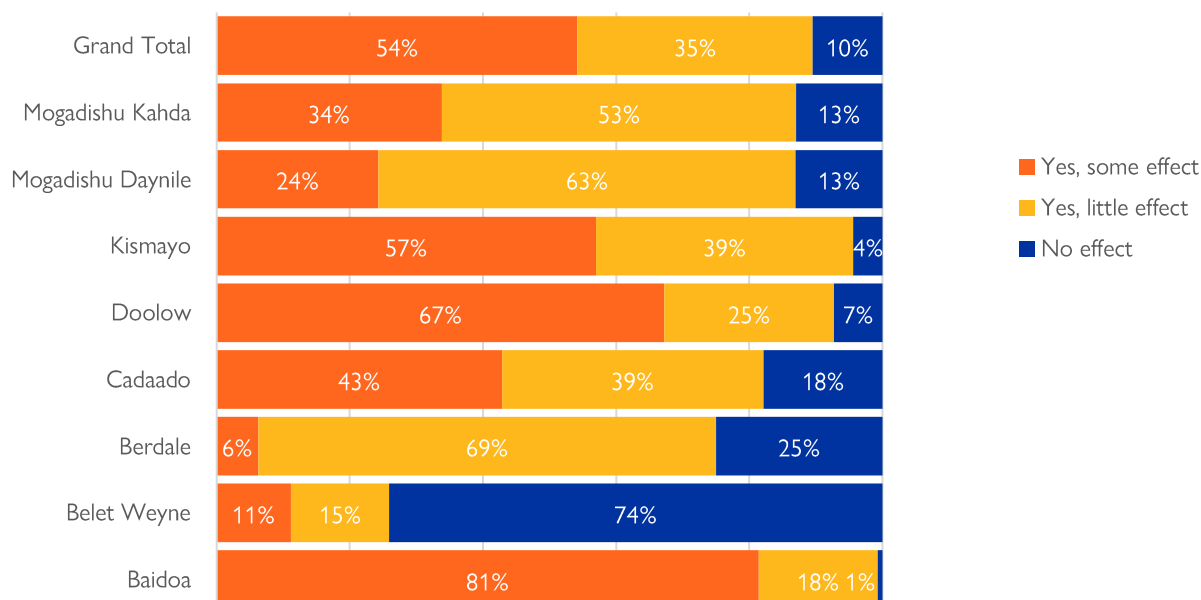
ARE YOU AND YOUR FAMILY ABLE TO SUPPLY FEEDBACK AND ASK QUESTIONS TO HUMANITARIAN STAFF REGARDING COVID-19 AND HOW TO ACCESS SUPPORT?



Reading: 15% of respondents in IDP sites in Mogadishu Daynile district declared that they are not able to supply feedback and ask questions to humanitarian staff regarding COVID-19 and how to access support, because humanitarian staff is not present.

The assessment was able to highlight that government measures put in place to curb the spread of COVID-19 are perceived as effective. Of these measures, 50% of respondents thought that advocacy and support for frequent handwashing had been effective while 14% believed that supporting the use of face masks has been a positive measure. 3% of all participants felt an absence of government measures, with 40% of Belet Weyne respondents stating that no measures to mitigate COVID-19 transmission had been enacted.

ARE COVID-19 MEASURES PUT IN PLACE BY GOVERNMENT WORKING?



Reading: 24% of respondents in IDP sites in Mogadishu Daynile district declared that COVID-19 measures put in place by government have some effect.

KEY RECOMMENDATIONS

Cadaado, Berdale and Belet Weyne districts need greater presence of humanitarian organizations and access to basic services. Based on the study, these districts appear to have been more adversely affected by recent COVID-19 restrictions.

Kahda and Daynile districts continue to require further humanitarian presence based on the lack of COVID-19 information being circulated by humanitarian partners. Kahda and Daynile feature a coverage problem due to the large number of IDPs located within the districts.

Partners should re-evaluate contingency plans and remote access strategies that allow for more connectivity between agency and beneficiary community. Communities should be consulted about modalities that limit humanitarian workers' presence, and relevant means of communication must be agreed upon.

RCCE activities have been successful in enhancing IDP knowledge of COVID-19 and how to best prevent the spread of the virus. However, there is a need to adapt messaging to focus on how individuals can mitigate COVID-19 transmission while engaging in normal activities.

While data pertaining to the COVID-19 impact on youth and PwD beneficiaries was captured via the qualitative study, there is still a need to obtain more robust information from these groups. A future COVID-19 assessment specifically targeting youth and PwDs is encouraged to confidently understand the successes, limitations and requirements that both groups have concerning support during this difficult period.

Many thanks to our donors for supporting us in this endeavor.



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Contacts

If you have further questions about the RCCE Assessment in IDP Sites, kindly contact the CCCM Cluster Coordinators Benjamin Conner (bconner@iom.int) and Hassan Yarow (yarowh@unhcr.org)