The impact of Covid-19 on the poorest

Research Paper 3
SOMALIA

Summary

As part of a multi-country initiative to examine the impact of Covid-19 and related policy responses on the Extreme Poor, Concern Worldwide Somalia have tracked changes in the lives and livelihoods of a number of their programme participants between June and September 2020. Through the August and September rounds of data collection, it is apparent that Covid-19 is becoming less of a concern for people in Somalia, with a widespread belief that the pandemic is over. This has seen people shy away from following previously delivered messages on how to avoid being infected, while the cost of materials such as soap and masks is seen as being prohibitive to their use. Those interviewed had a generally positive attitude towards how the restrictions have been implemented. However, the impact of the pandemic, including the global economic shock, in conjunction with underlying problems in the economy mean that livelihoods remain precarious. Until some restrictions were lifted in August, even the most basic employment opportunities had dried up. While income-generating opportunities have improved subsequently, and people are clearly more positive in terms of their outlook for the future, most households interviewed remain dependent on some form of external assistance and express an on-going worry that this assistance will end. A number have disposed of productive assets to survive over the previous months, which will have a continued negative impact on them going forward. People lack access to the most basic needs such as adequate food, health care and education, though the re-opening of schools is seen in a positive light. Women have been disproportionately affected by changes in food availability, workload and domestic tensions, though in some isolated instances there are examples of men taking on more caring responsibilities. Respondents look for support in terms of cash transfers to help meet immediate needs and in the longer term to reconstruct their livelihoods.

Introduction

Following the rapid escalation of the Coronavirus disease (Covid-19) in early 2020, it was declared a public health emergency of international concern at the end of January, and a Pandemic on 11 March, by the WHO[1]. In Somalia, the first case was confirmed on 6 March 2020, and by 12 October, there were 3,864 confirmed cases and 99 confirmed deaths[2] though there is a widespread feeling that these figures may be an under representation (Figure 1 shows the trend from March to the middle of October). One estimate from the Ministry of Health is that almost 80% of cases are in the Banadir region, which includes the capital Mogadishu. In Somalia, Covid-19, along with flooding (412,000 people have been recently displaced), dry spells, a locust invasion and a risk of further conflict escalation creates a fragile humanitarian situation[3].

To respond to the crisis, the government formed a task force and announced that schools and universities would be closed for 15 days effective from 19 March and that large

gatherings were prohibited, even though people have continued to gather in crowded areas. This order was subsequently extended and it is estimated that the closure of schools left more than one million children with no access to education until they started to reopen in August. Government set up a number of initiatives including a national public information campaign using both traditional and new ways of reaching the public such as radio, billboards and outdoor posters as well as social media platforms. The federal government has also set up a toll-free call centre where medical professionals provide free consultations over the phone to members of the public[4]. However, Somalia's healthcare infrastructure is weak, ranking 194th out of 195 in the Global Health Security Index, which hampers any health-based response to the crisis.

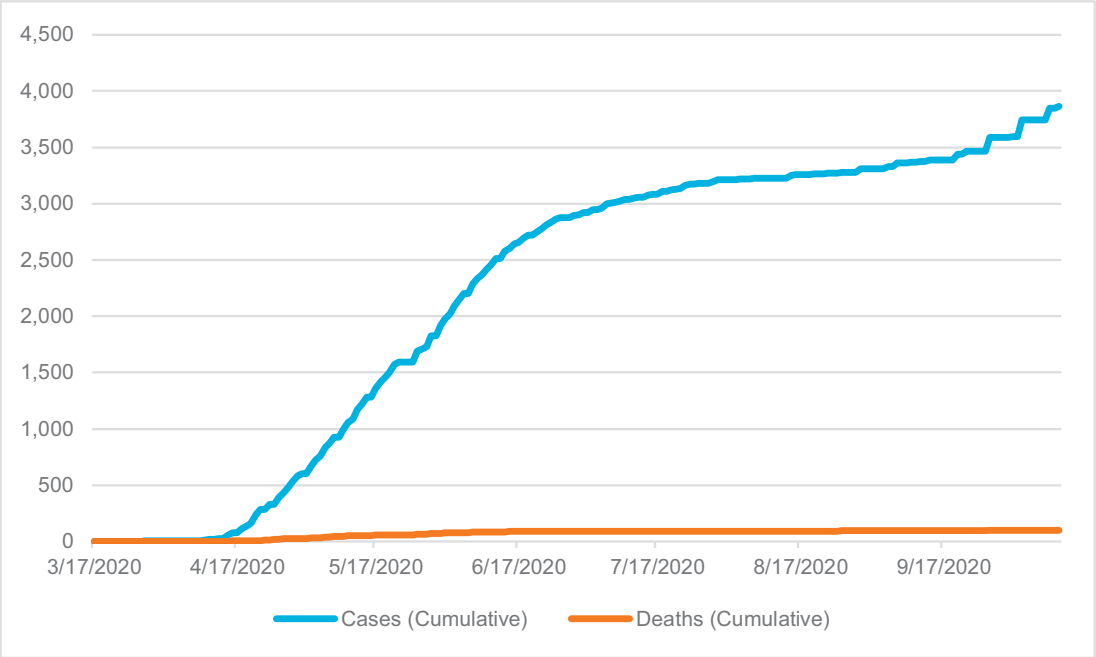

Figure 1: Number of confirmed cases and deaths from Covid-19 in Somalia

At the macroeconomic level, the Government is projecting an 11% decline in GDP through 2020, while the Food Security and Nutrition Analysis Unit (FSNAU) and the Famine Early warning Systems Network (FEWS NET), estimate that 3.5 million people are expected to face acute food insecurity between July and September 2020. Somalia is highly import-dependent for food, and prices for staple food commodities continue to rise across the country due to limited availability and high demand, while the export market for livestock has seen a sharp decrease in demand. Remittances, received by an estimated 40 percent of Somali households, have dropped by as much as 50 percent.[5] Reduced business activity has particularly affected poor urban and displaced households who are dependent on daily labour wages.

In this Brief, we examine in more details how the response to Covid-19 in Somalia has affected some of the poorest households in terms of their food security, livelihoods, access to basic health services and the longer-term impacts on children's education.

Methodology

Face to face interviews were conducted with six Concern Worldwide programme participants (three men and three women) in the urban area of Mogadishu (two) and the IDP camps located just outside the city (four). A first round of interviews were conducted between the 23rd and 28th June, a second between the 15th and 22nd of July, the third between the 3rd and 6th of August, and the fourth between the first and seventh of September. This has allowed us to develop a series of case studies to track changes the respondents experienced because of the pandemic and the measures put in place to contain its spread. This is part of a four-country study looking at the impact of Covid-19 and the various responses put in place in Somalia, Sierra Leone, Bangladesh and Malawi.

Findings

The households and areas included in the study were characterised by high levels of population movement across the four rounds of data collection. In July, for instance, two men and one woman interviewed described how relatives joined them as they had been displaced by the floods in lower-Shebelle, and were expected to "*stay for a while*" in the words of one of the men. All of those interviewed described how the influx of displaced persons at this time increased the numbers living in the camps, with many of those arriving having lost everything. One of the men subsequently explained in September how his "*sister-in-law who was with us last time we spoke left and returned to her original place*" and another how "*the family who fled from Lower Shabelle had returned to their village which is almost 8 km away from Afgoye town*." In that round of data collection, another woman spoke of how her family had to move in the previous three weeks as they had been evicted from the camp. This is in addition to household specific events leading to changes in household composition, such as new member joining through marriage.

It was possible to observe a perception amongst some interviewed that Covid-19 had been circulating widely in their communities from early in the year. One respondent described how they had lost a person in their household to Covid-19 "*before, when people were not informed about Covid 19 its effects and its prevention*" at the time, they thought it was a flu. Another woman felt she had Covid-19 during Ramadan, though when probed in the second round, she confirmed she had not been tested but "*had experienced the symptoms such as continuous dry cough fever and lose of senses*". This woman felt that more could have had the disease in the area and that there were "*people in her neighbourhood who had a slight fever but I am not sure whether it's Covid-19 or a normal fever*" as nobody had been tested. Others attributed any deaths in the area to Covid-19, one woman described how "*an elderly man who was our neighbour died. Before his death he had fever, cough and difficulty breathing so we suspected he died due to Covid-19 but unfortunately we did not made test but we only suspected him.*"

Those interviewed displayed a wide variety of knowledge on Covid-19 across the different rounds of data collection. In earlier rounds, men appeared to have a better understanding of the symptoms, with women being less informed, one stating they did not know much about Covid-19, but that "*she had heard people saying that, it is a killer disease that affected people and kills instantly*". There was also a perceived lower level of knowledge amongst recent arrivals into the camp and urban settings, as one longer term resident observed "*we advise them to follow the guidelines like hand washing but they mostly don't follow since they are new arrivals from rural area and they don` t believe that Coronavirus exists and it kills*."

Further probing in the second round of data collection, shows that the information came from radio, mobile phone texts and voice messaging during calls, community messaging and increasingly from the television. As early as July, it was apparent that misinformation was spreading through word of mouth and a misinterpretation of what was being reported on the radio. This led to a growing sense that "*the disease was ending*" as one woman described it and an increased belief in local treatments and cures, such as using "*traditional medicine such as water and garlic, and by boiling ginger together with lemon*".

The opinion that the threat from Covid-19 was declining had become much more widespread by the time of our third round of data collection. One man described it as follows "*corona virus is ending and is not spreading like before no more cases are detected and also no more death as before. The airport is opened and local flights are working and schools will re-open end of this month all that shows the disease is ending"*. The interviews conducted in September reveal a widespread belief that "*Covid-19 is over"*, from the responses received this seems to be coming from "*the local radios and TV news and also people in the community*".

In September, we specifically asked whether the amount of information received early in the pandemic had frightened respondents. All respondents said that this had been the case, with a number fearing the disease would spread rapidly through the crowded spaces in which they live, bringing a large number of deaths. This has changed over time, as described by one man "*feelings of fear have changed as the disease has subsided and it is not spreading as before. We were relieved of the worry of Covid-19 when the curfew ended*." However, fear does still linger amongst some interviewed, with one man identifying "*I still fear since it's a serious disease that may or may not affect my wife and children and we can` t afford special treatment*".

Despite the reasonably good level of knowledge on what to do to prevent the spread of Covid-19, people are challenged in following the instructions. As a respondent in one of the IDP camps stated "*we have heard from the radios and phones that people need to keep social distance but for us Somalis it's not easy to keep distance"* with another describing how "*it's not easy to practice social distancing since we have no space to do this*." A further persistent challenge flagged throughout by the people interviewed has been water shortages, particularly in the camp context, with one woman in September explaining, "*we do not have enough water for cooking, handwashing*". This is compounded in the IDP camp setting by a lack of certainty about how long they will continue to receive existing support. One respondent explained how they "*receive water from Concern Worldwide though they told us it's the last month for water programing, what is distressing us currently is where are we going to get water from if Concern Worldwide stops water supply*"

> **" We do not have enough water for cooking, handwashing and we cannot afford to buy neither soap nor hand sanitizer."**
> (Female respondent, IDP Settlement, September 2020)

The availability of other materials has also been problematic. Some respondents spoke of how they had not received distributions of material such as soap, and others explained what they did receive was not enough. One woman described how a few days after an initial distribution "*people* [still] *wash their hands five times a day with water and keep their hands clean but do not use soap or shampoo to wash their hand though they used to back then*". The main obstacle to purchasing these items themselves has been cost, one woman in September

explained how her household "*cannot afford to buy neither soap nor hand sanitizer*". Outside of the camp setting, in the urban area of Mogadishu, another person interviewed explained how "*we can't afford to buy face mask, gloves and hand sanitizers, in the house we improvised a hand washing facility and use soap that we received from Concern''*..

By early August, the increasingly prevalent belief that the pandemic was over, meant that people were becoming more lax in terms of their observance, one man noted "*People believe the disease is over and they are not following the guidelines* ". A similar point was made by a woman living in the urban context who stated, "*people in our community believe that the disease is almost ending and there are no more cases of death so no practicing social distance. The community come to gather and move freely as if there is no more restrictions*." This was reiterated throughout the interviews conducted in September.

In September, respondents were specifically asked what they thought about people who wear facemasks, which revealed some divergent opinions. A number felt that those wearing masks were responsible and looking after their well-being. One woman in Mogadishu explained how she felt "*people who use facemask in our area believe they are ... protecting themselves from Covid-19 which is good, others heard in the awareness sessions that the Covid-19 is transmitted through air and one can protect himself by wearing face mask*. Though as another highlighted, being able to do this this is the preserve of better off members of the community. He described how "*I think they are protecting them self's from the diseases but in our community only rich people are wearing face mask*." However, the response from another interviewee revealed some negative opinions amongst others in the community "*When I see someone with a face mask I think someone who is self-conscious and afraid of Corona Virus and I can understand but most of the community things who ever wearing face mask they has Corona Virus*."

Impact on Livelihoods

Our respondents live in camps for Internally Displaced People (IDP) or in the urban areas of Mogadishu. The men interviewed generally depend on casual work, such as masonry, or digging garbage disposal holes (in the camp settings); many women depend on washing clothes and cleaning the houses of the rich, though some who are slightly better off have small trading businesses. In our early discussions, all respondents pointed to the impact of Covid-19 and the lockdown in terms of a loss of income; by the third round of data collection, they described how the impact of flash floods was compounding this. All spoke of how employment opportunities were drying up, and where they did exist, the returns were minimal. One woman we spoke to described how in the early rounds of data collection her daughter worked in the household of a family in the city and received a monthly salary of $30; however, by August she had lost her job.

However, by September, a much more positive outlook could be identified amongst respondents. Many spoke of how income-earning opportunities had improved since the relaxation of restrictions.

" Things are getting better because as I told you before I did not have money to purchase food for my children but now am working and I have some money to buy food for my family."
(Male Respondent, living in IDP Camp, September 2020)

One woman described how her son had recently found employment as a security guard, another man spoke of how he now manages to find work "*every day except on Friday*". A second woman described how she has "*a small business* [and goes] *every day to work, my husband is working too in the seaport and he goes every morning and gets back at night with income*". Another man identified how "*we are going to work in the morning, expecting a salary at the end of the month. There is no movement restriction and things are getting to normal*". This is having a generally positive affect on households, as described by one of the men interviewed regularly. "*Things are getting better because as I told you before I did not have money to purchase food for my children but now am working and I have some money to buy food for my family*".

However, problems do still exist. Those who trade still highlight how their customers no longer have any money to buy their goods or pay back the credit they took. In early July, one of these women described how "*people can't afford to buy compared to before this outbreak, there are no customers*'. When we discussed this with her further in mid-July, she explained that not much had changed and that "*sometimes the supplies I am selling get destroyed when there is no one purchasing it. Most of the customers can` t afford the vegetables such as pumpkins, potatoes, onions and all green vegetables ... only a few customers can get it and the rest will leave or promise they will pay you later*". In early August the woman described how the situation had deteriorated further and how "*because vegetables are more expensive than before I stopped purchasing them. If I buy them and bring to the IDP to trade, people will not be able to buy them since they don't have enough money to purchase*".

Changing Prices and Access to Food

The urban and camp location of our respondents makes them much more dependent on markets for their food than those living in rural areas, with many only able to purchase food for one day at a time. In the first round of interviews, people spoke in particular about increases in the price of vegetables, fruit and meat. In the second round of interviews, it was not just increases in the price of food in the market that was highlighted, but also the cost of transportation to get there, and for traders to bring food to the market, along with the price of firewood and charcoal. This was re-emphasised in the third round of data collection, where respondents described the triple blow to food prices caused by the "*pandemic of Covid-19, the lockdown of the country and that the vegetables cannot be imported from lower Shabelle where due to heavy raining and current floods the roads are blocked*".[6] In very practical terms, one woman in Mogadishu described how "*1kg of potatoes was $0.5 and now is $1.4, you can see the difference, it increased double*". This upward trend in prices continued into September, particularly for dry food (described as rice flour and oil), though respondents spoke of some improvements in the price of (seasonal) vegetables. A number of respondents in the IDP camps attributed the increase in price of dry foods to road blockage between Dayniile and Mogadishu. Respondents also highlighted how changes to traditional means of accessing firewood were also increasing the prices, describing how "*women used to go and get firewood but had stopped going often due to physical abuse and rape*".

When increases in food prices were combined with the earlier identified loss of income, people found themselves unable to buy food in the quantities they had done previously. As one man in one of the IDP settlements simply stated, "*now it's difficult to support our families*" another described how "*sometimes if you don't have enough money to purchase*

the commodities, the shopkeeper will ask you to excuse yourself for the next customer to buy". The immediate impact of this was a reduction in the number of meals in the household. This was highlighted particularly in June and July with one man described how his household had "*reduced the number of meals eaten in a day, before we used to eat three times a day but now we eat one or two times a day and also we limited portion size at mealtimes*". One of the women described how "*we restricted consumption by adults in order for small children to eat*". Another man described how this affects the quality of what is consumed "*we add more water for the milk of children to drink twice a day instead of once and we pay for less expensive foods*".

However, by September, with increases in income and a slight downturn in the price of fresh vegetables, some people were able to identify small changes in terms of the number of meals eaten, even though there was still some restriction in consumption amongst adults. Others spoke about being able to "*purchase food we want for example Rice, flour or Pasta*".

Amongst some respondents, the reduction in the number of meals is seen to be affecting adults more, with one woman describing how "*everyone in the household eats less than they ate before Covid-19, in the morning we only drink tea for adult and banana for the children then wait till dinner time*". However, this does not take account of changes in the quality of what children are eating. The slightly longer-term impact of this was identified by one man who described how "*almost all camp children are becoming malnourished due to hunger*". At the same time, another respondent told us how "*there are others selling plumpy nut for their malnourished children to get income to for the family to cook that day*". It was also highlighted how the burden of getting food falls on the women in the household with one describing how "*children always ask their mother for their needs and as a mother you have to dress and go out to look for something for the children*".

Accessing health Care

In the first round of data collection, we heard how people were reluctant to attend health services. One respondent described how "*'Most people are scared to attend health facilities because they are afraid to get Covid-19 from there, maybe I have a child with fever or diarrhoea with no Covid-19 signs and symptoms, I can't take my child to the health facility because of the fear of the child being infected with coronavirus*". Another person described how "*we don` t go for treatment for other hospitals because we got scared, everyone is telling us that coronavirus can be transmitted by touch and it's everywhere, for example at doors, windows, chairs, table, everywhere, so this made us avoid going to hospitals, if you are sick then one takes a pain reliever to get better*"".

By mid July, there was a sense that people were starting to attend facilities more when they needed to. One woman described how she had to take a child who had come from the rural area, where "*there is no vaccination or health centre*", another woman described how her father got sick and had to be taken to a private hospital. By the start of August, a number of the people interviewed described how they had sought out health services in the recent past. However, the fear of attending health facilities still prevails, as one man explained in September "*people are afraid of getting the disease when they visit the health centres since many people with various diseases are coming to the hospital and no one knows if they have Covid-19 or not. People do not go to the hospital unless there is an emergency*."

Across the four rounds of data collection it was apparent that cost was a major barrier to the poorest accessing services when needed. In June, one respondent described how there was no option to access private health care facilities saying his family could "*not visit private clinics to get treatment due to lack of expense*". A woman who did manage to take her father to a private clinic explained how she had paid $100 to admit him, and had to borrow the money from other women who trade vegetables alongside her. Another woman described how she had to pay $6 for an antenatal visit at a private facility. In September, one of the men in the IDP camp described how "*one of my neighbours was injured. We then took him to the private hospital, they took $70 not including medicine, we worry about our financial ability to treat if the person become sick.*"

Education and Children

By the time of the fourth round of data collection schools had started to reopen in urban areas, while emergency schools in the camps had not, even though people had been informed this was imminent. This was seen in a hugely positive manner by all participants in the exercise, with people aware that both teachers and students will need to bring prevention materials to the school, although they did highlight there was little evidence of this being done yet.

Previously, all of the participants in the exercise spoke of the impact of school closures (including the Qur'anic schools known as *dugsi*) on children, and how it had been difficult for them to cope with the changes. While children were not going to school respondents described how they did not have access to games and social activities, rather they were indoors every day, while others highlighted how challenging it was to keep children at home. In July, one man who is an IDP, described how "*there are changes in boys they make groups and they fight every day and causing insecurity in the camp, everyday there is physical violence*".

"They [children] do nothing, just sitting in the house and fight most of the time"
(Male Respondent, IDP Settlement)

Efforts were made to provide online education for children, but did not reach everyone. As one man in an IDP settlement highlighted "'*Schools are closed, we are IDPs and our children don't have Facebook or computers. Other children in the town receive their notes through Facebook from the teachers and read by using computers*'. Another man highlighted how "*now schools are closed I took them for tuition but I was unable to pay the tuition fees, for now they just stay at home*".

For some older children, it is apparent from the responses given that they will not be going back to school. One woman told of the situation in her household, "*my eldest daughter dropped out of school and chose to support me in earning household income and became a house maid and my son who I used to struggle with looking after his university fees every month eloped with a girl who he used to go to university with*". Other respondents highlighted how they had heard of an increased incidence of teenage pregnancies in the areas in which they live, though nobody identified this had happened in their households.

Other Impacts

In addition to changes in livelihoods, food consumption and accessing basic services such as health and education, a number of other impacts can be identified at both the community and household level, including an increase in domestic tensions and changes in terms of women's workloads.

Firstly, in June and July a number of people spoke of the collapse of traditional support systems, with one man explaining, "*people used to depend on each other but everyone got affected so we don't have support now*". Others spoke about changes in how people interact, with one describing it as follows "*we are not gathering all the community, to practice social distancing; this has caused community separation and lack of consultation with one another*". However, even in the early rounds of data collection this may have been overstated, with one woman highlighting how their *abaay abaay* meeting still went ahead. She described this as a gathering for women over the age of 25 who are married, or have been married before, to pray together and have tea, dates and popcorn. Similarly, in a number of the interviews undertaken in early August we heard how the community were coming together to support those who had been displaced and recently arrived from both lower and middle Shebelle. We were also told that people were now "*visiting each other's houses and moving freely without restrictions, especially during the Eid days when they celebrated as a group and prayed together in one place*". By September, the general sense amongst respondents was that with there being no more community restrictions, people were able to visit each other and greet one another without social distancing.

Secondly is the striking issue of increased domestic tensions, with the potential for violence in the home. One of the female respondents highlighted how men "*have nowhere to go they can't take time with their friends and socialize like before, married men and women always fight in the house due to lockdown and lack of enough food in the house due to poor income*". However, it was not only women who highlighted this as a problem, with one man acknowledging "*'I am affected because I am jobless and can't provide for my family and my wife, they are just staying in the house waiting for me to provide so there comes misunderstanding. The children don't go to school and we fight in the house''*. This is in addition to the potential for violence against women outside the home, for instance as one woman explained in the first round of data collection "*some women got raped at the bush when they were looking for firewood*". A point that was reiterated by some men in the second round of data collection,

Respondents were asked whether they had seen changes in terms of roles and responsibilities within the household and who had been affected most because of these changes. Amongst women the general perception was that it was them, as one explained "*men don't care about their households ... men do not work, women are the ones who care for their children and at the same time they do housework in their daily life*". This was borne out in the response of one of the men we spoke to, who observed, "*before the lockdown I was working and my wife was staying at home and taking care of my children, cooking for the family and cleaning. Now my wife takes all responsibilities to help our family she goes to the town, washes clothes to get some income and supports our family, cook food and so on*." This was expanded on in the third round of data collection, when another man explained, "*women go for casual labour for washing clothes to get some income to support her family and when she comes late at the afternoon she tries to cook for the family so they have two responsibilities*".

However, one woman hinted at some more positive changes in roles, explaining how "*before the lockdown men were responsible for the family income but now due to the lockdown men have become jobless and women are trying to take the responsibility. They go to the town for washing clothes or construction or others beg to get some money to support their family. When a woman leaves to work for causal labour the man will takes care the children.*" In our September round of interviews, it became apparent that any small changes made in this area did not survive the lockdown, with a rapid return to traditional roles as people were able to return to work. As one woman noted "*at first my husband was not working due to the lockdown but he used to help me caring children, household chores when am cooking and cleaning. For the children, they used to help me in selling but know my husband goes to work early in the morning and my children go to school, am left alone and do everything in the house at the some timework in my kiosk.*"

We also asked whether our respondents had seen movements of people into or out of the area, due to Covid-19. While many respondents did identify movements of people these were mainly due to floods elsewhere in the country and reports of insecurity. Respondents were only able to identify one incident of people leaving the city because of a fear of Covid-19 and one case of a household returning from Djibouti.

In the final round of data collection in September, respondents were also asked whether they felt that the restrictions had been fairly implemented. The majority felt that this had been the case, with a generally positive attitude expressed towards the approach taken. The smaller number who did not think it was fairly enforced explained how they felt they should have received distributions of food and hygiene materials, such as masks, gloves and soap as part of the restrictions. A number of respondents did relate stories of violent enforcement of the regulations. One person highlighted how during Ramadan "*anyone who was seen outside in the late afternoon around 7:00 pm was arrested, beaten and since then there was a curfew from afternoon till morning*". Another respondent highlighted how they had "*heard and seen people being beaten and arrested by the local authority*".

How are people coping?

Although a sense that things are getting better emerges from the responses in the September round of data collection, households have resorted to utilising negative coping mechanisms to survive over the past six months. As already highlighted, changes in the quantity and quality of food consumed were common, with two other types of mechanism also identified. The first relates to the distress sale of household assets for low prices, the second to borrowing money.

The type of assets sold include farmland and motorbikes, livestock in rural areas, housing materials such as iron sheets or beds, jewellery, and small scale productive assets such as chickens (which were used to produce eggs for sale). When things were sold, the price received was well below expectations, for instance the man who sold his motorcycle did so at $350 having purchased it four months previously at $750. This was sometimes attributed to the fact the purchaser was also struggling.

Money was usually borrowed at the store where people make their purchases, and while few spoke of being expected to pay interest on this, a number of respondents did highlight how their debt is increasing in size, causing stress as to how this will be repaid. Some are waiting on cash transfers to come from Concern to clear their debts, others are waiting to cash out on their *Ayuuto* (saving scheme). For some, this safety net of borrowing is not even

available, as one woman highlighted "*No one will give money at the moment; even a kilo of sugar is hard to get at credit, hence I didn`t borrow money*". In some of the earlier rounds of data collection, respondents described how others in the community have started to beg in the nearby urban areas of Bakaro market and Hamarweyne.

Throughout the answers given across the various rounds of data it is also possible to observe a sense of resilience amongst respondents; as one woman highlighted, while the "*restrictions have caused us problems I am a person who knew how to manage her life before Covid-19. ... It's not easy to adapt we started to reduce the amount of portion size we consume daily and I make small savings every day to continue struggling with life*

External Assistance

Those involved in this exercise reported receiving limited external support. Some spoke of Concern Worldwide providing water and hygiene materials including soap, others of themselves and people in the community receiving cash transfers of $60 (though people with family members on this programme consistently speak of their fear of it ending soon). Some described how richer people in the community gave foodstuff in exchange for work and assistance during the holy month of Ramadan, with others receiving a distribution of meat from the Zamzam foundation for the EIDU ADXA celebrations. In the urban areas, it was highlighted how the government had raised awareness and distributed masks (alongside gloves and stickers containing the key guidelines). The general perception amongst respondents was that the assistance distributed was done in a fair manner, but was insufficient to meet their needs.

Two people spoke of how they received support from family living overseas, in the first round of interviews both had described how this had stopped, though had started again for one of them by the second round of data collection[7]. The first described how, before the crisis, their father received support from relatives in Europe but now he is not getting the support. Another highlighted that this assistance came from relatives in Norway.

In terms of potential future support, the request from many was for cash to feed their family (immediate needs), particularly those who are newly arrived in the IDP settlements, and seasonal support such as plastic sheets for shelter in the IDP camp. In the longer term, the request was for help to develop a small business or to re-establish businesses that have struggled in the previous six months, in this vein one man asked for assistance getting back the "*motorcycle that I sold due to hunger, with the motorcycle, I was getting some income*". The alternative was to assist people gaining employment, even in the form of cash for work.

Conclusion and Policy Asks

Even though there is a sense that Covid is going away, households continue to feel the economic impact of the pandemic, and it appears other issues are coming more to the fore than the immediate health challenges and that these are compounded by existing challenges. With this in mind, and based on the discussions we have had, we recommend the response to:

1. Continue with the delivery of clear and easily understood messages on how people can protect themselves and prevent the spread of Covid-19. The general sense that pandemic is over will need to be addressed in this messaging, and efforts to dispel common myths and misinformation need to be maintained. This messaging needs to reach all community members.

2. Prioritise the provision of cash assistance. A number of people interviewed received cash transfers that help to meet their immediate needs, though there is uncertainty over how often they will receive these in the future. It is important for cash assistance to urban and peri-urban communities with no other means of earning a living to continue, as long as the supply market for food, and basic necessities continues to function. This can build on strong existing programmes

3. Develop a sound understanding of the functioning of the markets in these unusual times. The markets may not be functioning at full capacity because of travel restrictions and other impediments, such as flooding in lower Shabelle – having a particular impact on the flow of fresh produced from rural to urban areas, This is an area that requires careful monitoring.

4. Provide support to ensure families have the means to feed their children to prevent them from becoming malnourished and to protect their health. The cost of doing nothing will be seen in a rise in malnutrition, rolling back recent progress globally.

5. Start planning for the 'catch-up' on certain key services, such as vaccinations (in health) and the loss of almost six months education. Response plans need to start thinking these through, with a particular focus on reaching the furthest behind first.

6. Beyond the immediate response, ensure a focus on scaling up activities to promote sustainable livelihoods as part of the economic recovery. There is an opportunity now to provide vulnerable groups with support to develop new skills and livelihoods.

This report has been produced by Andrea Solomon, AbdiRashid Hussein and Chris Pain of Concern Worldwide Somalia and the Strategy, Advocacy and Learning Department. It has been produced as part of a series of briefings on the impact of Covid-19, and the responses implemented in a variety of countries, on the world's poorest. More information on this programme of research is available at https://www.concern.net/insights/covid-19-research

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(Endnotes)

1. WHO Timeline – Covid-19 available at https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19
2. https://coronavirus.jhu.edu/map.html
3. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. https://doi.org/10.4060/cb0258en
4. https://www.un.org/en/coronavirus/somalia-braces-covid-19
5. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. https://doi.org/10.4060/cb0258en
6. This is similar to findings from a report produced by UNHCR and WFP who identified that Covid-19 related interruptions accelerated seasonal price increases remarkably in Somalia, and that high transport costs and the difficult macroeconomic situation will likely sustain elevated staple commodity prices. See https://www.wfp.org/publications/east-africa-impact-covid-19-livelihoods-food-security-nutrition-urban-august-2020
7. In a similar vein a study from WFP produced in early July 2020 suggested that COVID-19 related containment measures reduced by 48% remittance flows into the country. This study estimated that nine in every 10 families in Somalia use remittances to buy food. (WFP Dataviz, 2020 and quoted in https://www.wfp.org/publications/east-africa-impact-covid-19-livelihoods-food-security-nutrition-urban-august-2020