COVID-19 SOMALI HIGH-FREQUENCY PHONE SURVEY

ROUND 2 REPORT

Prepared for World Bank Group
By Altai Consulting, partnered with Tusmo in Somalia

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ABBREVIATIONS

CATI	Computer-Assisted Telephone Interview
COVID-19	Coronavirus Virus Disease 2019
FGS	Federal Government of Somalia
IDP	Internally Displaced Person
NGO	Non-Governmental Organization
RDD	Random Digit Dialing
SHFPS	Somali High-Frequency Phone Survey
SHFPS II	Somali High-Frequency Phone Survey Round II

1 INTRODUCTION

1.1 OVERVIEW

This brief summarizes the findings of the second round of the Somali High-Frequency Phone Survey (SHFPS II) conducted in January 2021. The SHFPS has been designed and conducted to monitor the evolving socio-economic impacts of the COVID-19 pandemic on Somali households and to inform policy responses and interventions. The survey covers important and relevant topics, including knowledge of COVID-19 and adoption of preventative behaviors, economic activity and income sources, access to basic goods and services, and exposure to shocks and coping mechanisms.

This introduction presents the survey methodology, as well as implementation details of the data collection. A profile of the interviewed households is presented in section 2. Section 3 discusses knowledge and behavior around COVID-19. Section 4 summarizes the impacts of COVID-19 on employment and income sources. Access to basic goods and services is discussed in section 5, and section 6 covers exposure to shocks and coping mechanisms. The brief ends with a short summary of the main findings and policy recommendations (section 7).

1.2 METHODOLOGY

The SHFPS II has been designed to be representative at the national level and to provide reliable estimates at the state level and by population type. The sampling frame was the SHFPS round 1 data. Initially, a sample size of 1,800 households was targeted in round 2. However, due to implementation challenges in reaching specific population groups via phone, the sample size was slightly reduced. At the end of the data collection, 1,756 households had been interviewed.

To ensure the representativeness of the distribution of Somali households by state and population type, each household observation was adjusted by a sampling weight. During round 1, weights were calculated using a two-stage weighting procedure: propensity score weighting and post-stratification. Propensity score weighting was implemented to correct for the selection bias generated by Random Digit Dialing (RDD), while post-stratification aimed to correct for distortions in sample coverage by state and population type. Both sets of weights were calculated based on the Somali High-Frequency Survey II (SHFS II). For each observation, the final weight was a multiplication of the propensity score weight and the post-stratification weight.

During round 2, cross-sectional weights were calculated following the same methodology as in round 1, using both propensity score weighting and post-stratification.

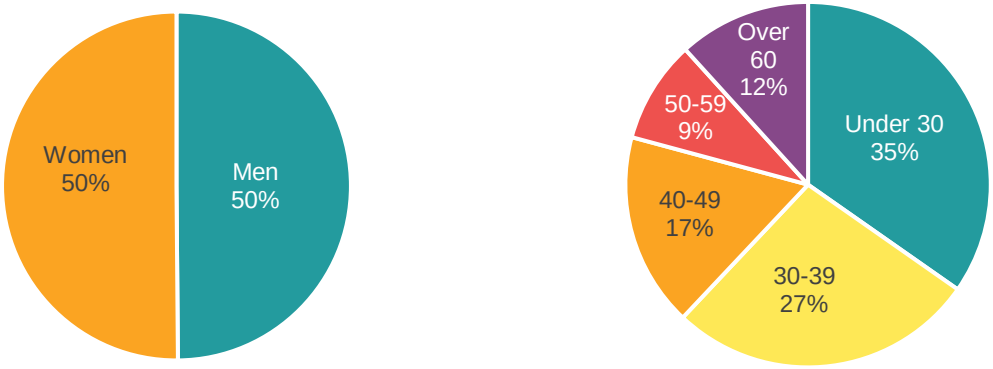
Of the 1,756 respondents interviewed in round 2, 91% are base respondents who also participated in round 1, while the remaining 9% are new respondents who were contacted through RDD. The response rate for panel interviews was 84%, while the response rate for the RDD interviews was 11%.

2 HOUSEHOLD PROFILE

The sample composition in terms of population type, age, and gender is similar in both rounds of the phone survey. Most households (39%) reside in urban areas. Nomadic and rural households are nearly equally represented (24% and 23%, respectively), while Internally Displaced Persons (IDPs) in settlements only represent 14% of households in the sample. Most respondents (89%) head their household, with a higher proportion of households headed by men (92%). The gender distribution of respondents largely reflects the Somali population and is similar across population types and states. Women and men are equally represented in round 2 (50%). Typical of the Somali population, most of the respondents are young. The majority of them (62%) are younger than 40 years and only 12% are older than 60 years.

Figure 1: Status of respondent within the household (left) and households by population type (right)

Figure 2: Gender (left) and age (right) of respondents



Most respondents (59%) did not complete primary schooling, with a higher proportion of women (71%) not completing their primary school education. In turn, only 12% completed primary school, while a further 7% completed secondary school and 14% attended tertiary institutions. In addition, 8% attended Qurani school. The average household size is 5.8 persons. With an average of 5.0 members, urban households are smaller than households from other population types. Over a quarter of households reside in Somaliland (26%), while only 4% come from Galmudug.

Figure 3: Highest level of education of respondents

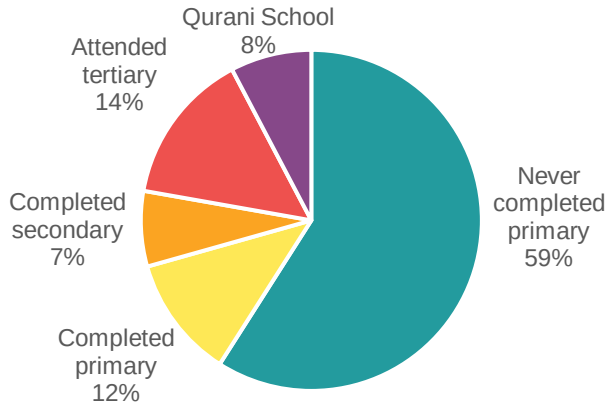
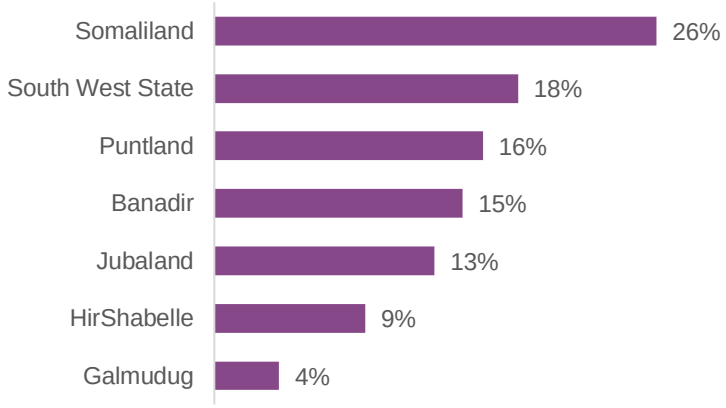


Figure 4: Households by state

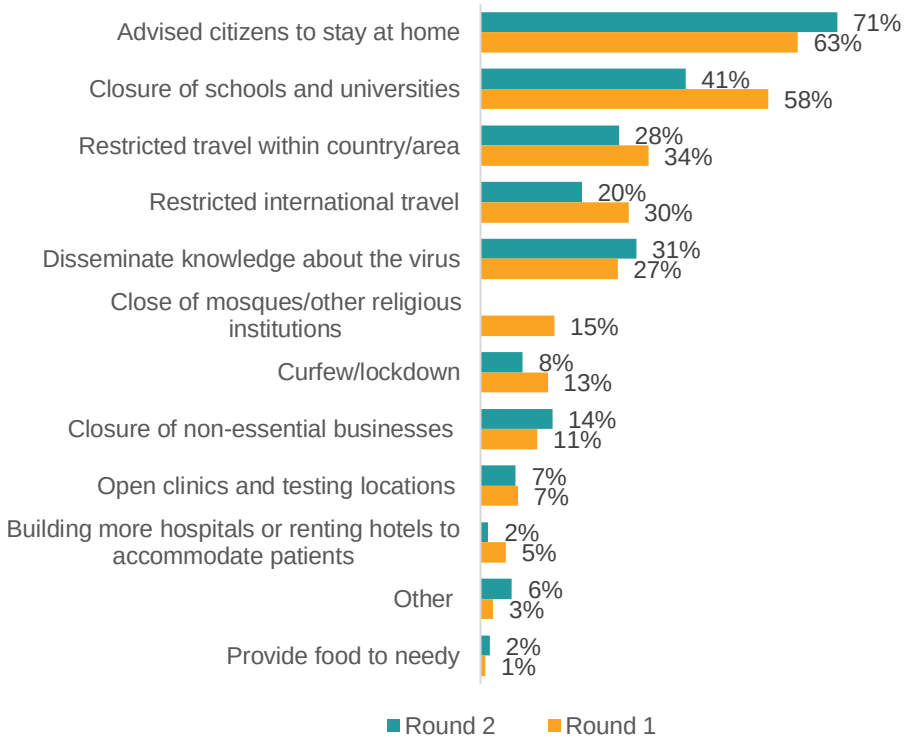


3 Knowledge and Behavior in Response to COVID-19

3.1 Awareness of Government COVID-19 Measures

Somalis are generally aware of the key actions taken by the government in response to the COVID-19 pandemic. Stay-at-home measures, closure of educational institutions, travel restrictions, and information dissemination are most commonly mentioned in both rounds of the phone survey. Somalis are increasingly aware of stay-at-home measures (from 63% in round 1 to 71% in round 2) and the government's efforts to disseminate knowledge about the COVID-19 virus (from 27% to 31%). Although satisfaction levels have slightly decreased, Somalis are still highly satisfied with the government's response to the COVID-19 pandemic (89% in round 2 vs. 94 % in round 1).

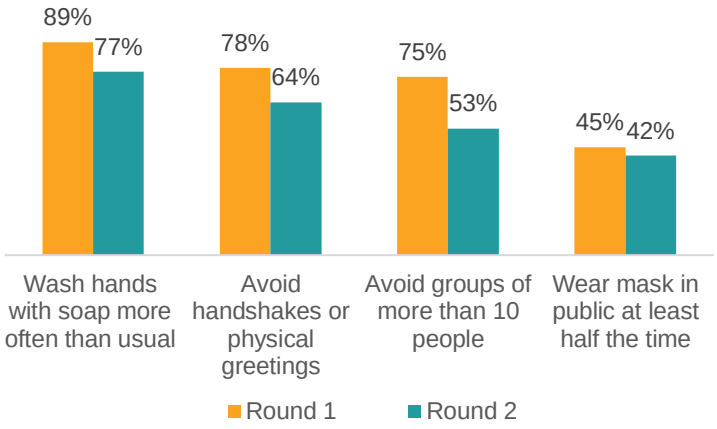
Figure 5: Share of population aware of government COVID-19 measures



3.2 Adoption of COVID-19 Preventative Behaviors

Despite widespread knowledge of COVID-19 preventative behaviors in round 1, adoption of these behaviors has declined instead of further increased. In round 2, fewer Somalis wash their hands more frequently (a reduction from 89% in round 1 to 77% in round 2), avoid unnecessary physical greetings (from 78% to 64%), and avoid group gatherings (from 75% to 53%). More frequent handwashing remains the most commonly adopted preventative behavior in round 2, while regularly wearing a mask in public spaces as protection against COVID-19 remains uncommon (42%). Financial constraints, the lifting of several COVID-19 bans, and the relaxation of rules set by the Federal Government of Somalia (FGS) since July 2020 could explain why fewer Somalis adopted preventative behaviors in January 2021.

Figure 6: Share of respondents adopting COVID-19 preventative measures



Mask-wearing remains uncommon in Somalia, with less than half (42%) of respondents wearing a mask at least half the time and as many (42%) respondents never wearing a mask in public spaces. Regularly wearing a mask in public is especially uncommon among nomads and rural populations. Of the respondents wearing a mask less than half the time, over half (56%) state that they are unable to access masks, mainly due to financial (66%) and supply-side (26%) reasons.

Figure 7: Frequency of mask-wearing

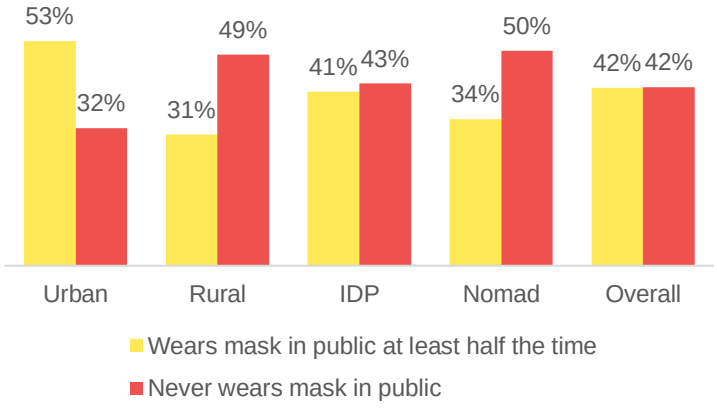


Figure 8: Reasons for not wearing masks at least half the time

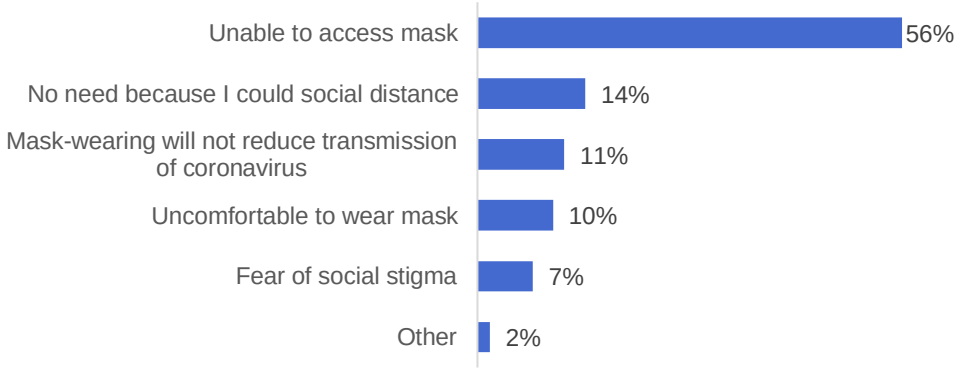
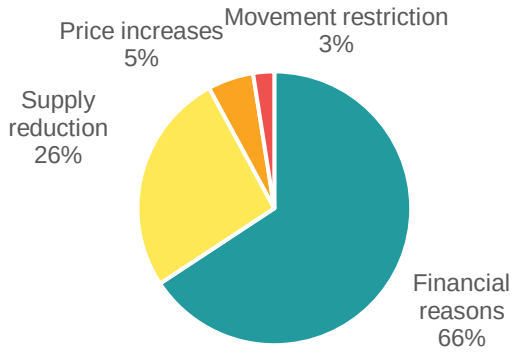


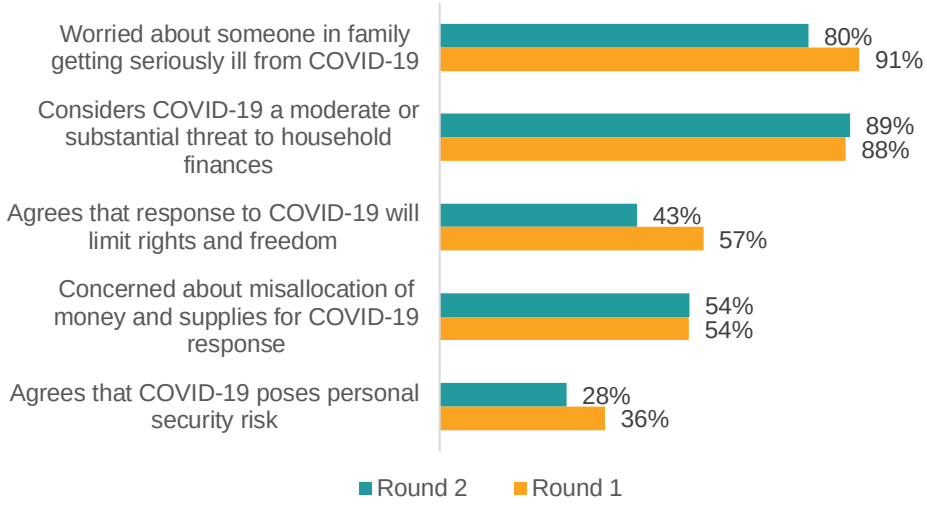
Figure 9: Reasons for inability to access masks



3.3 Concerns about COVID-19 Pandemic

The majority of respondents consider the pandemic a serious health and financial threat in both rounds of the survey. Vulnerable populations, such as nomadic and rural households, feel the stress and concerns brought about by the COVID-19 outbreak more strongly than households in urban areas. In round 2, respondents worry less about someone in their family getting seriously ill from COVID-19. Concerns about the response to COVID-19 limiting rights and freedom and about COVID-19 posing a personal security risk have also declined. At the same time, the pandemic continues to pose a threat to household finances for the majority of Somalis.

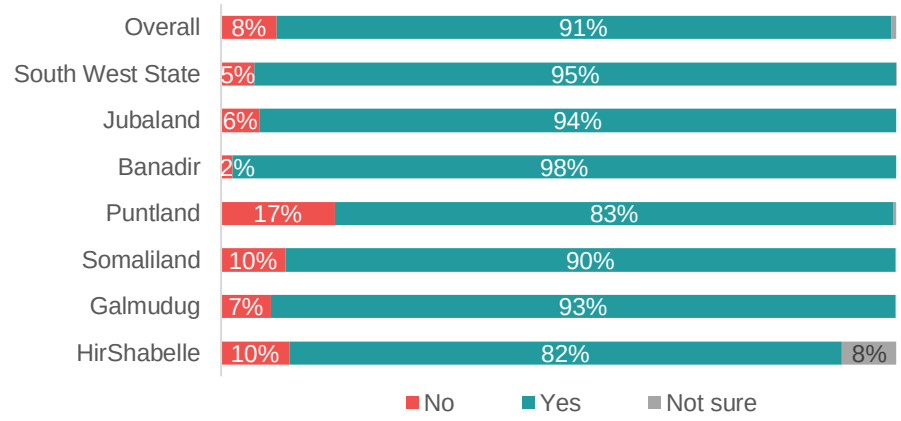
Figure 10: Share of population concerned about COVID-19 related risks



3.4 COVID-19 Testing & Vaccination

The vast majority (91%) of Somalis are willing to get tested for COVID-19 when the service is offered for free. Willingness to get tested for COVID-19 at no cost is high across all genders, population types, and states. Across all states, Puntland has the highest share of residents unwilling to get tested (17%), while HirShabelle has the highest share of residents unsure (8%) about COVID-19 testing.

Figure 11: Share of population willing to get tested for COVID-19 for free, by state



Somalis demonstrate a high willingness to get vaccinated against COVID-19 at no cost. When an approved COVID-19 vaccine is provided for free, the vast majority (91%) of respondents would agree to be vaccinated. However, less than one third (30%) would be willing to pay for such a vaccine themselves, while the majority (65%) would be unwilling to get vaccinated against COVID-19 with an out-of-pocket payment. Willingness to get vaccinated against COVID-19 is similar across all genders, population types, and states. Those declining to get vaccinated, whether for free or at a cost, generally mistrust vaccines (35%) or doubt the effectiveness (18%) and safety (16%) of the COVID-19 vaccine.

Figure 12: Share of population willing to get vaccinated against COVID-19

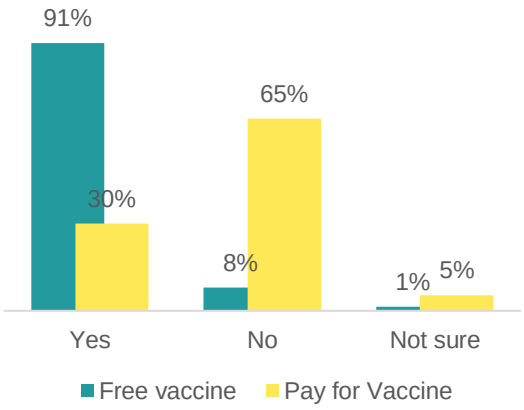
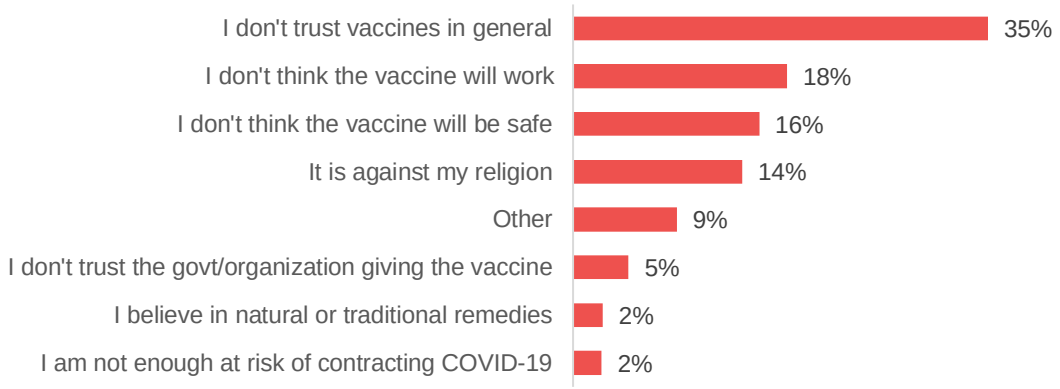


Figure 13: Reasons for declining to get vaccinated against COVID-19



4 EMPLOYMENT PATTERNS & HOUSEHOLD INCOME

4.1 EMPLOYMENT STATUS

After Somalis have experienced disruptions to regular work activities, especially due to initial business closures in response to the COVID-19 outbreak, employment has begun to recover. In January 2021, 55% of Somalis have been working in the week prior to the survey, up from 39% in June/July 2020. A further 9% are not currently working but have worked since the onset of the COVID-19 pandemic. At the same time, fewer respondents had to stop their work activity following the pandemic outbreak. Moreover, business closures due to COVID-19 restrictions are no longer cited as the main reason for not working in January 2021.

Figure 14: Share of respondents working prior to and since the COVID-19 pandemic

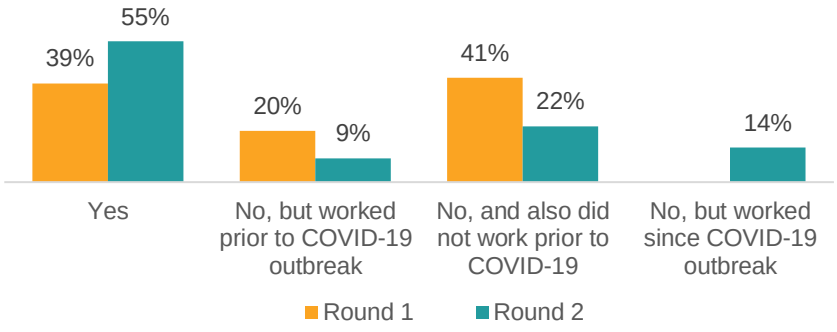
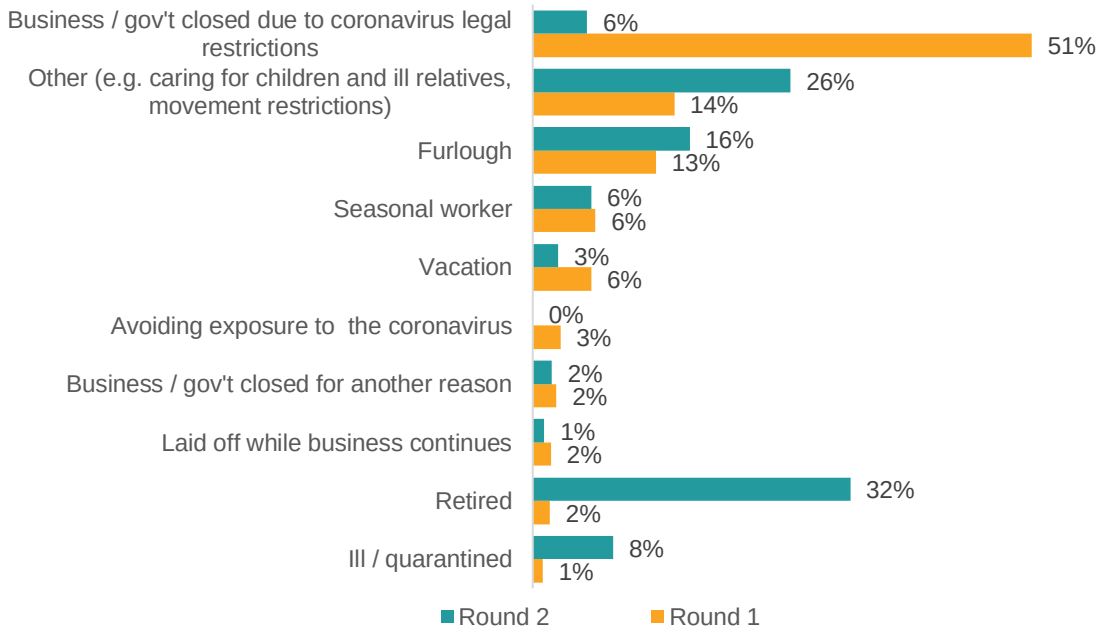


Figure 15: Main reasons for stopping work activity



The COVID-19 pandemic also continues to have considerable negative impacts on non-farm family businesses. Of the Somali households owning a family business, 91% reported fewer or no sales since the outbreak of COVID-19 in January 2021, up from 83% in June/July 2020. COVID-19-related reasons, such as business closures due to government restrictions (48%), fewer costumers (40%), and the unavailability of inputs (5%), are the most commonly cited reasons for low business activity.

Figure 16: Share of households involved in a non-farm family business that report fewer or no sales since outbreak of COVID-19

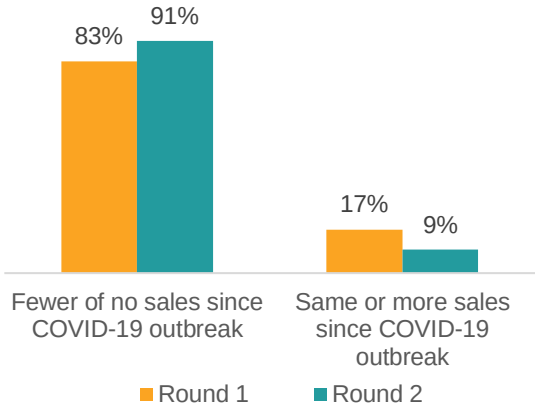
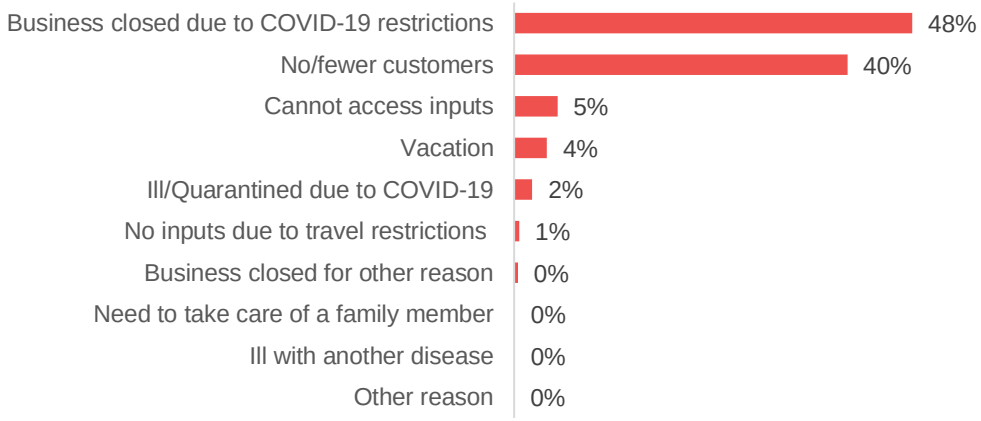


Figure 17: Main reasons for family businesses reporting fewer or no sales since outbreak of COVID-19

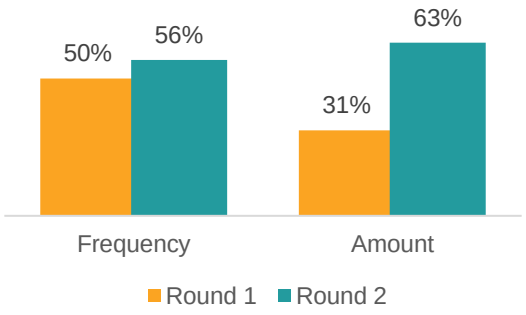


4.2 REMITTANCES

The COVID-19 outbreak continues to adversely affect remittance flows, reducing income for Somali households. Between March and July 2020, the frequency of remittances and amount received decreased for 50% and 31% of households, respectively. Remittance flows decreased further between July 2020 and January 2021, with the frequency and amount of remittances declining for 56% and 63% of households, respectively. The 32 percentage point increase in the share of households reporting lower remittance amounts received from abroad likely reflects the adverse effect of COVID-19 on many economies around the world and the financial capabilities of the Somali diaspora. The cost of receiving remittances from abroad has remained about the same. Access to financial services and institutions—including banks, mobile money agents, and money transfer services—has remained nearly unaffected by COVID-19. Most

households (82%) that needed to physically access premises of financial institutions managed to do so since the beginning of the pandemic.

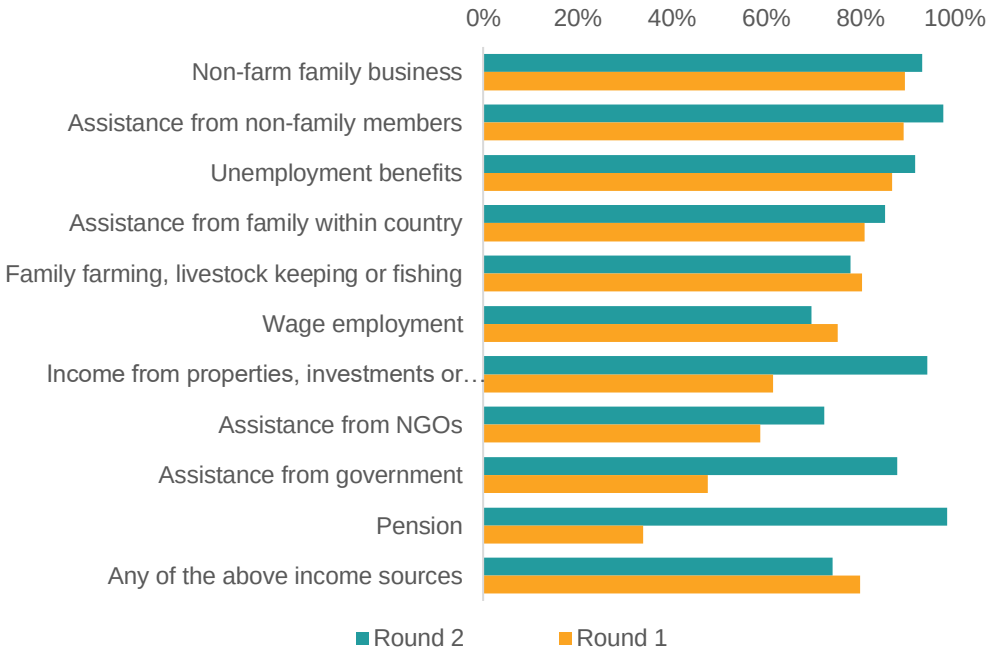
Figure 18: Share of population reporting reduction in frequency and amounts of remittances received



4.3 INCOME

Income from all livelihood sources has decreased since the outbreak of the COVID-19 pandemic, with limited signs of recovery. In January 2021, 74% of Somali households experienced a reduction in any income source, compared with 80% in June/July 2020. Among the most mentioned livelihood sources (farming, wage employment, and non-farm family businesses), over two thirds of households report income reductions in both survey rounds.

Figure 19: Share of population experiencing income reduction, by income source



5 Access to Basic Necessities

5.1 Food Staples & Medicine

Over 65% of Somali households that tried to purchase staple foods such as beans, maize, and rice were able to do so in January 2021. Since June/July 2020, access has increased for all three key staple foods: beans (from 56% in round 1 to 65% in round 2), maize (from 53% to 87%), and rice (from 69% to 89%). Increased access to staple foods did not translate into lower food insecurity. By January 2021, it was not less common that hungry adults fail to eat (47% in round 1 vs. 49% in round 2), adults do not eat for an entire day (34% vs. 38%), and households run out of food (64% vs. 66%).

Figure 20: Share of households able to access staple foods

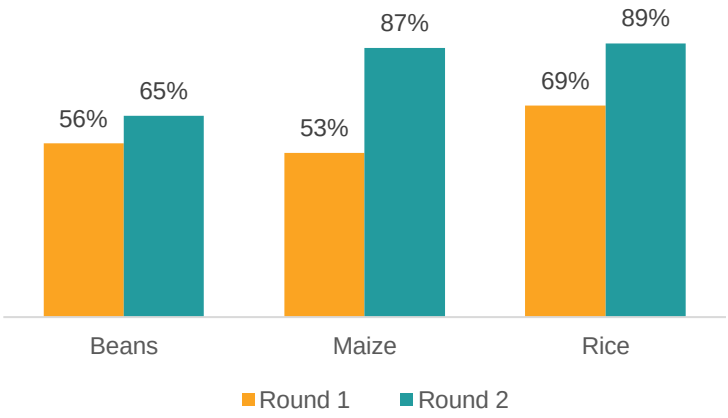
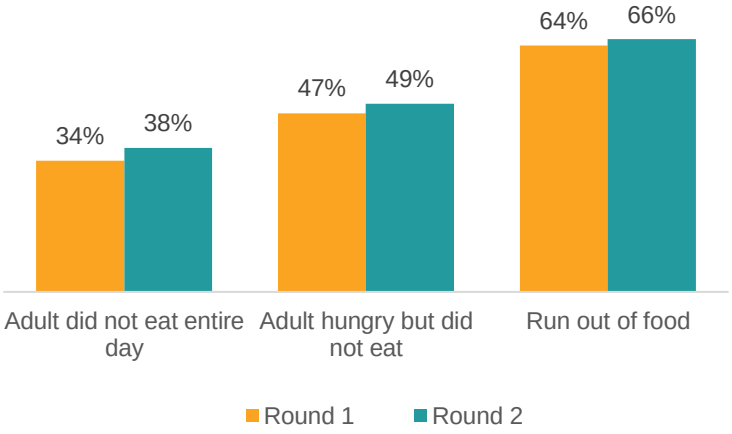


Figure 21: Share of households experiencing episodes of food insecurity



Access to medicine and medical services remained stable. Similar proportions of households tried accessing medicine in round 1 (91%) and round 2 (95%) and similar proportions were able to successfully access it (47% in round 1 and 54% in round 2). In contrast, the proportion of households needing medical services rose from 51% in round 1 to 63% in round 2. This could be attributable to the surge in COVID-19 cases or to other illnesses of household members. Increased demand did not compromise access to medical services (53% in round 1 vs. 57% in round 2). With the majority of respondents (83%) citing insufficient financial resources as the main reason hindering access to healthcare, entrenched poverty

appears to be the root cause. Around 9% were unable to access medical services due to a lack of medical personnel.

Figure 22: Share of households able to buy medicine

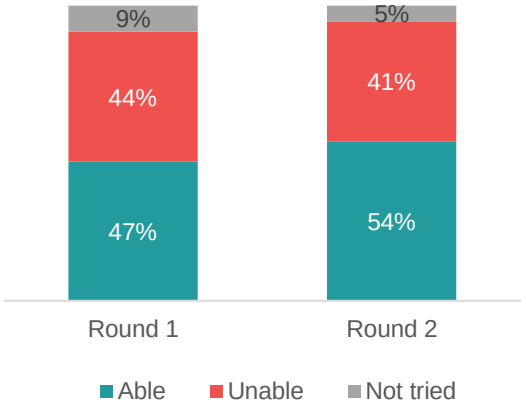


Figure 23: Share of households needing medical services and share of households able to access medical services

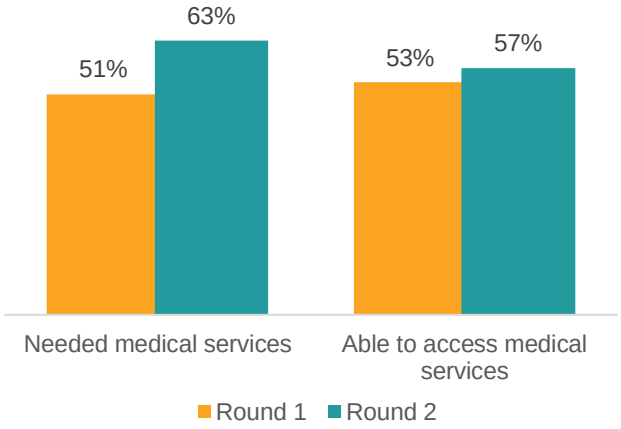
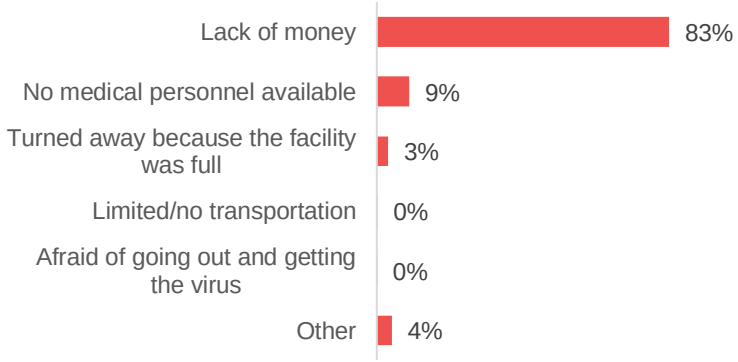


Figure 24: Reasons for inability to access medical services



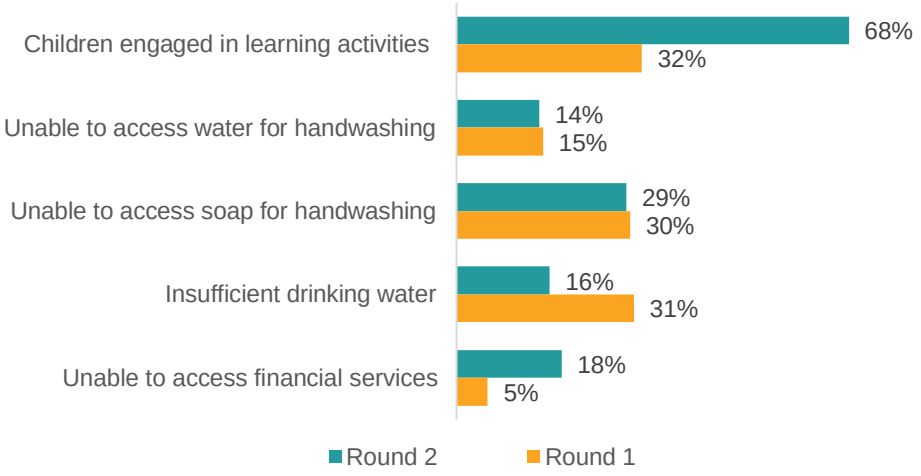
5.2 SCHOOLING

Children's engagement in learning activities increased as schools re-opened following a closure due to COVID-19. The closure of schools on March 18, 2020 by the Somali government led to a decline in countrywide learning activities. In June/July 2020, only 32% of households with school-age children participated in educational activities. Access to alternative learning activities was more limited for rural residents and nomads. However, following the reopening of schools in August 2020, the share of households with access to schooling activities has more than doubled (68%) by January 2021. Access to education has essentially returned to its pre-COVID-19 levels, when 69% of the population participated in schooling.

5.3 OTHER GOODS AND SERVICES

Access to drinking water has improved, while access to financial services has deteriorated. Only 16% of households report lacking a sufficient supply of drinking water in January 2021, down from 31% in June/July 2020. Of those with insufficient drinking water, 65% cite reduced supply as the reason, while 28% cannot afford it. Access to enough running water for handwashing and access to soap remain roughly unchanged since June/July 2020. A higher proportion of households was unable to access financial services and institutions in January 2021 (18%) than in June/July 2020 (5%), though the need for these services has halved from 14% to 7%.

Figure 25: Share of population lacking access to basic goods and services, in the week prior to the survey

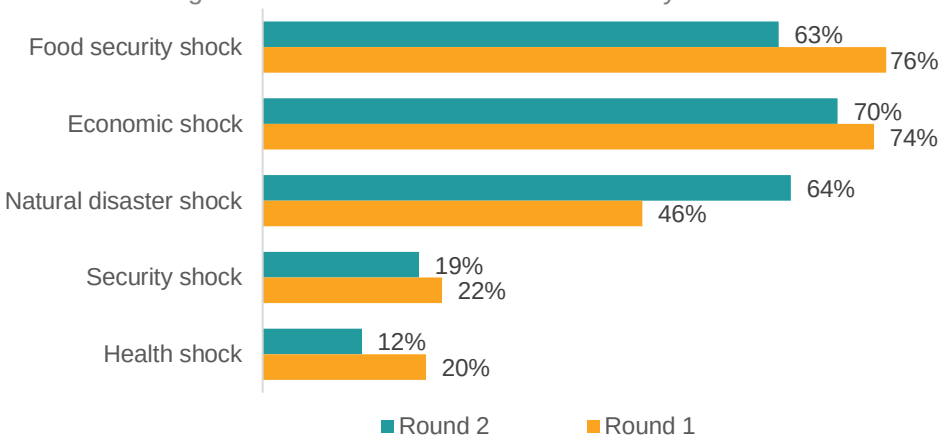


6 SHOCKS AND COPING MECHANISMS

6.1 TYPES OF SHOCKS

Somali households continue to be affected by numerous negative shocks, food security and economic shocks being most prominent. In January 2021, 70 percent of households have experienced an economic shock since July 2020, while 63 percent have experienced increases in food prices, contributing to food insecurity. Yet, with the exception of natural disasters, fewer households report exposure to each shock than in June/July 2020. In June/July 2020, 46% of Somali households reported having experienced a natural disaster shock since the beginning of the COVID-19 pandemic. Since July 2020, 64% of households experienced a natural disaster shock, possibly due to a recent locust invasion.

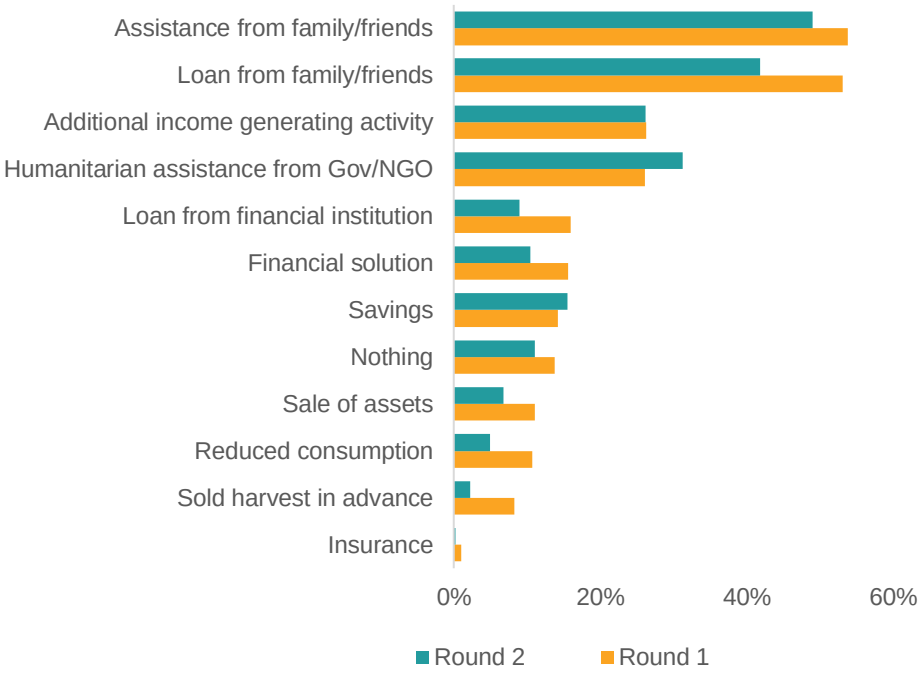
Figure 26: Share of households affected by shocks



6.2 MECHANISMS TO COPE WITH SHOCKS

Financial assistance provided by family and friends is the most common way to cope with shocks in both survey rounds. Other commonly adopted coping mechanisms include humanitarian assistance, additional income-earning activities, and loans from friends and family. However, reliance on coping mechanisms has declined since June/July 2020—apart from humanitarian assistance, which increased from 26% in round 1 to 31% in round 2. Resorting to drastic coping strategies, such as reduced consumption and the distress sale of assets, appears relatively uncommon in both rounds. Humanitarian assistance plays the largest role in helping Somali households cope with the adverse consequences of natural disasters.

Figure 27: Means of dealing with shocks



7 POLICY IMPLICATIONS OF COVID-19

7.1 OVERVIEW OF GOVERNMENT POLICIES FOR COVID-19

The Somali government implemented various policies to curb the spread of COVID-19 within the country.[1] These policies included the closure of schools and universities, nationwide curfews, and closure of businesses and government offices in certain sectors of the economy to enforce stay-at-home measures. Other measures included the ban or restriction of international and in-country travel which limited the movement of people.

The government also required individuals to wear masks in public, avoid gatherings of more than 10 people, and wash hands with soap and water more often.[2] In addition, hospitals and health clinics were required to report any cases of COVID-19 encountered, which led to contact tracing and mandatory quarantine of suspected and confirmed cases. With the implementation of these policies in the period following mid-March 2020, COVID-19 infection rates were kept low. In August 2020, the Federal Government of Somalia (FGS) made re-opened schools nationwide, relaxed the stay-at-home measures by lifting/extending curfews, and re-opened the transport sector along with other business sectors.

7.2 SUMMARY OF SOCIO-ECONOMIC IMPACTS OF COVID-19

The social and economic implications of the policies implemented by the Somali government in response to COVID-19 include:

- Reduced financial capability of households due to loss of income from salaries/wages, farming activities, and non-farm businesses. Somali households adopted various coping mechanisms and relief through humanitarian assistance was provided.
- Reduction of farm and non-farm business supplies as well as output. This resulted in the intermittent suspension of farming and business operations or closure of businesses.
- Increased theft and community conflicts especially amongst nomads and rural residents. However, this is on a smaller scale compared to other impacts.
- Disrupted learning for children who attended school pre-COVID-19 due to school closures. However, once schools re-opened, participation in learning activities reached near pre-pandemic levels.
- Reduced financial and in-kind assistance provided by family and friends, including remittances from abroad due to disrupted livelihoods around the world.
- Increased cost of living due to price increases of basic necessities, farm and business inputs. This led to a significant proportion of Somali households lacking food and drinking water, with some households going without food the entire day or skipping meals. By offering in-cash and in-kind relief to the neediest households, humanitarian assistance from NGOs and the Somali government might have mitigated a further worsening of food insecurity.

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[1] Somalia braces for COVID-19 (UN, 2020). Retrieved from: https://www.un.org/en/coronavirus/somalia-braces-covid-19

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7.3 Policy Recommendations

While COVID-19 continues to adversely impact the Somali population, the humanitarian assistance received from the FGS and NGOs could go a long way to help them cope with various shocks. However, as the results indicate, the Somali people still lack sufficient funds and access to medical supplies along with other basic necessities. The proportion of households that received humanitarian assistance from NGOs between July 2020 and January 2021 has significantly declined. Moreover, a large proportion of Somalis have experienced income declines due to job loss, business closure, and reduced international remittances. The international community could assist the Somali population in several ways, including:

- **Provision of food to households experiencing food insecurity,** including going without food for an entire day or skipping meals.
- **Provision of medical supplies and medical personnel,** especially in areas with limited or no transportation due to COVID-19 restrictions.
- **Facilitating needy Somali households through in-cash assistance,** to obtain farm/business inputs or launch additional income-generating activities.
- **Provision of free masks to households that are unable to access masks or cannot afford them,** especially for personal protection against COVID-19 given the current surge in COVID-19 cases in the country.