The prevalence of COVID-19 (SARS-CoV-2) in Somali communities is likely much higher than what has so far been recorded. Awareness of the coronavirus is high and people are worried about the disease, but are unable to effectively protect themselves from infection. The economic impacts of the virus, as well as the restrictions on mobility and livelihoods, are also contributing to increased economic insecurity. Remittances – usually a lifeline for Somalis in times of trouble – have been seriously impacted, limiting the extent to which people can call upon relatives to help them out of a worsening economic crisis.

These are the main findings of a major study undertaken by Nexus between 15 June and 3 July 2020. The survey was administered to 4,735 Somali adults (over 18 years old) in 36 districts across 17 regions. This policy brief details the preliminary results of the survey with a focus on a) health indicators; b) livelihood indicators; and c) changes in remittance-receiving patterns.

Objectives of the study

Even before the arrival of COVID-19, the majority of the Somali population faced persistent rainfall shortages, food insecurity and poverty. A locust outbreak and flooding also heightened vulnerability in the first quarter of 2020. Government capacity to support the most vulnerable and ensure the availability of basic health services is severely limited, particularly given the official focus on shoring up safety and security.

The pandemic presents an unprecedented challenge to the rudimentary health infrastructure. Diagnostic facilities for COVID-19 are limited to screening at 23 officially designated points of entry and testing at four laboratories in the major population hubs of Mogadishu, Hargeisa, Bosaso and Garowe. Limited training and equipment for managing positive cases is also hampering disease response. All these factors make it difficult to assess the transmission patterns and prevalence of the pandemic as well as its short and long-term impacts.

1 Nexus is an NGO platform for Somali-led change. Its nine members are pioneering a locally led approach to delivering integrated peacebuilding, humanitarian and development interventions.
The Nexus survey was designed to assess the following four areas:

- The prevalence of COVID-19 symptoms at national and regional level
- Patterns of healthcare-seeking behaviours and response to symptoms
- Economic and livelihood impacts caused by the pandemic and government-imposed restrictions on people’s mobility and livelihoods
- Impacts of the global pandemic on Somali remittances

The survey was administered to a sample that reflected the proportion of the total population residing in urban areas, rural areas and internally displaced persons (IDPs) sites within each district and region. The sample was composed of 55% female and 45% male adult respondents. A detailed analysis and discussion of the survey findings is in development and will be published in September. In the meantime, we describe the principal findings and present our recommendations for immediate action below.²

As of 29 July, the Ministry of Health’s official estimate of the number of positive COVID-19 cases was 3,212, with 1,552 active cases and 93 confirmed deaths.³ These figures are low compared to most other countries, but current reporting may not capture the entire picture. To try to gain more detail on potential cases that might not be included in these figures, the study gathered information on self-reported COVID-19 symptoms. The symptoms list was informed by the Centers for Disease Control and Prevention (CDC) criteria and included: new or worsening cough, shortness of breath, nasal congestion, sore throat or difficulty swallowing, loss of smell, loss of taste, diarrhea, nausea or vomiting, muscle aches, confirmed fever (39.5°C or above), and whether the respondent “felt feverish.”

Approximately 29% of Somalia’s adult population reported having had at least one COVID-19 symptom between mid-March (when the pandemic was first reported locally) and June. Around 15% of Somali adults reported experiencing two or more symptoms during this period, 5% of whom reported experiencing two or more symptoms within 14 days of each other. The most common symptoms reported include “new or worsening cough” (38%) and “feeling feverish” (30%).

2 Calibration is in progress at the time of writing and may slightly affect results.
Given the prevalence of such illnesses as tuberculosis, upper respiratory infections, waterborne parasitic infections and other illnesses in Somali communities, it would be wrong to assume that all symptoms reported were indicative of COVID cases. However, given the shortage of testing available, and the high rate of people reporting two or more symptoms, these findings suggest a very high likelihood that prevalence is higher than the nationally reported figures, which are based on confirmed positive test results.

The proportion of the population who reported experiencing two or more symptoms within 14 days of each other is 5%; while 10% of the population has experienced two or more COVID-19 symptoms not occurring within the same period. Six percent of the population of rural residents reported experiencing two or more symptoms concurrently, compared to 4% of urban residents and 5% of the IDP population. Considering the presence of two or more symptoms as a reasonably strong indicator of a COVID-19 infection, these results suggest a potential prevalence of 5% nationally for the survey period.

Only 12% of those who reported experiencing a symptom (3% of the total survey population, or 164 individuals) said they had been tested for COVID-19. The primary reasons for not getting tested were due to barriers in accessing testing facilities, including “no testing available in close proximity” (36%), “testing location too far” (26%) and “lack of money for transportation” (11%). Interestingly, 40% of the population with symptoms from urban sites noted that sites were inaccessible, compared to 33% of people from IDP camps and 34% of individuals from rural dwellings. In addition, 30% of individuals did not think their symptoms were COVID-19 related while others did not get tested due to “fear of the test” (9%), “testing not a priority” (9%), “not aware of COVID-19” (5%), or “no time to get tested” (3%). Approximately 32% of people with one or more COVID-19 symptoms said that they treated their symptoms with a traditional remedy or medicine, such as an herbal tea or ginger clove, while only 10% took a medication prescribed by a pharmacist or a healthcare worker.

The Ministry of Health has also been analysing its routine data from health care facilities to monitor the impact of COVID-19 on access to health services. Preliminary data analysis shows that the number of outpatient consultation visits to health facilities dropped by 9% in April and 14% in June 2020.4

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4 Contact to Ministry of Health through: planning@moh.gov.so / hmis@moh.gov.so
2. People feel at risk, but often do not have the resources to take protective, preventative measures

Despite 67% of the population either “strongly” or “slightly” agreeing with the statement “I am at risk of COVID-19”, only 4% of the surveyed population reported wearing face masks every time they leave the house, while 56% of the population reported “never” having worn a face mask since the start of the pandemic. Only 11% of the population reported avoiding contact with other people “all of the time.” This finding is perhaps to be expected given that many people live in large households in densely populated areas and have livelihoods that bring them into contact with other people on a regular basis.

While the majority of respondents noted that they wash their hands before every meal (86%) and after using the toilet (83%), only 63% of households had hand soap at the time of the survey. In IDP camps, only half of the households reported having hand soap at the time of the survey. These findings should be considered in the context of the severe economic impacts of the pandemic and the great pressure it has placed on poor households, as shown in the next section.

“I am at risk of COVID-19” 67% of respondents

“COVID-19 is a bigger problem than HIV/AIDS” 64% of respondents

3. Food and livelihood insecurity is perceived by most people as a greater immediate threat than COVID-19, with movement restrictions and reduction of opportunities for income generation having a serious, detrimental impact on household finances.

This year, the United Nations estimated that 4.1 million Somalis were food insecure, 2.6 million were internally displaced, and over one third of the population did not have access to adequate water.\(^5\) In the Nexus study, 61% of respondents reported that they had earned substantially less money since the beginning of the pandemic period and 41% said that the pandemic had a substantial negative effect on their overall household financial situation. This corresponds with predictions of a drop in livestock exports of 25-35%, as well as a drop in labour demand and an increase in food prices.\(^6\)

“Malnutrition is currently a bigger risk to me and my household than COVID-19.” 47% of households

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The survey showed that food insecurity and underemployment/unemployment were the most pressing challenges, currently affecting 66% of Somali households. The third most cited concern was a lack of savings or financial security. These statistics reveal the dire financial situation faced by the majority of Somali households. These results suggest that households may be forced to make trade-offs due to limited resources, particularly with regard to the purchase of basic foodstuffs and water instead of protection against coronavirus through the purchase of hand soap, face masks, or other healthcare.

“While the majority (over 80%) report good hygiene hand-washing practices, nationwide more than one-third of participants did not have access to soap at home, and over half reported lack of access to soap at home in the Lower Shabelle, Gedo, Hiran and Bakool regions.”

Figure 3. Major livelihoods concerns for households
4. Remittances have been adversely affected by the pandemic

It is widely accepted that around 40% of the Somali population receives remittances, though only 7% of the survey sample reported remittances as a source of income. For those respondents who received remittances, the average amount received at one time point was US$167. Moreover, 48% of remittance recipients reported a substantial decrease in the amounts received over the last four months when compared to the same time period a year ago. Recipients were asked how much money they usually received around the Eid/Ramadan time period – normally a time of generous giving from family abroad – and how much money they received during the most recent holiday period, which coincided with the early days of the pandemic. Thirty-six percent of regular remittance recipients reported a drop in remittance flows during the most recent holiday when compared to the normal holiday period. In total, 39% of those who saw a decline in remittances reported that the main reason for this drop was that "the sender has worked less hours than normal because of COVID-19" and "the sender has lost their job because of the COVID-19 pandemic."

These figures correspond to the extreme end of other predictions from the Famine Early Warning System Network and Food Security Nutrition Analysis Unit that remittances will drop between 30-50% this year.⁸

Given that the pandemic is an ongoing and evolving situation, the results from this study should be used immediately to strengthen the health sector response, protect communities from the economic impact of the pandemic, and respond to the deepening food and livelihood insecurity that is resulting from this crisis.

⁸ OCHA. 22 July 2020.
Recommendations:

1. Health Response

- Expand testing capacities in all regions, including for rural and IDP communities.
- Provide online and in-person training, in addition to personal protective equipment, for healthcare staff in management of COVID-positive cases to avoid loss of life.
- Train and deploy community workers to identify cases with COVID-19 symptoms and provide information and training on prevention, testing and case management.

2. Community Responses

- Community responses are hampered by an inability to afford basic protective supplies and to forego activities that generate an income. Free or subsidised soap, sanitiser and masks (locally made and reusable, wherever possible) are essential and may have a greater impact than lockdowns or restrictions on mobility.

3. Food and Livelihood Support

- Provide cash transfers to the poorest whose livelihoods have been affected by the pandemic, including IDPs, to access adequate food, water, and essential medicines.
- Cash transfers should move towards more formal government-led social protection systems, both in Somalia and the countries that Somalis are remitting from (mainly EU nations and the United States). Social Safety Nets can meet the hardships caused by underemployment and unemployment worldwide.
- Rather than preventing people from moving, help people to move safely by promoting testing at entry points to cities, use of masks, and provision of public sanitation stations.

4. Remittances

- Do not assume that those who regularly received remittances before the pandemic are still receiving support from relatives abroad. Some former remittance recipients may require help to make ends meet if their remittance support has been interrupted.
- Remittance companies should be encouraged to provide discounts to senders and to work with NGOs to help deliver cash transfers through their mobile platforms.
ABOUT NEXUS:

Nexus is a paradigm-shifting platform of Somali civil society, strategically investing in the institutions of civil society and government to lead the way in identifying, scaling and integrating community-owned and driven solutions to humanitarian, development and peacebuilding needs.

http://nexusom.org/

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