

COVID-19 and Sustainable Development in Somalia/Somaliland

Lives, livelihoods and inclusion

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COVIDEV

COVIDEV is a research and practice collaboration between the University of Bristol and Transparency Solutions on the protection and promotion of sustainable development in Somalia/Somaliland during, through and as a method of COVID-19 response.

In this work, sustainable development is the enhancement of lives, livelihoods and inclusion for current and future generations so that they can live the lives they value in ways that allow the natural world to flourish.

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EXECUTIVE SUMMARY

The project

Somalia/Somaliland is among the places of the world least able to cope with COVID-19 (coronavirus disease) due to many forms of poverty-related deprivation, low levels of access to health care and limited state capacity. In this project we examined how sustainable development might be promoted during, through and as a method of COVID-19 response in Somalia/Somaliland. We did so through discussions with people in Mogadishu (capital of Somalia) and Hargeisa (capital of Somaliland). The people we spoke with were mainly those who in some way are excluded from full participation in their society due to illiteracy, gender, youth, being a member of a minority clan or minority ethnic group, or being a low caste worker, rural pastoralist, informal small trader, internally displaced or a refugee from another country. We also discussed these issues with some people in more privileged positions. We carried out a series of interviews and focus group discussions with the forty participants during May and June 2020. The health and safety of all researchers and participants in relation to COVID-19 was ensured by the use of non-face-to-face methods only, i.e. telephone and online. We recruited forty participants, twenty from Mogadishu and twenty from Hargeisa, with roughly equal numbers of adult females and males.

Intense and multi-dimensional concerns and deprivation, especially among those on low incomes

Nearly all participants were very worried about illness due to COVID-19 and almost as many were very worried about loss of income due to COVID-19 control measures.

Nearly all were very worried or a bit worried about lack of access to basic necessities such as food, water and shelter. Around half were worried about other issues: physical health issues other than COVID-19, mental health, discrimination because of their social group and violence (from police, security forces, al-Shabaab, clans, criminals or family members). Around one third of participants reported being worried about their own mental health or that of a family member. The patterns in Mogadishu and Hargeisa were similar, even in relation to level of fear of violence.

People are receiving too little help

In Mogadishu, most participants reported that the national and local governments were making the situation a lot or a little better. National and local government achieved a higher positive score than any other organisation or group of people. Even so, a quarter said they were having no impact, and a few said they were making the situation worse. Next most positively mentioned in Mogadishu were family, friends and relatives in the diaspora. Even so, as many felt that the diaspora was having no impact. In Hargeisa, participants were most positive about the diaspora while there was less enthusiasm across the board than in Mogadishu for various groups and organisations and more positive views of business. The national government in Hargeisa was seen as mainly mildly positive in its role, but with some seeing it as having no impact or a negative impact. Few said that the local government in Hargeisa was making the situation even a little better; the dominant reaction was that it was having no impact. Participants in Hargeisa also mainly thought that the following were having no impact: family, friends and relatives in the country;

their own community or social group; other communities or social groups; business, the mosque; local NGOs (non-governmental organisations); international organisations and NGOs; and foreign governments.

Limited action to prevent COVID-19 infection: mainly due to structural and social factors, not lack of information

Accurate knowledge of how to prevent infection with COVID-19 was usually but not universally expressed by participants, such as hand washing with soap often, avoiding large groups, staying at home, avoiding unnecessary gatherings, doing what one can to socially distance and protecting those who are older or in poor health. There was also understanding that there is no vaccine for COVID-19. A couple of participants expressed the inaccurate view that COVID-19 was no more than a bad flu that could be treated by consuming foods such as honey and ginger. The participants demonstrated wide-ranging thinking about what is needed for health care other than that relating to COVID-19 – such as a proper health care system with free access, addressing the social inequalities that generate ill health, and healthy eating. None of the many comments made by participants showed any stigmatisation of mental illness; the emphasis was on treatment, support, causes, understanding and awareness.

What could be done to protect and enhance lives, livelihoods and inclusion

The participants made many suggestions for protecting livelihoods – safety nets, government interventions and bailouts, government support for job retention, furloughing, socially distanced and online businesses so

that commerce can continue, community mutual aid, and the rich and the government helping the poor. The suggestions on how to improve access to basic necessities included attention to long-term structural and infrastructural changes, as well as short term measures. Examples of the former were the government addressing structural inequalities and increasing agricultural production and consumption by supporting local farmers to replace imports. Elements of the business sector were criticised for profiteering.

None of the participants expressed any views that could be regarded as discriminatory. There was a universally positive attitude towards inclusion. Strong support was voiced for education to advance inclusiveness.

Participants offered numerous suggestions for other support – training in good governance; varied health and awareness programmes in regional capitals and rural areas; addressing the problem of people avoiding being tested for COVID-19 due to a lowered sense of self-worth; support for food security and job creation. There was no support for the night-time curfew in Mogadishu and only criticism of it. There was strong support for the position that the police should behave in a professional, restrained and supportive manner.

Possible COVID-19 infection

Many participants said they thought that they or a family member had had the virus or were ill with it now – almost half for Mogadishu and a quarter for Hargeisa.

Actions taken

Nearly all participants except one reported washing their hands with soap more often, and sometimes very often. Two seemed to imply that they did but said that water

or soap shortages made it difficult. Half of participants said they used hand sanitiser. Some said they did not because they could not afford it. Three quarters of participants said they avoided large groups of people. Many of those who did not said that it was not possible for them due to where they worked. Just over one third of participants said they tried to stay at least two metres away from people when they were outside. A few said that it was not practical for them. Just over half of the participants had started wearing a face covering. A few said they did pay off debts, but most were not in a financial position to do so. Few participants said they had taken on extra or different work. Only a couple of participants had provided extra financial or other support to others. A clear majority of participants reported being more positive towards people from other social groups. Some emphasised that they already had this positive attitude anyway. One third of participants reported praying more, beyond what they would have done for Ramadan.

'Corona!' – stigma and fear

We found a similar pattern in both locations – there was strong agreement that people with COVID-19 had nothing to be ashamed about. The few who disagreed thought people would feel shame due to the attitudes of others, not because they should feel shame. There is extensive worry about being stigmatised. Also, in both locations, participants were divided about whether they would keep it secret if they had COVID-19 symptoms, with a tendency towards a strong view that they would not keep it secret. Participants felt that it would be better not to keep it secret and said that they would only do so to avoid stigma, hostility, exclusion, loss of income or being forced into quarantine or poor standard health facilities. Some argued that those negative attitudes towards people

with COVID-19 (including those who have recovered from it) were due to fear of the disease rather than necessarily thinking that having the disease is shameful, though that can also be the case. Some thought shaming was due to unfamiliarity with the disease and how it is spread. People were worried about being mocked, having their reputations permanently tarnished, being given an unpleasant nickname or being unable to have a proper Islamic burial. We found a strong view among participants that they were not hostile to those wearing face masks because they understood their importance in reducing the spread of the disease.

Unwillingness to go to hospital with COVID-19 symptoms

In both Hargeisa and Mogadishu, participants were divided about whether they would be unwilling to go to hospital if they had COVID-19 symptoms. The overall tendency was to be willing to go to hospital but over one third disagreed. Those who were willing to go to hospital said it was because it would be valuable for obtaining testing and medical treatment and for protecting the community. Reasons given for reluctance to go to hospital were varied; participants did not believe they would receive good care, had heard negative stories about the hospitals, thought they might be more likely to die if they went to hospital, did not want to be quarantined or isolated, saw quarantine like prison, wanted to avoid stigmatisation by others, could not afford to pay for hospital treatment, preferred to try to recover at home, did not want to overburden the medical services, would only go if they were severely ill, were worried about catching the virus in hospital or believed that COVID-19 is like a bad flu that can be treated with traditional remedies. Dislike of the idea of quarantine and views that hos-

pital care is likely to be inadequate or endangering were particularly intense.

Social categories: experiences and needs

The participants who are government officials and telecoms employees nearly all reported being under new pressures in various ways. This was often accompanied by recognition that they are relatively privileged. Small informal traders reported major financial problems due to difficulties in borrowing, obtaining goods at a reasonable price and keeping customers. Job creation was reported as a major need and harassment for corrupt payments by people in uniform was reported as a major problem. Participants reported a surge in gender-based violence (GBV), domestic violence, rape and female genital mutilation/cutting (FGM/C) of girls due to partial lockdowns and the closure of schools. Girls were also doing housework rather than home schooling. The main problems reported by our youth participants were unemployment and poverty due to the withdrawal of international agencies, the lockdown and economic contraction. The illiterate participants focused on general issues related to unemployment and poverty. The IDP participants concentrated on general issues of unemployment and poverty (falling incomes, loss of housing, overcrowding, rising debt, rising food prices and lack of ability to buy clean water) worsened by being IDPs. The minority clan participants did not focus on their minority status; they concentrated more on general issues related to unemployment and poverty (falling incomes and inability to afford basic necessities). The low caste workers reported financial insecurity and loss of income due to COVID-19 in relation to their areas of employment. The minority ethnic group participants reported lack of access to basic health care and severe

financial hardship due to loss of income. The rural pastoralist participants emphasised the problems they, and other people on low incomes, face due to lack of financial and other support in dealing with COVID-19 and the costs of responses to it. The participants with physical disabilities indicated that they faced a particularly difficult situation in relation to employment, mental health and participation.

Participants were very positive about the project and wanted it to continue

We were very pleased that all the participants rated the project positively, with nearly all rating it 'excellent'. The positive scores were due to its social inclusiveness, its co-production methods, the respectful and emotionally supportive nature of our engagement, the substance of the issues explored, its educational value regarding COVID-19, and payment for participation.

A key positive of the project was paying participant \$25 per session (two of whom, as they were better off, donated the money to IDPs). It is fundamentally problematic to ask people in dire financial emergency to give you their time and energy for nothing while everyone else involved is getting paid, in most cases far more than those participants could ever hope to earn. Doing this is usually not even suggested in the first place. Instead it is often avoided by the argument that the research is for the benefit of the participants. Those potential benefits are highly uncertain and indirect and do not directly address the need to build payment to participants, especially those on very low incomes, into project budgets.

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INTRODUCTION

Somalia/Somaliland is among the places of the world least able to cope with COVID-19 (coronavirus disease) due to numerous forms of poverty-related deprivation, low levels of access to health care and limited state capacity. Before this crisis struck it was already a long way from having sustainable development. COVID-19 and responses to it threaten to undermine what Somalia/Somaliland has achieved in development.

Sustainable development: the enhancement of lives, livelihoods and inclusion for current and future generations so that they can live the lives they value in ways that allow the natural world to flourish.

In 1991, Somaliland unilaterally declared its independence from Somalia. It has been self-governing ever since but has not achieved international recognition as a sovereign state; this status is why we refer to Somalia/Somaliland where relevant.

In this project we examined how sustainable development might be promoted during, through and as a method of COVID-19 response in Somalia/Somaliland. We did so through discussions with people in Mogadishu (capital of Somalia) and Hargeisa (capital of Somaliland).

The people we spoke with were mainly those who in some way are excluded from full participation in their society due to illiteracy, gender, youth, being a member of a minority clan or minority ethnic group, or being a low caste worker, rural pastoralist, informal small trader, internally displaced or a refugee from another country. Sometimes an aspect of exclusion such as gender is counterbalanced by



an aspect of inclusion such as higher income. However, often aspects of exclusion intersect and reinforce each other, such as low income, internal displacement and illiteracy.

We also discussed these issues with some people in more privileged positions – government health, employment and inclusion (e.g. women's rights) officials and senior or middle ranking telecommunications company staff.

The idea of talking with people from diverse backgrounds was to see the issues from many different perspectives and to provide a platform for those who usually are not listened to due to exclusion.

COVID-19

We set out some basic facts about COVID-19 because one of the things we want to do is to compare these facts to the knowledge and experiences of the participants and relate them to COVID-19 responses.

COVID-19 (coronavirus disease) is an infectious disease caused by a novel coronavirus SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2). It seems to be one

of a number of zoonotic coronaviruses – that is, coronaviruses which jumped from other animals to humans, usually due to different animals and humans being close together in unnatural proximity in places such as food markets. It is mainly spread in moisture from people breathing out, coughing, sneezing and touching things with their hands. People catch it when the virus enters their eyes, nose or mouth in moisture from other people; it infects the throat and spreads from there. People who have the disease can spread it even if they do not feel ill. A dry, continuous, new cough or a fever might mean you have the disease, and it is possible to only have other symptoms such as loss of sense of taste and smell.

COVID-19 is dangerous because it can damage your lungs so much that you cannot breathe, and you die. It can also damage many other organs in your body and kill you that way. It can kill you even with the best medical care. It is particularly dangerous for people who are older or who are already unhealthy, overweight or have another illness, especially one that affects their breathing. Even young, healthy people can become seriously ill or die from it. People can still have long term physical and mental health problems even if they recover from the worst of the illness. It is much more dangerous than flu. There is currently no vaccine to prevent you from getting it, and there might never be one. There is also no cure once you have contracted the disease; all medical care can do is support your body while it tries to cope with the disease. Eating healthily can help your body, but there are no special foods or drinks that can prevent you from catching the disease or cure it.

Self-isolating refers to taking yourself out of the community because you have symptoms or have tested positive for the disease. Quarantine refers to separating people who are not ill because they have been exposed to the disease. You are no longer infectious to other people if it is at least fourteen days af-

ter you or anyone in your household first has symptoms. This is true even if you still have a cough or loss of sense of taste or smell, as these symptoms can persist when you no longer have the disease. Once someone is infected or likely to have been infected it is important that they self-isolate or be in quarantine for fourteen days; after that they can return to normal.

Once you have had COVID-19, it is not known how long after that you will be immune from catching it again, so you should still take precautions.

Societies around the world have taken various actions to limit the spread of the disease. If each infected person on average infects more than one person, the total number of people infected can multiply quickly and become enormous. If each infected person, on average, infects fewer than one person, the prevalence of the disease will decline. Reduced physical contact, increased physical distance, frequent hand washing with soap and not touching objects touched by other people are among the most important ways of reducing transmission of the virus and allowing more normal behaviour. The ranges, mixes and rigorousness of the measures taken have varied widely across societies.

COVID-19 responses and sustainable development

Efforts to control COVID-19 can have major costs for:

- lives (such as harm to vaccination programmes for other diseases, harm to mental health and violence by police as they enforce curfews),
- livelihoods (such as people losing their incomes and facing destitution and starvation) and
- inclusion (where those in society who are already excluded or marginalised face additional problems of opportunity, resources, voice and rights e.g. having to do work

that makes physical distancing impossible while not being represented in relevant policy discussions).

For the reasons we have indicated, people are potentially threatened by responses to COVID-19 as well as by the disease itself. **The purpose of this project was to explore how to protect people from COVID-19 and from the harms that might result from those responses in ways that positively promote sustainable development.** The idea that the world should build back better is gaining increasing support. In essence, this means promoting sustainable development during, through and as a method of COVID-19 response. Investing in sustainable development also increases capacity to control COVID-19.

Project methods

We carried out a series of interviews and focus group discussions with the forty participants during May and June 2020. The health and safety of all researchers and participants in relation to COVID-19 was ensured by use of non-face-to-face methods only, i.e. telephone and online.

We took many steps to ensure inclusivity:

- We engaged participants in whichever language they were most comfortable: Somali, the Somali dialect Maay, Arabic, English or a mix of these languages.
- We obtained consent orally. This approach is suited to a more oral culture.
- We made it clear that we would withhold whatever personal information they wanted so that they could express themselves freely.
- Participants could be fully part of the pro-

cess with only a basic phone. For example, they could take part in group discussions by being on speaker.

- We prioritised making the participants comfortable by being informal and flexible so that they did not feel intimidated by the process. This was especially important for those unfamiliar with research methods.
- We sought the input of the participants into the questions we were asking and how we were asking them.
- We built up a rapport with them by speaking with them on at least five occasions.
- We communicated that we wanted to be sure that their voices would be heard. In addition to asking our questions, we always gave opportunities to the participants to say whatever they wanted to say.
- We paid a \$25 fee, transferred by mobile phone, for every time each participant spoke with us. This ensured that people would not be excluded by being unable to spare the time. It also communicated, in a material way, that we valued their time, as well as helping them financially.
- We invited the participants to evaluate the project and to make suggestions about what we might do next.
- Our approach was flexible to accommodate the availability of our participants.
- A condensed version of this report in Somali can be found on the Transparency Solutions website.

We recruited forty participants with roughly equal numbers of adult females and males – twenty participants from the Mogadishu area of Somalia and twenty from the Hargeisa area of Somaliland. Their sample categories and demographic details can be seen in Table 1 and Table 2.

Table 1: Mogadishu sample

| Participant | Sample category | Male / female | Age range | Years of formal education | Income level | Occupation | Language(s) Spoken (main first) | Phone type |
|-------------|---|---------------|-------------|---------------------------|--------------|---|---------------------------------|------------|
| P1 | Government health official | F | 24–39 | 11 or more | Medium | Government health official (senior) | Somali / English | Smart |
| P2 | Government employment official | M | 24–39 | 11 or more | High | Government employment official (senior) | Somali / English | Smart |
| P3 | Government inclusion official | F | 24–39 | 11 or more | Medium | Government inclusion official (senior) | Somali / English | Smart |
| P4 | Telecoms employee | M | 24–39 | 11 or more | Medium | Telecoms employee (senior) | Somali / English | Smart |
| P5 | Small informal trader | F | 40–59 | 0 | Very low | Small informal trader (milk) | Maay / Somali | Basic |
| P6 | Small informal trader | M | 60 or older | 0 | Low | Small informal trader (general) | Maay / Somali | Basic |
| P7 | Woman | F | 24–39 | 6–10 | Low | Shop owner | Maay | Smart |
| P8 | Woman | F | 24–39 | 11 or more | Medium | INGO finance manager | Maay / Somali | Smart |
| P9 | Youth | M | 18–23 | 11 or more | Medium | Writer / Translator | Somali / English | Smart |
| P10 | Youth | F | 18–23 | 11 or more | Medium | Secretary / Youth activist | Somali / English | Smart |
| P11 | Illiterate | M | 24–39 | 0 | Very low | Washing cars / Low wage jobs | Maay / Somali | Basic |
| P12 | Illiterate | F | 24–39 | 0 | Very low | Domestic worker | Somali | Basic |
| P13 | Internally displaced (rural Lower Shabelle) | F | 24–29 | 0 | Very low | Unemployed | Maay / Somali | Basic |
| P14 | Internally displaced (Bay) | M | 40–59 | 1–5 | Low | Driver | Maay / Somali | Basic |
| P15 | Minority clan (Ajuran) | F | 60 or older | 0 | Very low | Domestic worker | Somali | Basic |
| P16 | Minority clan (Jaarso) | F | 40–59 | 1–5 | Very low | Assistant cook | Maay / Somali | Basic |
| P17 | Low caste worker (Gabooye) | M | 24–39 | 0 | Low | Steel worker | Somali | Basic |
| P18 | Minority ethnic (Somali-Yemeni) | F | 18–23 | 1–5 | Low | Professional cook | Arabic / Somali | Smart |
| P19 | Rural pastoralist | M | 60 or older | 0 | Low | Pastoralist | Somali | Basic |
| P20 | Physically disabled (wheel-chair user) | M | 24–39 | 11 or more | Medium | Activist | Somali / English | Smart |

Table 2: Hargeisa sample

| Participant | Sample category | Male/female | Age range | Years of formal education | Income level | Occupation | Language(s) Spoken (main first) | Phone type |
|-------------|--|-------------|-----------|---------------------------|--------------|---|---------------------------------------|------------|
| P21 | Government health official | F | 24–39 | 6–10 | Medium | Government health official (middle) | Somali / English | Smart |
| P22 | Government employment official | M | 40–59 | 11 or more | Medium | Government employment official (middle) - Comms | Somali / English | Smart |
| P23 | Government inclusion official | F | 18–23 | 11 or more | Medium | Government inclusion official (junior) | Somali / English | Smart |
| P24 | Telecoms employee | M | 40–59 | 11 or more | Medium | Telecoms employee (senior) | Somali / English | Smart |
| P25 | Small informal trader | M | 24–39 | 11 or more | Medium | Small informal trader (Soft drinks/sweets) | Somali / English | Basic |
| P26 | Small informal trader | F | 18–23 | 11 or more | Medium | Small informal trader (groceries) | Somali | Smart |
| P27 | Woman | F | 40–59 | 11 or more | Medium | Small informal trader (general) | Somali / Basic English | Smart |
| P28 | Woman | F | 24–39 | 11 or more | Medium | Researcher | Somali / English | Smart |
| P29 | Youth | F | 18–23 | 6–10 | Medium | Hairdresser | Somali | Smart |
| P30 | Youth | M | 18–23 | 11 or more | Medium | Medical student / unemployed | Somali / English | Smart |
| P31 | Illiterate | F | 18–23 | 1–5 | Low | Cafeteria owner | Somali | Smart |
| P32 | Illiterate | M | 40–59 | 0 | Very low | Salesperson used car parts | Somali | Basic |
| P33 | Internally displaced (Somali Ethiopia) | F | 24–39 | 11 or more | Very low | Teashop owner | Somali | Smart |
| P34 | Internally displaced (rural Gabiley) | M | 40–59 | 11 or more | Low | Headteacher, Government primary school | Somali / Some Arabic / Broken English | Basic |
| P35 | Minority clan (Madigan - Dir) | M | 40–59 | 11 or more | Low | Headteacher, Government primary school | Somali / Arabic / Broken English | Basic |
| P36 | Minority clan (Jaarso) | F | 40–59 | 6–10 | Medium | Shop owner | Somali | Basic |
| P37 | Low caste worker (Gabooye) | M | | 6–10 | Very low | Barber | Somali | Basic |
| P38 | Minority ethnic (Yemeni) | F | 40–59 | 11 or more | Very low | Homemaker | Arabic | Smart |
| P39 | Rural pastoralist | M | 40–59 | 0 | Low | Agro-pastoralist | Somali | Basic |
| P40 | Physically disabled (polio) | M | 40–59 | 11 or more | Very low | Quranic Teacher | Somali / Arabic | Basic |

We chose Mogadishu as it is the capital of Somalia and Hargeisa as it is the capital of Somaliland. With their relatively large populations, our research would tell us something important about those areas. We do not know how applicable our findings are to other areas, though we have the impression that they will be of at least broad relevance.

It was important to have small informal traders because they are not included in state regulation, yet account for a large proportion of the economy. Women and youth (age 18–23), even when they are privileged in some respects can be excluded simply because they are female, or they are young. Illiterate people face the obvious exclusion of being unable to take part in activities that involve reading. Internally Displaced Persons (IDPs) have had to flee their homes due to reasons such as conflict, drought, floods and crop failure. As a result, they are often unable to make their voices heard in processes that affect them. By minority clan member, we do not mean someone who is a member of one of the smaller clans. Instead, we mean someone who is a member of a clan that is in the minority in that particular location. Minority clan members, members of minority ethnic groups and low caste workers (known as Gabooye) can face discrimination based on their identity. Rural pastoralists can be excluded from processes that affect them or from services that others have due to their remoteness. Finally, physically disabled people can face discrimination or practical barriers to full participation in society.

The sample of participants is stratified, that is, it comprises a range of social groups relevant to the context and themes in which we are interested. We did not choose the sample randomly. Instead, we chose it based on our contacts and local understanding so that we could be confident that the participants could participate safely. The sample is not representative, that is, it is not weighted in proportion to the presence of these groups in the population as a whole.

We gathered data in five Rounds:

- In the Round 1 interviews during 4–7 May we asked about concerns, impacts, help, feel-

ings, actions and inaction. Also, in this and other weeks we asked participants if they would like us to change our approach or the content; although participants did not generally ask for any changes, they reported appreciation for being given the opportunity.

- In the Round 2 interviews during 14–15 May we mainly discussed our preliminary findings, asked if participants would give us a profile of themselves and asked if there had been any significant changes since we last spoke.
- In the Round 3 interviews during 3–7 June we revisited the issue of concern about violence. We also asked about unwillingness to go to hospital with COVID-19 symptoms, stigma related to COVID-19, experiences and needs related to social exclusion, and whether there had been any significant changes since we last spoke.
- In Round 4 during 10–13 June we conducted a mix of focus group discussions and interviews on what it might mean to build back better through, during and as a means of COVID-19 response.
- In the Round 5 interviews during 13–19 June we asked participants to evaluate the project and suggest next steps.

In the main part of the report we start with participant profiles. A key component of sustainable development is people living the lives they value. Taking this seriously means understanding who people are and what their priorities are. It also underlines our view that the participants are not merely objects from which data could be extracted for our benefit. They are real people who we are meant to be serving. After the profiles, we go through the themes indicated above, report the patterns in the responses and provides quotes. The quotes are not there only to support our claims about patterns in the responses. Many of them are also there to show the diversity in the responses and so at times contradict what we report as the majority views expressed.

As the project generated many more interesting quotes than we can include in this report, we are publishing a lengthy Quotes Supplement

on the Transparency Solutions website for general interest, as a public record of what participants said and as an open resource for further research.

After the thematic sections, we compare the responses of the most and least privileged participants and discuss issues facing specific groups of participants. We then report the

evaluation of our project by the participants and their suggestions for next steps.

The body of the report presents the patterns in the data without trying to explain or discuss them; we postpone that to the Discussion section just before the Conclusion, which highlights key points.

PARTICIPANT PROFILES

We asked participants if they would like to provide us with profiles of themselves. We also asked them if they would like to provide us with selfies or a photo of themselves by a family member or friend, or a photo of something else if they preferred. We did so in order to underline the individual humanity and agency of the participants; this was more important to us than technical picture quality. Taking a selfie means that the gaze is that of the person in the picture, not an outside observer.

For security reasons, some in the Mogadishu area declined to offer a profile, selfie or other kind of photograph. In one case we were offered a photo of the participant's hometown, which we have included. In contrast, nearly all participants in the Hargeisa area were happy to provide a profile and most to provide a selfie and allow us to use their real name. This shows their relative confidence in the security situation and their freedom to express their views. Nevertheless, nearly all participants were happy for us to use their real name.

Mogadishu

'I have a bachelor's in Medicine and Surgery from Banadir University, and I completed my master's in Disaster Resilience, Leadership and Humanitarian Action at the University of Peace. I am now studying for my second master's in Obstetrics and Gynaecology at

Banadir University. I am also a health worker at the Ministry of Health and at Di Martino Hospital, as part of the COVID-19 response team. Alongside this, I also work as an emergency doctor at Madina Hospital. ' (P1: Hodan Ahmed 'Ugaaso'. Senior government health official, Mogadishu)



'I am a senior system engineer for Hormuud Telecom and Vivacom. I am responsible for the configuration and maintenance of the systems at the company's data centres across the country. I love my work because, even during difficult times like this, I am able to work from the comfort of my bedroom. However, I feel sorry for those who do not have such comfort and have to go to congested areas for their work.' (P4: Abdalla Mohamoud. Senior telecoms employee, Mogadishu)

'I am a mother of five children and I also take care of four more children; they are my late brother's, who was killed by al-Shabaab. I am the breadwinner of the family. I sell milk on Maka al-Mukarrama Street. I would like to send my children to school but my earnings do not allow me to do this. I am worried about catching the virus because I meet a lot

of people and many of them are coughing; I do not know whether they have the virus or the flu.' (P5: Faduma Ahmed. Small informal trader, Mogadishu)

'I am the father of eight children; the youngest is one year old. Unfortunately, none of them have gone to school, but I teach them the Quran when I have the time. I trade assorted items, such as used clothes (hudhey), books, batteries and cheap Chinese sunglasses to name a few. Also, because I don't own a shop where people can come to me, I have to carry these items from door to door. Sometimes I display them on a table outside my house.' (P6: Sharifow Mohamed. Small informal trader, Mogadishu)

'My name is Nasra. I am a mother with three children, and I run a small shop which serves as the main source for our income.' (P7: Nasra Ali. Woman, Mogadishu)



'I was born in Baidoa, Southwest State, in early 1993. I studied at the Baidoa Model School for both my primary and secondary education. I moved to Mogadishu in 2012 to start my university education. I studied Economics and completed my first degree in 2016, from Mogadishu University.

I'm passionate about youth advocacy and women's rights. I attend a lot of international workshops held in African and Arabic countries, focusing on youth and women's empowerment. Previously, I worked with the Centre for Research and Dialogue (CRD) as a Finance officer.' (P8: Jamila Hagi. Founder and Director of South West Youth Vision (SWYV), Member of the UN Youth Advisory Board Somalia, Entrepreneur, Trainer and Councillor. Woman, Mogadishu)

'I was born in Gedo province, but I have spent about a half of my life in Mogadishu where I studied until the end of secondary

school. I travelled to Amoud University in Borama, in the north of the country, for my post-secondary education. Now I have a degree in economics, and I live and work in Mogadishu. I work as a fiction writer and have already authored a published book as well as several short stories. Whilst not working, I enjoy reading, composing poetry and practicing my guitar.' (P9: Warsame Omer. Youth activist, fiction writer. Youth, Mogadishu)



'I was born in Beledweyn and we moved to Mogadishu when I was less than six months old. I grew up and studied in Mogadishu. I studied Social Science at Mogadishu University. I am a youth activist and I advocate for the younger generation in Somalia, to secure them opportunities for education and work. I am also a photographer. I enjoy photography because I believe I can change the image of Somalia. In 2012, I started to take photos with my phone and post them on my Instagram and Twitter accounts. I focused on history and beautiful places like the beach, especially on Fridays when the children are playing on the beach.' (P10: Zahra Qorane. Youth activist. Youth, Mogadishu)



'I am from an agropastoral family in Dafet, in the Wanlaweyn district of Lower Shabelle province. My family's presence in the area

dates back centuries, but the 2011 droughts killed the majority of their livestock and devastated their farmland. It was around that time that I decided to leave for Saudi Arabia in search of earnings to send back to my family. I set off on a long trip to Bosaso, which was a central hub for smuggling people to the Gulf countries. I, along with hundreds of others, took a small dhow from Bosaso and safely reached Yemen after 3 days. The journey was traumatic due to the hot weather and the dhow crew not providing enough food or water on board. They also beat anyone who asked for water. I continued my journey to Saudi Arabia by foot, crossing the border at night. I spent three years in Saudi Arabia, but the better life I was looking for turned out to be a nightmare. I couldn't find any jobs and I survived by earning some money from washing cars. After three years in Saudi Arabia, I was caught in a crackdown against undocumented immigrants and was sent back to Mogadishu. These days, I still clean and wash cars and I send some of my earnings back to my family in Lower Shabelle.' (P11: Ahmed Abdullahi. Illiterate person, Mogadishu)

'I was born and raised in Mogadishu, with a family of nine siblings and two parents. I was not lucky enough to go to school. I married when I was 19 but then divorced later. Now I am a single mother with two daughters, and I work full time as a cleaner and laundry person. I dream of sending my daughters to school so they can take care of themselves when they grow up.' (P12: Nafisa Hussein. House cleaner. Illiterate person, Mogadishu)

'I am from the rural area of Afgoye town in Lower Shabelle. After al-Shabaab started targeting people for espionage, I became displaced with my family and relatives and we went to Mogadishu. I currently live in an IDP camp in the Wadajir district of Mogadishu, with my seven children. I earn my living by washing clothes for other families.' (P13: Farido Hussein Qassim. Internally Displaced Person, Mogadishu)

'My family were displaced from Goofguduud, Bay province, in 2006. It was the time when the Transitional Federal Government and Ethiopia were fighting the Islamic Courts Union over control of the southern regions of Somalia. On top of the conflict, the area was also experiencing a devastating drought. This forced me and my family to move from place to place, searching for a safe place to stay. Eventually we had to separate, and I moved to Mogadishu in 2016, taking various jobs including driving. I still live in an IDP camp due to the cost of rent being so high. It is difficult to get back to normal life once somebody becomes an IDP.' (P14: Adan Abdirahman. Internally Displaced Person, Mogadishu)

'I am a mother of 10 children. Some of the children are already adults and are married with children. I live with the younger children and my husband, who operates a garbage collection motorcycle. I was born here in Mogadishu and have spent almost all of my time here.' (P15: Halima Abdi. Minority clan (Ajuran) member)

'I am mother of five children. I help two of my children to go to school by working as a cook's assistant. I am from Baidoa and have been living in Mogadishu since I was a teenager. When I'm not working, I like to spend time with my family and be with my children.' (P16: Hawo Ibrahim. House cleaner. Minority clan (Jaarso) member, Mogadishu)

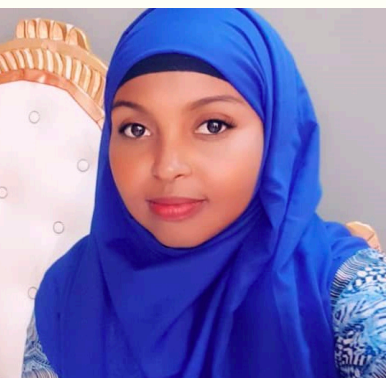
'My father who was a great metal worker passed these skills down to me. I currently work at a small garage in Wadajir and my wages depend on how many clients we receive. My dream is to work hard to save enough money to open my own garage. However, for the time being I have bills to pay so anything I earn goes back to my family of four children, my wife and my mother.' (P17: Mohamed Ahmed. Steel worker. Low caste worker (Gabooye), Mogadishu)

'I am a single mother of three children. I am

Somali-Yemeni, but I was born and raised in Yemen. After the war in Yemen I was displaced to Somalia, with my grandmother and my uncle who I currently live with. I have been working as a professional cook for the past six years and have learned a lot about cooking during this time. For me, cooking is not only a career, it is also an art. I try to learn new cooking skills every day, by watching food programmes. I do not copy them however, instead I try to take inspiration from them and apply my own signature.' (P18: Siham Mohamed. Minority ethnic person (Somali Yemeni), Mogadishu)

'I am a 52-year-old pastoralist. I have spent most of my life in the rural areas outside of Mogadishu, where I have a family of seven children and a beautiful wife. We also have two female camels. Every morning I wake up, milk the camels and go to Mogadishu by foot to sell the milk the camels produce. We use the proceeds to pay for necessities, mainly food. The female camels produce milk for approximately 18 to 24 months. When they can no longer produce milk, I sell them and buy new female camels which can yield milk. I have been doing this for many years and I enjoy it.' (P19: Ali-Dhuuh Mohamed. Rural pastoralist, Mogadishu)

Hargeisa



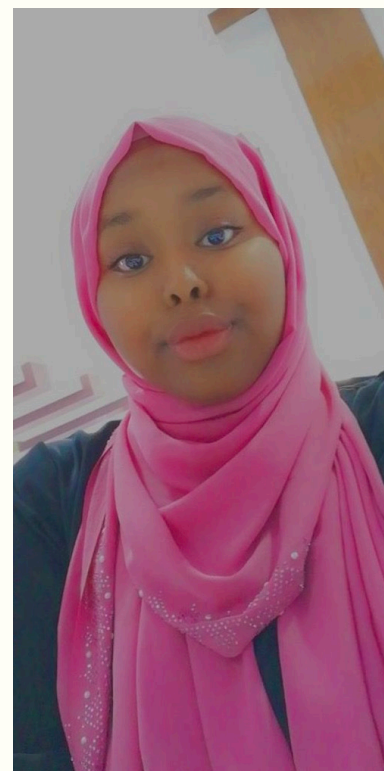
'I graduated from the University of Hargeisa and following this, I did my internship with King's College London. I was a supervisor at an undergraduate medical school and I also volunteered with NGOs in 2017, conducting research on women in the workplace. I then started work at the Edna Adan Hospital whilst also working on my post graduate diploma in Maternal and Infant Health. At the same time, I was a lecturer at another university. I then began work with Health Poverty Action at the beginning

of 2020. I am also part of the Somaliland Female Medical Organisation and I work with the Ministry of Health.' (P21: Dr. Mariam Mohamed Haji Hussein. Middle rank government health official, Hargeisa)

'My name is Rooble. I was born and raised in Hargeisa, and also finished my studies in Hargeisa. I go outside Hargeisa for meetings related to work. I am a consultant at the Civil Service Commission, specifically on a World Bank project, in the Employment Department as a Communications Specialist'. (P22: Rooble Mohamed. Communications specialist. Middle rank government employment official, Hargeisa)



'I'm 18. I live with my family; my mum, dad, nan and my uncle who's 15 which is hella weird. He's the loveliest though. My dad's stepsister is 10 months old now, my grandad has like 18 kids. I also live with my three younger brothers and my two younger sisters. My mum takes care of us, my dad works at the [US Agency for International Development] GEEL [Growth, Enterprise, Employment and Livelihoods] Project. He moved back recently, like two months ago. In my spare time I read books and hide in my room. I have finals coming up though, so reading has been put on the back burner. I'm a freshman at the University of Hargeisa, studying Social Work. It's actually a lot better than I thought it would be. We have some lessons in Arabic and Somali, but everything



else is in English. Other things I like to do in Hargeisa, well my uncle's house is near a rocky hill, it's always nice watching the sunset from up there. Although it's hard to climb up and get back down!' (P23: Haboon Kaysar. Junior government inclusion official, Hargeisa)



'My name is Ahmed. I was born in the capital city of the Republic of Somaliland, Hargeisa, in 1987. I was enrolled at the Quranic School in Hargeisa. After that, I was taken through elementary, intermediate and secondary school in Hargeisa. Then I went to the University of Hargeisa and graduated. Finally, I started my own small business which I am running now.' (P25: Ahmed Ibrahim Muh'ed. Small informal trader, Hargeisa)



'My name is Asma. I'm 20 years old and I live in the Calaamadaha area of Hargeisa. I currently live with my husband. I still provide for my siblings as they are very young. My husband doesn't work at the moment.' (P26: Asma Aweys. Small informal trader, Hargeisa)



'My name is Sulekha. I was born in the late 1970s in Gabiley region. After finishing elementary school, the government collapsed. I then went to Djibouti as refugee and continued my studies in languages - English and Arabic - but did not finish. I came back to Gabiley in Somaliland and started to build up my profes-

sion. I decided to engage with the health sector, as a volunteer at Gabiley Hospital. After that, I moved to Hargeisa and attended the Hargeisa Institute of Health and was a trainee midwife; graduating successfully. I then started work with a telecommunications company in Gabiley for four years, married and became a homemaker. I have five children and have since resumed work, trading small things not far from my home.' (P27: Sulekha Abdillahi. Small informal trader. Woman, Hargeisa)

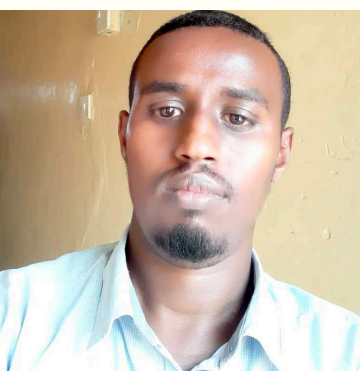
'My name is Fardus Mohamed, I am a lawyer and a women's and girls' rights advocate. I am the co-founder of the Siraad Initiative which is a women-led initiative that aims to empower, promote and protect the young girls in Somaliland. For our wider team, the COVID-19 pandemic has negatively impacted our activities and the advocacy work which we had planned. We used to conduct workshops and training, and we planned to hold big events and raise funds from both local and international organisations working in Somaliland; with the aim to boost the skills and knowledge of our girls. This hasn't happened because of COVID-19. We have now postponed until we can overcome this crisis.' (P28: Fardus Mohamed. Researcher. Woman, Hargeisa)



'My name is Hodan. I'm the oldest of my siblings. I started working when I was really young, providing for my family. My father passed away when I was a teenager and my mother is the one who raised us; it was not easy for her. I want my siblings to have the opportunities I never had; I want them to



finish school and go to college.' (P29: Hodan Ahmed. Hairdresser. Youth, Hargeisa)



'My name is Abdiwhahab and I live in Hargeisa city. I'm a medical student, currently in the fifth year of my studies, at Frantz Fanon University. We are learning surgery, neurology, psychiatry and emergency medicine. I want to be a surgeon.

My family: I have five sisters and three brothers, I'm in the middle. Some of them stay at home, though we always stay at home at this time. My mother is a teacher, she teaches maths. I'm not interested in maths.' (P30: Abdiwahab Daud. Youth, Hargeisa)



'My name is Najaad and I'm 23 years old. I'm one of six children. My older brother's children live with us too, we live in a small household located in front of Farah Omar School where I used to have a small cafeteria, but it is closed now. I previously worked as a henna artist and worked in different salons.' (P31: Najaad Hussein. Cafeteria owner. Illiterate person, Hargeisa)



'My name is Ali. I am 50 years old and was born in the countryside. I am responsible for my six children and their mother. I live in Hargeisa city. I never went to school, but I developed mechanical skills as an auto-mechanic, which I started when I was 15 years of age in Hargeisa. I became an assistant driver for lorries in the 1980s and then

became a lorry driver for a lengthy period of time. A few years ago, I lost my left hand and became an amputee. When I recovered from the accident, I started my own small, second-hand auto-mechanic workshop. It is alongside the public road near Kodbur Police Station and I run the business at a basic level.' (P32: Ali Abdi M. Jama, Salesperson, used car parts. Illiterate person, Hargeisa)

'My name is Nura. I'm one of five siblings and the second oldest, raised by a single mother; my father and mother divorced when I was very little.

We have been living in the State House IDP Camp for a few years now. We were displaced from a refugee camp located in Awbarre [Somali-Ethiopian region]. We were registered with UNHCR and they were supposed to take us to the US but that did not work out, so my mother decided to take us to Burao because it has more affordable living compared to Hargeisa. I now live in the Sha'ab area with my aunt and she is the one who takes care of me.' (P33: Nura Abdi. Teashop owner. Internally Displaced Person, Hargeisa)



'My name is Abdillahi. I completed my basic schooling followed by secondary school. After that, I joined a teacher training programme. I joined the education programme from the Ministry of Education at Golis University, funded by the EU, where I obtained a diploma in education. I have 28 years of experience working in education, reaching the position of Headmaster



Sheedaha Primary School in Hargeisa.' (P34: Abdillahi Abdu M, Rirash. Internally Displaced Person, Hargeisa)



'My name is Moh'ed and I was born in Gabiley town in 1975. I started my education in Djibouti and graduated from the Islamic Institute in Djibouti. I came back home to Somaliland in 1999. I started my first job as a teacher that year. I became Vice Principal

at Sheikh Ali Ibrahim Primary School, in Hargeisa, in 2010. I then became Headmaster of the school in 2015 and am still there now.' (P35: Moh'ed Abdillahi. Principal. Minority clan (Madigan – Dir) member, Hargeisa)



'My name is Halima. I have been in this business for a long time now, luckily my shop is in front of my house. I'm happy that it pays the rent as well as living costs.' (P36: Halima Hassan. Shop owner. Minority clan (Jaarso) member, Hargeisa)



'I was born in the Howl-wadag settlement in Hargeisa in December 1984. When the war erupted in Hargeisa in 1988, we fled to Harshin in Ethiopia and I was enrolled at the Quranic school there. After that, I enrolled at the formal school in Harshin and finished the sixth grade.

Following this, I was moved to Jig-jiga and completed my secondary school studies. Since then I have supported my family, and I am still doing that through a barber business. I am married with children.' (P37: Mukhtar Hared. Barber. Low caste work-

er (Gabooye), Hargeisa)

'I used to study at a university and work as a teacher in a school on a very small salary. Thank God I continued to own a small house but after the war in Sanaa, our house was blown up. My only son was studying at university at that time and he was using a bike to get there, knowing that I could not afford transportation. We lived in the suburbs, north of the capital, near Sanaa airport and the university was far away from us. The bike was a means of transportation for him. However, the Houthis began to take his bike, saying instead of playing he should go to the front and fight. They abused him, again and again. They eventually took up arms and threatened him with death when he refused them. Whoever feared them started looking for a safe way out of Yemen. So, I heard about Somaliland and that they have UNHCR which helps refugees and supports them with projects. I sold some gold to survive, and all our home furnishings, to come here. I took a loan from some friends. We went to Aden to register for passports for my daughter, myself and my older daughter's husband; because I was afraid to travel and leave him alone. My daughter also sold gold and took care of her passport and her husband's. She went with us despite her severe illness; we did not want to be separated in the misfortune that is perpetual bombing. We got to Aden and we got the passports, praise be to Allah. But there was a shock when the boat was delayed. We stayed in Aden for about a month until they announced that a boat that would leave for Berbera, Somaliland. We spent a lot of our money for a hotel, food and drink. We arrived in Berbera on February 6th, 2018. We were received by UNHCR. We stayed for a week in the camp. Then we were transferred to Hargeisa where we only knew a refugee sister who was with us in the camp. She facilitated our search for housing. We lived in a shared house with Somalis for a long time, but now we have our own place.' (P38: Samira Hamid Mansour. Homemaker. Minority ethnic (Yemeni) person, Hargeisa)



'My name is Abdirashid and I was born in 1969, the same time that the former Somali President was assassinated. I'm from an agropastoral family and grew up in the rural areas of Gabiley, Borama and Harshin, keeping livestock herds with my family. There was a small period of time when I was taught the Quran. We used to have a male camel and cows and I would cultivate our farm. When I married, I had a family and moved away from my parents. I now cultivate my own farm, keeping a small herd. This is how I live and tackle my family responsibility.' (P39: Abdirashid Muse Tani. Agropastoralist. Rural pastoralist, Hargeisa)

'My name is Abdillahi. I was born in Zone Five of Ethiopia, near Hart Sheikh. I grew up there and learnt the Quran there. I moved to Wajaale town for further studies on Islam, and then went to Djibouti where I continued my secondary studies on Islamic education. I came back to Wajaale and became a Quranic teacher, which I am still doing in Hargeisa. I am 52 years of age. Alhamdulillah'. (P40: Abdillahi Ibrahim. Physically disabled person, Hargeisa)



MAIN CONCERNS

We asked participants 'Thinking about the next three months, please tell us how worried you and your family are and what you are worried about'.

Table 3: Main concerns about the next three months – Mogadishu

| | Very worried | A bit worried | Not worried | Don't know / No answer |
|---|--------------|---------------|-------------|------------------------|
| Illness due to COVID-19 infection | 17 | 2 | 1 | 0 |
| Physical health issues other than COVID-19 | 1 | 11 | 8 | 0 |
| Mental illness | 0 | 6 | 13 | 1 |
| Loss of income due to COVID-19 control measures | 14 | 3 | 2 | 1 |
| Lack of access to basic necessities | 9 | 8 | 3 | 0 |
| Discrimination because of your social group | 0 | 13 | 6 | 1 |
| Violence | 4 | 9 | 6 | 1 |
| Other | 2 | 1 | 1 | 16 |

Table 4: Main concerns about the next three months – Hargeisa

| | Very worried | A bit worried | Not worried | Don't know / No answer |
|---|--------------|---------------|-------------|------------------------|
| Illness due to COVID-19 infection | 19 | 0 | 0 | 1 |
| Physical health issues other than COVID-19 | 4 | 2 | 9 | 5 |
| Mental illness | 2 | 8 | 7 | 3 |
| Loss of income due to COVID-19 control measures | 17 | 2 | 1 | 0 |
| Lack of access to basic necessities | 13 | 4 | 2 | 1 |
| Discrimination because of your social group | 4 | 4 | 3 | 9 |
| Violence | 3 | 6 | 3 | 8 |
| Other | 5 | 4 | 3 | 8 |

Nearly all participants were very worried about illness due to COVID-19 and almost as many were very worried about loss of income due to COVID-19 control measures. Nearly all were very worried or a bit worried about lack of access to basic necessities such as food, water and shelter.

'The lockdown sounds easy for people on a good salary or those who have the skills to earn income while at home, but it is terrible for those whose lives depends on going out—for us it is either getting coronavirus or watching your family starve at home.' (P12: Illiterate person, Mogadishu)

'I live in a rural area where crowds are not a concern for my wife and children. However, I go to the town market every day to sell our camels' milk and I meet a lot of people; many of them come close to me although I try to preserve the social distancing practice. Since I go out to the market in Mogadishu and meet with people there, I could easily get the virus and also infect my family. There is no easy way to avoid the virus while also trying to earn a living.' (P19: Rural pastoralist, Mogadishu)

Around half were worried about other issues: physical health issues other than COVID-19, mental health, discrimination because of their social group and violence (from police, security forces, al-Shabaab, clans, criminals or family members).

Around one third of participants reported being worried about their own mental health, or that of a family member.

'When things get really tough and you tell the people to stay at home, some will have panic attacks, and this can lead to mental illness. Because we, as a Somali society, we are not people who can easily express their emotions; we just keep quiet.' (P28: Woman, Hargeisa)

The patterns in Mogadishu and Hargeisa were similar, even in relation to level of fear of violence.

'When you weaken and your capacity goes down, yes, there is the opportunity for those to act against you, as well as against the good will of the people, and it is very likely we could see potential for terrorism, clan confrontations, robbery and violence at different levels' (P34: IDP, Hargeisa)

IMPACT OF OTHER PEOPLE AND ORGANISATIONS

We asked participants 'What overall impact are other people and organisations having on you and your family at the moment?'

Table 5: Impact of other people and organisations – Mogadishu

| | Making the situation a lot better | Making the situation a little better | Having no impact | Making the situation a little worse | Making the situation a lot worse | Don't know / No answer |
|---|-----------------------------------|--------------------------------------|------------------|-------------------------------------|----------------------------------|------------------------|
| Family, friends and relatives in the country | 2 | 4 | 10 | 2 | 0 | 2 |
| Family, friends and relatives in the diaspora | 5 | 3 | 8 | 2 | 0 | 2 |
| Your own community or social group | 2 | 4 | 10 | 1 | 0 | 3 |
| Another community or social group | 0 | 3 | 12 | 1 | 0 | 4 |
| The national government | 6 | 6 | 5 | 2 | 0 | 1 |
| The local government | 6 | 6 | 5 | 1 | 1 | 1 |
| Business | 0 | 4 | 3 | 12 | 0 | 1 |
| The mosque | 2 | 2 | 8 | 5 | 2 | 1 |
| Local NGOs | 1 | 10 | 7 | 1 | 0 | 1 |
| International organisations and NGOs | 1 | 8 | 8 | 1 | 1 | 1 |
| Foreign governments | 4 | 6 | 8 | 1 | 0 | 1 |
| Other | 0 | 0 | 3 | 0 | 0 | 17 |

Table 6: Impact of other people and organisations – Hargeisa

| | Making the situation a lot better | Making the situation a little better | Having no impact | Making the situation a little worse | Making the situation a lot worse | Don't know / No answer |
|---|-----------------------------------|--------------------------------------|------------------|-------------------------------------|----------------------------------|------------------------|
| Family, friends and relatives in the country | 1 | 3 | 6 | 1 | 1 | 8 |
| Family, friends and relatives in the diaspora | 2 | 6 | 2 | 2 | 0 | 8 |
| Your own community or social group | 0 | 5 | 9 | 2 | 0 | 4 |
| Another community or social group | 0 | 3 | 6 | 0 | 0 | 11 |
| The national government | 0 | 9 | 3 | 2 | 2 | 4 |
| The local government | 0 | 3 | 10 | 0 | 1 | 6 |
| Business | 1 | 3 | 8 | 2 | 1 | 5 |
| The mosque | 1 | 6 | 7 | 2 | 0 | 4 |
| Local NGOs | 1 | 6 | 9 | 0 | 0 | 4 |
| International organisations and NGOs | 1 | 2 | 8 | 0 | 0 | 9 |
| Foreign governments | 0 | 6 | 6 | 0 | 0 | 8 |
| Other | 0 | 1 | 2 | 0 | 1 | 16 |

In Mogadishu, most participants reported that the national and local governments were making the situation a lot or a little better. National and local government achieved a higher positive score than any other organisation or group of people. Even so, a quarter said they were having no impact, and a few said they were making the situation worse.

'Initially there was a competition between the national government and the local government, and their decision-making was confusing. There were two coronavirus response teams. They have now resolved this difference. The night curfew, however, remains counterproductive and does not seem to be a solution for controlling the spread of the virus since people are still visiting the crowded markets and are using the public transport.' (P9: Youth, Mogadishu)

'The municipality have installed handwash stands for the IDPs in Mogadishu. This has helped us a lot.' (P13: IDP, Mogadishu)

'When the first case of the virus was reported in Mogadishu, the local government put together a response team which raised awareness in the congested areas of the city. They came to our camp and gave instructions on how the virus spreads.' (P16, Minority clan member, Mogadishu)

Next most positively mentioned in Mogadishu were family, friends and relatives in the diaspora. Even so, an equal number of participants felt that the diaspora was having no impact.

'The relatives in the diaspora are mostly in Saudi Arabia and couldn't offer much help because they themselves were affected by the lockdown in that country. Furthermore, there has been a crackdown on refugees, so they couldn't offer much help.' (P13: IDP, Mogadishu)

Friends, relatives and family in the country, foreign governments, local NGOs, international organisations and international NGOs

were reported to be mostly making having no impact.

'The communities in general, including those outside mine, are willing to do something positive to make sure people get through this difficult time. People I meet in the market greet me and ask me how my family, and my rural community, are doing. Some of them pray for us.' (P19: Rural pastoralist, Mogadishu)

'I have dependents in Lower Shabelle who I have been sending some of my earnings to, but my reduced income now means I have to work longer in order to earn more. I have been stressed by this thought recently and I don't know what to do.' (P11: Illiterate person, Mogadishu)

'There are several countries supporting Somalia through direct aid and through aid organisations. I was reading that Turkey and several other countries have sent medical aid recently.' (P4: Telecoms employee, Mogadishu)

The mosque was seen to generally be having no impact or making the situation worse, but with some having a positive view.

'Unfortunately, the mosques are still open, and the people are attending congregational prayers, despite the warnings that the virus spreads through crowds. They are not helping the situation at all.' (P4; Telecoms employee, Mogadishu)

Participants tended to see business as making the situation a little worse by increasing prices, aside from telecoms companies delivering COVID-19 health messages in ringtones.

'The businesses have multiplied the price of the hand sanitisers and face masks. I am disappointed because this makes it almost impossible for anybody, rich or poor, to buy these necessary items.' (P7: Woman, Mogadishu)

'The telecommunication companies have replaced the phone ringtones with coronavirus awareness messages.' (P17: Low caste worker, Mogadishu)

'The price of all the basic necessities has increased, despite the promise of the government that they'll waive import taxes from businesses.' (P18: Minority ethnic person, Mogadishu)

In Hargeisa, participants were most positive about the diaspora; there was less enthusiasm than in Mogadishu across the board for the various groups and organisations and more positive views of business. Even so, under half said the diaspora was making the situation better and only a couple said the diaspora was making the situation a lot better.

The national government in Hargeisa was seen as, mainly, mildly positive in its role but with some seeing it as having no impact or a negative impact. Few said that the local government was making the situation even a little better; the dominant reaction was that it was having no impact. Participants in Hargeisa also mainly thought that the following were having no impact: family, friends and relatives in the country; their own community or social group; other communities or social groups; business, the mosque; local NGOs (non-governmental organisations); international organisations and NGOs; and foreign governments.

'They [The national government] are trying their best. They've made rules and reduced the number of people using transportation by half. They are trying to make people social distance. They have provided handwashing equipment in public, in markets. If you phone someone, the first message you hear is a COVID Public Service Announcement provided by Telesom. There are ongoing health messages on TV and radio, but people are not accepting it still.' (P21: Government health official, Hargeisa)

'The local government distributed sanitisers to public places, fruit markets, and a few other areas.' (P32: Illiterate person, Hargeisa)

'The role of the municipality is absent.' (P40: Physically disabled person, Hargeisa)

In Hargeisa, participants had overall only slightly positive views compared with those in Mogadishu of the impact of family, friends and relatives in the country, their own community or social group, the mosque, local NGOs, international organisations and NGOs and foreign governments. They saw other communities or social groups as mostly having no impact.

'I saw a few families that have been given support by [local NGO] relief workers in some areas.' (P37: Low caste worker, Hargeisa)

'There are maybe some partnerships. Oxfam have been really good actually. They set up a COVID line partnered with Shaqadoon. It's a simple number which works across all 6 regions and was established in mid-April. If you have symptoms you can call the helpline, ask to be checked out, get referrals to public hospitals. It's about awareness raising and giving people a sense of security.' (P23: Government inclusion official)

'Everyone is worried prices at the markets will be high. Somtel has reduced charges by half. Others have kept prices the same and others have made donations including food to low income families and to IDPs. However, other businesses are making a market out of the situation and increasing prices.' (P21: Government health official, Hargeisa)

'No contribution from the businesses. They increase available stock prices.' (P32: Illiterate person, Hargeisa)

WHAT COULD BE DONE TO HELP

We asked participants 'Please suggest one thing that could be done in each of these areas to help you and your family more.' We have not separated the responses for Hargeisa and Mogadishu as they were so similar.

Prevent or treat illness due to coronavirus infection

Accurate knowledge of how to prevent infection with COVID-19 was usually but not universally expressed by participants – hand washing with soap often, avoiding large groups, staying at home, avoiding unnecessary gatherings, being careful when out shopping, doing what one can to socially distance, not throwing used face masks on the ground, protecting those who are older or in poor health, eating healthily, following Ministry of Health guidance, awareness raising and more in-depth understanding were advocated by participants. There was also understanding that there is no vaccine for COVID-19. A couple of participants expressed the inaccurate view that COVID-19 was no more than a bad flu that could be treated by consuming foods such as honey and ginger.

'There is no specific drug treatment, so first you have to protect yourselves. Stop going to more populated places. Wash hands and all of our body very well. Use and eat more nutritious foods. This virus will kill immune compromised people. Support elderly people; they will be killed and damaged by the virus. Don't go out, quarantine them if they're feeling symptoms. Listen to international news for vaccines and drugs. If good news comes, we can be happy.' (P30: Youth, Hargeisa)

Some called for more provision of health care and support for the less wealthy, to enable them to protect themselves and others more.

'Those with standard houses like bungalows just control their gates but for us, as low-in-

come families who live in very condensed areas. If possible, we should be relocated to more spacious areas.' (P32: Illiterate person, Hargeisa)

Prevent or treat physical illness other than coronavirus infection

The participants demonstrated wide-ranging thinking about what is needed for health care other than that relating to COVID-19 – such as a proper health care system with free access, addressing the social inequalities that generate ill health, and healthy eating.

'Physical injuries are more common in Africa due to poverty, stress and a lack of knowledge. Improve the knowledge, improve the income, improve the health professionals. Try to treat the illnesses.' (P30: Youth, Hargeisa)

'It is important not to forget that there are many other illnesses. Do not forget them.' (P24: Telecoms employee, Hargeisa)

Prevent or treat mental illness

None of the many comments made by participants showed any stigmatisation of mental illness. The emphasis was on treatment, support, causes, understanding and awareness.

'Mental health is likely to affect people who are facing the prospect of losing their livelihood. This can be prevented by providing government benefits projects like the recently launched Baxnaano [the recently launched Shock Responsive Safety Net for Human Capital Project in Somalia].' (P14: IDP, Mogadishu)

'There is so much more in Somaliland and in Somalia. Post traumatic illness. As you're aware of the conflicts, 20 or 30 years, most of the people are traumatised, most of them

have illnesses. Some will develop now, in the poverty. We need to prevent killing and conflict between the clans; there is always conflict between them. We need to stop the terrorism, the attacks, the killings' (P30: Youth, Hargeisa)

Prevent or end loss of income due to coronavirus control measures

The participants made many suggestions for **protecting livelihoods** – safety nets, government interventions and bailouts, government support for job retention, furloughing, socially distanced and online businesses so that commerce can continue, community mutual aid, and the rich and the government helping the poor.

Improve access to basic necessities (food, water, hygiene, health care, shelter)

The suggestions on how to improve access to basic necessities included attention to **long-term structural and infrastructural changes as well as short term measures**. Examples of the former were government addressing structural inequalities and increasing agricultural production and consumption by supporting local farmers to replace imports. Elements of the business sector were criticised for profiteering.

'This depends on the income of the population and the economy in general. The main priority of the government should be the economy and not copying what advanced countries are doing like imposing a curfew or the suspension of flights.' (P9: Youth, Mogadishu)

'The government needs to intervene and enforce a law that prevents businesses from increasing the prices of the basic necessities and stops landowners evicting residents during this time.' (P17: Low caste worker, Mogadishu)

'There should be food security mechanisms

that the government should support because we are at the cultivation season which has been harmed by the virus due to the fear of people gathering. We are not worried about water because it was a good season this year.' (P39: Rural pastoralist, Hargeisa)

Prevent or end discrimination because of social group (e.g. clan, women, IDP, poverty, disability)

None of the participants expressed any views that could be regarded as discriminatory. There was a universally positive attitude towards inclusion. Strong support was voiced for education to advance inclusiveness. Some participants referred critically to others stigmatising those wearing face masks. It seems that those hostile to face mask wearers assume that those wearing face masks have contracted COVID-19 and are spreading it. It is unclear how widespread is this belief or the more general stigmatisation of those who have contracted the disease.

'Tell people the disease is the same as other diseases and not to discriminate against others.' (P5: Small informal trader, Mogadishu)

'Give people an increased awareness to understand that we are all created equal.' (P12: Illiterate person, Mogadishu)

'Ending or preventing discrimination requires grassroots-level community education. Make this part of the school curriculum across the country.' (P20: Physically disabled person, Mogadishu)

'The thing that people have been surprised by is that people wearing face masks are being criticised, they are carrying a stigma. This will discourage people.' (P21, Government health official, Hargeisa)

'I would suggest awareness raising about discrimination through religious perspectives.' (P25: Small informal trader, Hargeisa)

'Most of our minorities lack education. The influential people have education. We do not to teach the minorities; if we support them, they can be a part of us. Most of them do not learn. They say, you don't deserve to learn, you don't deserve to politically participate. But they should be integrated with us. Some will say we don't eat food with minorities. The mass media needs to provide more information.' (P30: Youth, Hargeisa)

Prevent or end violence (by anyone e.g. someone in your family, criminals, clans, the police, al-Shabaab)

There was strong support for the position that the police should behave in a professional, restrained and supportive manner.

'The police should take extra responsibility and keep in mind that they can maintain security without beating or shooting people.' (P18: Minority ethnic person, Mogadishu)

'Empower and create good jobs for the youth. Support them in case they want to marry, which might make them think twice before they do violence.' (P4: Telecoms employee, Mogadishu)

'It is difficult to prevent violence during times like this, when resources become scarce, but police brutality can be prevented with better training and better education.' (P20: Physically disabled person, Mogadishu)

'Laws that protect people and that are actually implemented. The whole customary thing is so stupid, I just think it's so stupid that two clan leaders can come together and take money and then walk out of there; the money doesn't even reach the person affected, it's hush money. They say, "It's solved now, be quiet." The Sexual Offences Bill is now a law; it would help so much. They've started messing around and changing it up. When it finally came through there has been so much backlash – it's so frus-

trating. People were working on it for seven years and to then have it taken away, I cannot even imagine. We need a better government.' (P23: Government inclusion official, Hargeisa)

'I would suggest that the police operate with standards, and clan orientation should be minimised because we are all the same citizens.' (P40: Physically disabled person, Hargeisa)

Other support

Participants offered numerous suggestions for other support: training in good governance; varied health and awareness programmes in regional capitals and rural areas; addressing the problem of people avoiding being tested for COVID-19 due to a lowered sense of self-worth; and support for food security and job creation. **There was no support for the night-time curfew in Mogadishu and only criticism of it.**

'The curfew is not helpful and is not decreasing the spread of the disease because people can still go outside during the day.' (P10: Youth, Mogadishu)

'Enhancing awareness raising programmes over Coronavirus as well as other related diseases like mental illness, while reaching from the regional capitals to the most remote grassroots villages. At the same time, people should be trained on good governance.' (P8; Woman, Mogadishu)

'I would suggest controlling and separating condensed areas; IDPs, settlements of poorer families within the town and then relocating settlements to avoid coronavirus spreading.' (P32; Illiterate person, Hargeisa)

'This kind of disease has increased fear in the rural community. We need immediate support from the government, NGOs, and any other body that could provide support.' (P39: Rural pastoralist, Hargeisa)

POSSIBLE COVID-19 INFECTION

We asked participants 'Do you think you or a member of our family had the corona-virus in the past or have it now? If Yes or Maybe, why do you think that?'

Table 7: Possible COVID-19 infection – Mogadishu

| Yes | Maybe | No | Don't know / No answer |
|-----|-------|----|------------------------|
| 6 | 3 | 10 | 1 |

Table 8: Possible COVID-19 infection – Hargeisa

| Yes | Maybe | No | Don't know / No answer |
|-----|-------|----|------------------------|
| 2 | 3 | 13 | 2 |

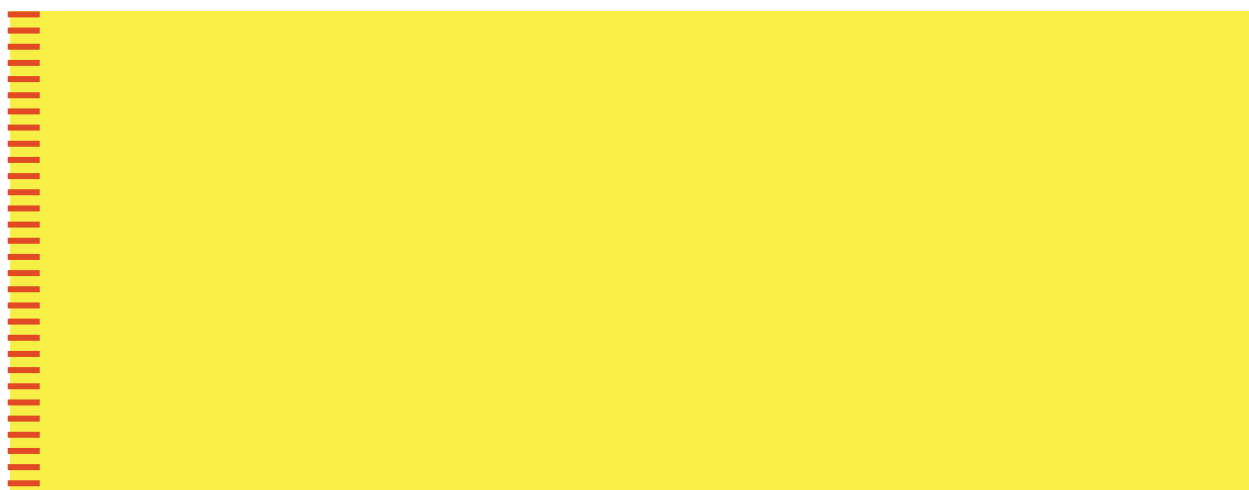
Many participants said that they thought that they or a family member had had the virus or were ill with it now – almost half for Mogadishu and a quarter for Hargeisa.

'I think yes, because I feel the signs and symptoms. I didn't take a test.' (P7: Woman, Mogadishu)

'Maybe. I have had a little cough and have been feeling tired for three days. I

have called the helpline. They told me to stay at home and contact them if I feel worse.' (P11: Illiterate person, Mogadishu)

'I have not observed the virus infecting anyone in my family or anyone else. But there is fear in the rural communities. If we observe anyone that is coughing, there is an issue of suspicion of him or her about the virus; we have learnt this from mobile phone ringtones.' (P39: Rural pastoralist, Hargeisa)



INFORMATION ABOUT HOW TO PREVENT INFECTION: IMPACT ON FEELINGS

We asked participants 'When you hear about how to avoid catching or spreading the disease which of these is closest to how you and your family feel?'

Table 9: Information about preventing infection: impact on feelings – Mogadishu

| Better because you can make yourselves safer | No different from before | More frightened because there is so little you can do | Don't know / No answer |
|--|--------------------------|---|------------------------|
| 5 | 5 | 10 | 0 |

Table 10: Information about preventing infection: impact on feelings – Hargeisa

| Better because you can make yourselves safer | No different from before | More frightened because there is so little you can do | Don't know / No answer |
|--|--------------------------|---|------------------------|
| 5 | 2 | 11 | 2 |

After being given information about how to protect against COVID-19, participants were much more likely to feel scared due to helplessness than to feel empowered to take protective action or to feel no differently.

'As a family we worry a lot, because there is nothing we can do about it at all.' (P32: Illiterate person, Hargeisa)

'We feel that we cannot do anything at household level.' (P34: IDP, Hargeisa)

'We feel frightened because we cannot do

anything against it.' (P35: Minority clan person, Hargeisa)

'We pray to Allah first! We worry a lot because of our limited capacity. We have learnt a lot from the ringtones that Telesom Company has facilitated, which tells us the guiding practices for avoiding infection.' (P39: Rural pastoralist, Hargeisa)

'It makes me feel better. The more information, the more you can protect yourself.' (P30: Youth, Hargeisa)

ACTIONS TAKEN ON LIVES, LIVELIHOODS AND INCLUSION

We asked participants: 'Have you and your family taken any actions due to the coronavirus or due to what is being done in responding to it?'. We also said 'If you want to do

something to protect yourself or your family but it is difficult or impossible for you, please tell us and say what you would need to make it easier to do.'

Table 11: Actions taken on lives – Mogadishu and Hargeisa

| | |
|--|----|
| Washed your hands with soap more often | 39 |
| Avoided large groups of people | 30 |
| Covered your mouth with your elbow when you cough or sneeze | 29 |
| Tried to avoid touching your eyes, nose or mouth | 23 |
| Started wearing a face covering (anything that covers your mouth and nose e.g. mask, scarf, niqab) | 22 |
| Started using hand sanitiser or used it more | 21 |
| Tried to be healthier generally | 18 |
| Disinfected or washed things with soap more | 17 |
| Tried to stay at least 2 metres away from people when you are outside | 16 |
| Avoided touching your face covering and kept it away from other things before washing it with soap | 15 |
| Avoided or tried to prevent violence (e.g. from the police enforcing curfew) | 9 |
| Brought relatives together in your home | 5 |
| Tried to have old, unhealthy or ill family members live as separately as possible from everyone else | 5 |
| Avoided touching the body of a relative who died | 2 |
| Sent relatives to the countryside | 0 |

Washed your hands with soap more often

Nearly all participants, except one, reported washing their hands with soap more often, and sometimes very often. The one who did not, said that they relied on Allah. Two seemed to imply that they did but said that water or soap shortages made it difficult.

'It is difficult because often there is no soap on hand.' (P16: Minority clan, Mogadishu)

'It is not easy because we do not have spare water in rural areas.' (P19: Rural pastoralist, Mogadishu)

'It's easy. Only Allah can help us avoid this disease.' (P26: Small informal trader, Hargeisa)

'Yes, but it is limited by the availability of water in Hargeisa.' (P35: Minority clan, Mogadishu)

Started using hand sanitiser or used it more

Half of participants said they used hand sanitiser. Some said they did not because they could not afford it.

'It is difficult. We can't afford it.' (P6: Small informal trader Mogadishu)

'Yes, but it is very expensive. The last one I bought cost \$15 for 250ml. If you don't have the money, then you just can't get it.' (P23; Government inclusion official, Hargeisa)

'I have them everywhere I go. In my car, at

work, in my pocket.' (P24: Telecoms employee, Hargeisa)

'It is difficult. I purchased it once, but I couldn't afford to buy it again.' (P31: Illiterate person, Hargeisa)

Avoided large groups of people

Three quarters of participants said they avoided large groups of people. Many of those who did not said that it was not possible for them due to where they worked.

'No, my work depends on it.' (P6: Small informal trader, Mogadishu)

'Me and the children have stopped going out and we avoid unnecessary gatherings.' (P23: Government inclusion official, Hargeisa)

'It is difficult as I work in a very congested environment.' (P26; Small informal trader, Hargeisa)

'I have stopped using the bus. I walk most of the time or take a taxi if necessary.' (P31: Illiterate person, Hargeisa)

Tried to avoid touching your eyes, nose or mouth

Just over half of the participants tried to avoid touching their eyes, nose or mouth.

'It's difficult, I need to practice more' (P2: Government employment official, Mogadishu)

Covered your mouth with your elbow when you cough or sneeze

Three quarters of participants said they covered their mouth with their elbow when they coughed and sneezed.

'I do this all the time.' (P31: Illiterate person, Hargeisa)

'No, I have not heard about the practice of

covering the mouth with your elbow' (P19: rural pastoralist, Mogadishu)

Tried to stay at least two metres away from people when you are outside

Just over one third of participants said they tried to stay at least two metres away from people when they are outside. A few said that it was not practical for them.

'It's difficult because my work does not allow me to practise this.' (P17: Low caste worker, Mogadishu)

'Yes, but I am not sure if I can maintain this because I go to the main market every day to get food for the family.' (P18: Minority ethnic person, Mogadishu)

'We practise social distancing – two metres at least' (P21: Government health official, Hargeisa)

Started wearing a face covering (anything that covers your mouth and nose e.g. mask, scarf, niqab)

Just over half of the participants had started wearing a face covering.

'I always wear a niqab anyway, but I have heard that wearing a face covering can prevent you catching the virus.' (P12: Illiterate person, Mogadishu)

'We use cloths as face masks' (P25: Small informal trader, Hargeisa)

Avoided touching your face covering and kept it away from other things before washing it with soap

One third of participants reported not touching their face covering and keeping it separately before washing it with soap. This is a

large majority of those reporting wearing a face covering.

'I try to, but it is very difficult to be consistent.' (P12: Illiterate person, Mogadishu)

Disinfected or washed things with soap more

Around one third of participants (especially those in higher income brackets) reported disinfecting or washing things with soap more.

'It is difficult because if I do it more often, I will run out of soap and I can't afford to buy more' (P31: Illiterate person, Hargeisa)

Avoided touching the body of a relative who died

Islamic burial practice includes washing of the body of the deceased, which involves a risk of contracting COVID-19. This was not relevant in the substantial majority of cases, with two saying that they had avoided touching the body of a relative who had died and two who did not.

Tried to have old, unhealthy or ill family members live as separately as possible from everyone else

For all but a small minority it is neither practical nor in line with general social practice to have old, unhealthy or ill family members

living as separately as possible.

'No, it is impossible.' (P7: Woman, Mogadishu)

'I don't feel I could talk to them about it.' (P24: Telecoms employee, Hargeisa)

'It is difficult. I cannot tell my mother to stay away from us.' (P31: Illiterate person, Hargeisa)

Tried to be healthier generally

Around half of participants said they tried to be healthier generally.

Sent relatives to the countryside

No participants said they had done this and only one reported discussing it.

Brought relatives together in your home

Only a small minority of participants said they had done this.

Avoided or tried to prevent violence (e.g. from the police enforcing curfew)

A quarter of participants reported trying to avoid or prevent violence.

Table 12: Actions taken on livelihoods – Mogadishu and Hargeisa

| | |
|---|----|
| Found ways to still work or go out after curfew (if there is one) | 11 |
| Stockpiled anything such as food | 7 |
| Borrowed money or items | 5 |
| Paid off debts or saved money | 4 |
| Taken on extra or different work | 4 |
| Joined a cash transfer programme | 3 |
| Provided extra financial or other support to others | 2 |

Stockpiled anything such as food

Some said they did stockpile at first but that this did not continue. Most were not in a financial position to stockpile.

'We can't afford to stockpile.' (P18): Minority ethnic person, Mogadishu)

'When it all started, we did buy extra food, but it all seems to be normal now, so we have stopped.' (P24: Telecoms employee, Hargeisa)

Paid off debts or saved money

A few participants said they did pay off debts, but most were not in a financial position to do so.

Borrowed money or items

A small minority said they borrowed money or items.

Taken on extra or different work

Few participants said they had taken on extra or different work.

Provided extra financial or other support to others

Only a couple of participants had provided extra financial or other support to others.

Found ways to still work or go out after curfew

Half of the Mogadishu participants said they had found ways to evade the night curfew there, to work or go out.

Joined a cash transfer programme

Only a few participants said they had joined a cash transfer programme.

Table 13: Actions taken on inclusion – Mogadishu and Hargeisa

| | |
|--|----|
| Been more positive than in the past in your attitudes and behaviour towards people from particular social groups | 25 |
| Concealed an aspect of your identity (e.g. your clan, your ethnic group) | 1 |

Avoided, shamed, said bad things about or acted against people from particular social groups

We were trying to elicit whether participants had engaged in discriminatory behaviour. However, they tended to interpret it as a question about whether they had avoided doing this. As answers to this question were based on a variety of interpretations, we have omitted scores for this from Table 13.

'Yes, but I didn't shame people before.' (P19: Rural pastoralist, Mogadishu)

'There is always bad-mouthing with tribe things, I tell my family to not say those things and my mum calls me weird, but it is nothing different to before though.' (P23: Government inclusion official, Hargeisa)

Been more positive than in the past in your attitudes and behaviour towards people from particular social groups

A clear majority of participants reported being more positive towards people from other social groups. Some emphasised that they already had this positive attitude anyway.

'I have tried to be more positive at all levels.' (P34: IDP, Hargeisa)

'I have done as much as possible to be friendly with different social groups.' (P37: Low caste worker, Hargeisa)

'Yes, I am more positive in my attitude and behaviours at this difficult time. I try to give much more respect to others.' (P40: Physically disabled person, Hargeisa)

Concealed an aspect of your identity (e.g. your clan, your ethnic group)

Only one participant – an IDP – reported feeling the need to conceal an aspect of their identity. However, they did not explain further.

'No, but we experience discrimination as an IDP family, by society at large.' (P34: IDP, Hargeisa)

Spent less time mixing with other social groups and more time with people in your own social group

Around half of the participants reported spending less time with other social groups and more with their own. This was another question that was interpreted, at least by

some, as a question about social distancing to prevent transmission of the virus when we were seeking to explore whether social groups had become more insular due to exclusionary attitudes. As answers to this question were based on a variety of interpretations, we have omitted scores for this from Table 13.

Emphasised and celebrated your group's identity (for example, in music, poetry, talking with others)

This question was intended to elicit responses regarding exclusionary strengthening of own-group identity. No such responses were offered. Instead, participants gave no answer, did not appear to understand the question or, in a few cases, interpreted it as a request for information about conformity with social distancing. As answers to this question were based on a variety of interpretations, we have omitted scores for this from Table 13.

'I have participated in celebrations such as a marriage engagement, but the numbers invited were limited and we adopted social distancing, so I participated responsibly.' (P35: Minority clan member, Hargeisa)

Table 14: Other actions taken – Mogadishu and Hargeisa

| | |
|---|----|
| Prayed more (beyond what you would have done anyway for Ramadan) | 15 |
| Tried to organise your community or social group to help itself or others | 13 |
| Tried to get more help for your community or social group | 10 |

Tried to get more help for your community or social group

A quarter of participants reported trying to get more help for their community or social group.

'Yes, but it was not possible because the network of the people I know are not in a position to help.' (P16: Minority clan member, Mogadishu)

'I have it in mind to help the community, particularly those more affected groups; poor families, teachers from formal and informal

education due to the school suspension, and any other person that would need help.' (P27: Woman, Hargeisa)

'Though it is limited, yes, I participate in community support.' (P35: Minority clan member, Hargeisa)

Tried to organise your community or social group to help itself or others

A third of participants indicated that they had tried to engage in collective self-help.

'Difficult. I have talked to people, but the people are more concerned about their livelihoods than getting the virus.' (P12: Illiterate person, Mogadishu)

'I tried my best to encourage and contribute to self-help community-based schemes.' (P25; Small informal trader, Hargeisa)

'It is a community-based scheme, led by the women, collecting from each household and delivering to those in need. It is the process now at our IDP camp.' (P34: IDP, Hargeisa)

Prayed more (beyond what you would have done anyway for Ramadan)

One third of participants reporting praying more, beyond what they would have done for Ramadan.

'Yes, we pray a lot for the coronavirus season, as well as for the Ramadan season, ask-

ing Allah to safeguard generally and specifically.' (P32: Illiterate person, Hargeisa)

Anything else

Some participants made further suggestions, including prayer and COVID-19 awareness raising, education and research.

'Creating youth groups for awareness raising, to the IDPs and for social distancing.' (P8: Woman, Mogadishu)

'I call for a collective effort to tackle such harmful diseases and accept the restrictions from the government. Improve hygiene practices, limit engagement with large groups of people and avoid any possible means that the virus may affect you.' (P27: Woman, Hargeisa)

'Most of the people are not educated; they don't know what coronavirus is. If you ask them, they say it's specific to Christians, whites, Europeans, Americans. They don't know how it affects people. It makes the situation worse. They don't use masks. They'll say "I'm not going to die because of COVID because I'm not a white guy. It's not a virus for Africans." I feel disappointed. This virus is killing Muslims, Christians, white people, black people; it's not discriminating. You need to protect.' (P30: Youth, Hargeisa)

'I call to community members as well as larger citizens to increase praying to Allah and ask for his mercy to safeguard and protect us from coronavirus. This should be a constant practice to adopt as a nation.' (P39: Rural pastoralist, Hargeisa)

EXPLAINING LIMITED ACTION BY OTHERS TO PREVENT INFECTION

We asked participants why other people were not doing more to protect themselves and others from COVID-19. We asked if it was mainly due to lack of knowledge, mainly due to not having a choice or a roughly equal mix of the two.

Table 15: Explaining limited action to prevent infection – Mogadishu

| Mainly lack of knowledge | A roughly equal mix of lack of knowledge and not having a choice (e.g. lack of money, lack of space, having to work close to others) | Mainly not having a choice (e.g. lack of money, lack of space, having to work close to others) | Don't know / No answer |
|--------------------------|---|---|------------------------|
| 4 | 10 | 6 | 0 |

Table 16: Explaining limited action to prevent infection – Hargeisa

| Mainly lack of knowledge | A roughly equal mix of lack of knowledge and not having a choice (e.g. lack of money, lack of space, having to work close to others) | Mainly not having a choice (e.g. lack of money, lack of space, having to work close to others) | Don't know / No answer |
|--------------------------|---|---|------------------------|
| 1 | 18 | 1 | 0 |

The largest group of participants said that limited action by others to prevent infection was a roughly equal mix of lack of choice over lack of knowledge, with roughly equal minorities saying it was mainly one or the other.

'First, they do not understand the health threat of the disease. Secondly, they do not have enough income, so they are forced to go and seek income from public places. The majority of those people, they do not understand the risks of the disease, while those

who do understand ignore it because of their insufficient income.' (P34: IDP, Hargeisa)

'I agree the majority of our population do not have the relevant knowledge on COVID-19. They do not understand the serious health risks which can increase infection. They do not have the financial capacity to adopt the necessary precautions; social distancing, staying at home etc. They do not have sufficient income to tackle such disasters.' (P35: Minority clan member, Hargeisa)



FEEDBACK ON PRELIMINARY FINDINGS

We asked the participants for their views on our preliminary findings.

Table 17: Feedback of participants on preliminary findings – Mogadishu

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|---|----------------|-------|----------------------------|----------|-------------------|------------------------|
| You have a good understanding of the health threat from COVID-19 | 17 | 3 | 0 | 0 | 0 | 0 |
| You want a lot more action to control the virus but need that to be matched with a lot of financial support (e.g. cash transfers, price controls and lower taxes) | 14 | 5 | 1 | 0 | 0 | 0 |
| You support current restrictions on mosque attendance, and praying at home, and would support more restrictions if they were agreed to in a proper way | 11 | 5 | 1 | 3 | 0 | 0 |
| People who have a low or very low income feel fearful and helpless | 18 | 2 | 0 | 0 | 0 | 0 |
| People need help to control the virus in terms of avoiding large groups | 12 | 7 | 0 | 0 | 0 | 1 |
| People have a mostly positive attitude towards cooperating with other social groups | 4 | 6 | 2 | 5 | 3 | 0 |
| People need the police to be supportive and protective not repressive | 20 | 0 | 0 | 0 | 0 | 0 |

Table 18: Feedback of participants on preliminary findings – Hargeisa

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|---|----------------|-------|----------------------------|----------|-------------------|------------------------|
| You have a good understanding of the health threat from COVID-19 | 16 | 3 | 0 | 1 | 0 | 0 |
| You want a lot more action to control the virus but need that to be matched with a lot of financial support (e.g. cash transfers, price controls and lower taxes) | 16 | 4 | 0 | 0 | 0 | 0 |
| You support current restrictions on mosque attendance, and praying at home, and would support more restrictions if they were agreed to in a proper way | 18 | 2 | 0 | 0 | 0 | 0 |
| People who have a low or very low income feel fearful and helpless | 1 | 4 | 1 | 2 | 0 | 0 |
| People need help to control the virus in terms of avoiding large groups | 12 | 7 | 0 | 0 | 0 | 1 |
| People have a mostly positive attitude towards cooperating with other social groups | 6 | 4 | 1 | 7 | 3 | 0 |
| People need the police to be supportive and protective not repressive | 9 | 8 | 1 | 2 | 0 | 0 |

There was almost unanimous and mostly strong agreement among the participants that they had a good understanding of the health threat from COVID-19, that they wanted more action on COVID-19 backed by financial support, that they supported existing and indeed additional restrictions on mosque attendance, that people need help to avoid large groups to help prevent the spread of

COVID-19, that people who have a low or very low income feel fearful and helpless and that people need the police to be supportive and protective, not repressive.

The participants were polarised on one issue – whether other people have a mostly positive attitude towards cooperating with other social groups.

FEAR OF VIOLENCE REVISITED

We were surprised that in our Round 1 interviews there were similar levels of fear of violence in Mogadishu and Hargeisa. We therefore revisited this question in the Round 3 interviews.

Table 19: Fear of violence revisited – Mogadishu

| Very worried | A bit worried | Not worried | Don't know / No answer |
|--------------|---------------|-------------|------------------------|
| 4 | 7 | 7 | 2 |

Table 20: Fear of violence revisited – Hargeisa

| Very worried | A bit worried | Not worried | Don't know / No answer |
|--------------|---------------|-------------|------------------------|
| 4 | 7 | 9 | 0 |

The initial pattern was confirmed – we found **an almost identical level of reported fear of violence in Mogadishu and Hargeisa**, with around half fearful of violence, and a quarter of the total very fearful of violence. **The fear was related mainly to social breakdown, unemployment and loss of livelihoods leading to crime.**

'I'm way more worried than I was. I didn't realise how many males live in the city until about a month ago; there's loads of men sitting about, teenagers and young adults – they cause a bit more trouble now. I'm more worried about going out and doing things, I'm seeing larger groups of men at night. I've heard there's been an increase in knife crimes and rapes, especially in communities with less lighting in the area; people know that. I'm even more less inclined to go out now, it's just become really apparent there's a lot of guys and now they have nothing to do.' (P23: Government inclusion official, Hargeisa)

'I worry a lot about the coming three months. We may see serious violence due to income loss, food scarcity, increases of unemployment and health problems. Yes, it is very likely that we may experience robbery, gangs, looters etc, due to the economic crisis continuing from COVID-19.' (P25: Small informal trader, Hargeisa)

'Violence is something I have noticed recently. There are groups of gangs who will steal belongings such as mobile phones, bags etc. The President has released hundreds of prisoners to celebrate Eid, as well as the concern of people catching the virus in jails, so these people are currently jobless and causing more harm than before.' (P28: Woman, Hargeisa)

'I'm not worried because we live amongst our different clans, especially in the cities. If someone harms you, your clan will support you and protect you. I'm from the Isaaq clan.' (P30: Youth, Hargeisa)

'CORONA!' – STIGMA AND FEAR

Shame, fear and secrecy

We asked participants if they agreed with the view that people who have COVID-19 have nothing to be ashamed about.

Table 21: COVID-19 and shame – Mogadishu

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 17 | 2 | 0 | 1 | 0 | 0 |

Table 22: COVID-19 and shame – Hargeisa

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 9 | 7 | 0 | 0 | 3 | 1 |

Table 23: COVID-19 and secrecy – Mogadishu

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 2 | 5 | 1 | 3 | 9 | 0 |

Table 24: COVID-19 and secrecy – Hargeisa

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 0 | 2 | 0 | 7 | 11 | 0 |

We found a similar pattern in both locations – there was strong agreement that people with COVID-19 had nothing to be ashamed about. The few who disagreed thought people would feel shame due to the attitudes of others, not because they should feel shame. There is extensive worry about being stigmatised. Also, in both locations, participants were divided about whether they would keep it secret if they had COVID-19 symp-

toms, with a tendency towards a strong view that they would not keep it secret. Participants felt that it would be better not to keep it secret and said that they would only do so to avoid stigma, hostility, exclusion, loss of income or being forced into quarantine or poor standard health facilities. Some argued that those negative attitudes towards people with COVID-19 (including those who have recovered from it) were due to fear of the

disease rather than necessarily thinking that having the disease is shameful, though that can also be the case. Some thought shaming was due to unfamiliarity with the disease and how it is spread. People were worried about being mocked, having their reputations permanently tarnished, being given an unpleasant nickname or being unable to have a proper Islamic burial.

'Fear of stigmatisation and fear of lack of a good health facility. But I will keep my distance from my family members and isolate myself till I feel better.' (P4: Telecoms employee, Mogadishu)

'Most of the people assume COVID-19 patients are lethal, rather than a victim who contracted a virus without his or her consent. Therefore, he or she will face social discrimination and shaming.' (P10: Youth, Mogadishu)

'It is related to the community perception of the virus. Many people are not aware that the virus is not permanent and that it can be recovered from within weeks, so these people avoid interacting with those who have experienced COVID-19; due to fear, not discrimination.' (P11: Illiterate person, Mogadishu)

'There are two reasons. First, if somebody gets sick, they will feel isolated and abandoned. Second, those whose lives depended on working for other people will also feel like they are being avoided and they might lose their income as a result.' (P14: IDP, Mogadishu)

'Those recovered from the virus will remain shamed because the rest of the society believe that these people are sick and need to be avoided. There is a need to teach people

to accept these people.' (P14: IDP, Mogadishu)

'I don't agree with being ashamed about it, because if you hide something harmful from the people it is selfish; "waxa aad qarsataa waa ay ku qarsadaan" [Somali proverb, "if you keep something harmful from others, it will affect you"]. I think the rationale of hiding your identity or getting ashamed about it is that people are afraid because they will get nicknames and be laughed at. I think the most feared thing is if someone dies and he or she cannot be washed and buried in the Islamic way. There is a certain way of doing Ghusl [mandatory death purification ritual]; when someone dies from COVID-19 it means that person would be buried without Ghusl, or not be touched at all.' (P33 – IDP, Hargeisa)

'I would not hide it of course, but I think I can understand why people are doing this. If people find out about a person who tested positive for the virus, that person is going to be labelled all his life. Do you remember the man who travelled from the UK to Hargeisa to visit his family in Burao? The people who knew him searched for his photograph, posted it on social media and wrote his full name on there, as well as his clan; Habarjeclo clan. The other thing people worry about is the quarantine places and beds; they are not clean, and these people would feel their freedom had been taken away.' (P33 – IDP, Hargeisa)

Face masks and hostility

We asked the participants if they felt hostile towards those wearing face masks.

Table 25: Face masks and hostility – Mogadishu

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 0 | 4 | 1 | 7 | 8 | 0 |

Table 26: Face masks and hostility – Hargeisa

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 0 | 2 | 0 | 8 | 10 | 0 |

In both locations we found **a strong view among participants that they were not hostile to those wearing face masks because they understood their importance in reducing the spread of the disease.**

The small number expressing hostility to face mask wearing did not do so through a stigmatising attitude or lack of understanding of their health value. The reasons included disliking the reminder of the danger or disliking the way that people would selectively pull their face mask down when facing strangers.

'I encourage people to wear masks when they are going shopping or to overpopulated areas, as it reduces the spread of the virus. Some people are hostile to this and I have seen people calling those wearing the mask "coronavirus." It is ignorance which can be addressed by mass mobilisation.' (P2: Government employment official, Mogadishu)

'Since the Somali people are not familiar with this face mask, except the doctors, people think it is just showing off, or you have the virus already.' (P3: Government inclusion official, Mogadishu)

'People wear masks when they are around those who they don't know, and they remove it when they are around their friends. I find this hypocritical and demonising to those people they deem are strangers.' (P6: Small informal trader, Mogadishu)

'Sometimes I feel afraid [of face masks] but it is helpful if it can protect our health.' (P8: Woman, Mogadishu)

'I do not feel hostile to people wearing a face mask. In fact, I am indifferent to whether someone is wearing a mask or not. I myself, use my turban to cover my mouth to avoid dust and, in these days, the virus.' (P19: Rural pastoralist, Mogadishu)

'I feel safer if I see people wearing masks. I feel I can get a bit closer to them. I know there is hostility though, I have seen it for myself, just the other day in the supermarket; two girls were wearing masks. The cashier was very annoyed with them and was asking them "Why?"' (P24: Telecoms employee, Hargeisa)

'I wear a face mask every day. I think it is a crucial way of protecting yourself from the virus, even though it is very expensive because you have to buy it every other day.' (P26: Small informal trader, Hargeisa)

'I wear a face mask literally every time I go out. I'm sure there is a perception that whoever wears a mask has COVID-19. When you walk on the streets downtown, there are men who mock you and call you names like "Miss Corona." Some of them will say, "Do you not trust your Creator? If you are meant to die, you will die one day. Do you think that face mask will protect you from death?"' (P28: Woman, Hargeisa)

'We feel hostile when we see people wearing face masks because it reminds us, we need safety from COVID-19.' (P37: Low caste worker, Hargeisa)

UNWILLINGNESS TO GO TO HOSPITAL WITH COVID-19 SYMPTOMS

We asked participants if they would be unwilling to go to hospital if they had COVID-19 symptoms.

Table 27: Unwillingness to go to hospital with COVID-19 symptoms – Mogadishu

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 5 | 3 | 1 | 3 | 8 | 0 |

Table 28: Unwillingness to go to hospital with COVID-19 symptoms – Hargeisa

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know / No answer |
|----------------|-------|----------------------------|----------|-------------------|------------------------|
| 2 | 4 | 0 | 4 | 10 | 0 |

In both Hargeisa and Mogadishu, **participants were divided about whether they would be unwilling to go to hospital if they had COVID-19 symptoms**. The overall tendency was to be willing to go to hospital but over one third disagreed.

Those who were willing to go to hospital said it was because it would be valuable for obtaining testing and medical treatment, and for protecting the community.

Reasons given for reluctance to go to hospital were varied; participants did not believe they would receive good care, had heard negative stories about the hospitals, thought they might be more likely to die if they went to hospital, did not want to be quarantined or isolated, saw quarantine like prison, wanted to avoid stigmatisation by others, could not afford to pay for hospital treatment, preferred to try to recover at home, did not want to overburden the medical services, would only go if they were severely ill, were worried about catching the virus in hospital or believed that COVID-19 is like a bad flu that

can be treated with traditional remedies. Dislike of the idea of quarantine and views that hospital care is likely to be inadequate or endangering were particularly intense.

'I can understand most people, they prefer to stay at home and keep hiding themselves because they don't have the confidence to go to the hospitals. They do not believe they will recover.' (P1: Government health official, Mogadishu)

'According to Somalis, the concept of quarantine is like going to prison. We know how poor the service of our hospitals is and that's why people prefer to stay at home.' (P3: Government inclusion official, Mogadishu)

'Most of the people don't believe they will get proper treatment from the hospitals, so they prefer to stay at home. They also hate quarantine.' (P5: Small informal trader, Mogadishu)

'I would call the centre for testing but if I needed oxygen equipment, I would ask for help at the Di Martino Hospital [main

COVID-19 dedicated hospital in Mogadishu].'
(P6: Small informal trader, Mogadishu)

'People don't understand the importance of the hospitals. They psychologically believe that they will die or get worse if they go to the hospital.' (P7: Woman, Mogadishu)

'I don't have the money to go to hospital. I would rather use remedies such as ginger and garlic which are much cheaper than the medicine available at the hospitals.' (P15: Minority clan member)

'I would go to hospital if I needed emergency care. This is not because I dislike the hospital environment, but I hear in the coronavirus advice that if anyone has a mild case of the virus, they should quarantine themselves in their home and only go to hospital if their case is severe.' (P19: Rural pastoralist, Mogadishu)

'I would go visit health centres or hospitals for treatment and care. This is my stand as Ahmed.' (P25: Small informal trader, Hargeisa)

'There is more than one answer to this question. I wouldn't go to the hospital if I caught

the virus because by going there, I could have already transmitted the disease to the hospital and the people there. Another reason I would fear going is the lack of attention and the negligence of the health workers who are treating the patients. Also, the quarantine places and beds in the hospitals cannot be relied upon; the healthcare here is poor, especially in the Hargeisa main hospital. All the death tolls they report every day are due to the negligence of the nurses and the lack of ventilators. I believe this is a very serious issue. At this stage, it is better you treat yourself.' (P38: Minority ethnic group member, Hargeisa)

'I would not go to hospital for COVID-19, I can treat myself because it is like a bad flu. I would take the traditional medicines like black seed, honey and lemon for a few days and I will be fine. I know some people who did that, and they are fine now.' (P31: Illiterate person, Hargeisa)

'Go to the hospitals because no one will come to you and support you. So, it is necessary for you go to the hospitals, whatever it may cost. This is a must!' (P34: IDP, Hargeisa)

SOCIAL CATEGORIES: EXPERIENCES AND NEEDS

Government officials and telecoms employees

The participants who are government officials and telecoms employees nearly all reported being under new pressures in various ways: being avoided by some friends after having tested positive for and recovering from COVID-19, going through quarantine until testing negative, having to be absent from work during quarantine, not being able to work from their office, feeling the responsi-

bility to use their position to help society, and working much longer hours to learn about and respond to the pandemic. This was often accompanied by **recognition that they are relatively privileged**. Indeed, **one telecoms employee reported that they were giving psychological support to family in the diaspora as the lockdown was much harder in Europe and the US**.

'As a person in a privileged and influential position, I have access to information and

knowledge on the spread and the prevention of the virus – more than the average person. This gives me more responsibility to educate the public as much as I can.' (P2: Government employment official, Mogadishu)

'To be honest, nothing that much has changed. They just told us to work from home which we do and the responses didn't affect me that much, as much as it did for those ones who all their life and income depended on the market – those are the ones who are suffering the most.' (P22: Government inclusion official, Hargeisa)

'We use videoconferencing at home too, especially with family in the diaspora. I feel they need us more; they need the contact. Lockdown in Europe and the US has been much harder than here. We have more freedom. It is important for them to feel they are not alone.' (P24: Telecoms employee, Hargeisa)

Small informal traders

Small informal traders report major financial problems due to difficulties in borrowing, obtaining goods at a reasonable price and keeping customers. Job creation was reported as a major need and **harassment for corrupt payments by people in uniform was reported as a major problem.**

'As a trader, I face violence every day. Government forces come and harass us. We pay tax to the local authorities but there are always uniformed individuals coming and asking money. Government has to stop these forces from harassing me and other small traders.' (P5: Small trader, Mogadishu)

'The small traders cannot get goods on loan anymore, as businesses are trying to save money.' (P6: Small informal trader, Mogadishu)

'The needs that I have are common with most people who are small informal traders, someone who sells fruits and vegetables; we need to get more stock to sell. Because of the

pandemic, the vegetables that used to come from Mogadishu and Addis Ababa are now limited and we have to use the ones which are planted in Hargeisa. Most of the time they are limited, and very expensive when we buy them from the suppliers.' (P26: Small informal trader, Hargeisa).

Women and girls

Participants reported **a surge in GBV, domestic violence, rape and FGM/C of girls due to partial lockdowns and the closure of schools. Girls were also doing housework rather than home schooling.**

'Gender based violence exists and is really common. The reason I think it is increasing is because the schools are shut now and all the students are in the house, parents are hiring the circumcisers and the circumcisers are making money of it as the sources of income are very limited now; they can also be virus spreaders as they are going from house to house.' (P28: Woman, Hargeisa)

'Domestic violence is increasing specifically FGM because mothers now have time to take their children or call the circumcisers to their home. Also, we have seen that little girls are now working a lot doing the housework where it should have been these little girls do home schooling and study in the house until going back to school. There are also men who are staying at home and troubling their wives at home.' (P33: IDP, Hargeisa)

'As a woman is a bit difficult to survive in this environment. The other day I was negotiating with the farmer who supplies vegetables and fruits from the farms on the outskirts. He charged me more money because I am a woman.' (P26: Woman, Hargeisa)

'The virus has affected me in so many ways, one of them being that I cannot organise the women's empowerment workshops which I used to do because things are still on semi-lockdown. It would be good to have more personal protection equipment be-

cause I train little girls specifically on how to take care of themselves.' (P28: Woman, Hargeisa)

Youth

The main problems reported by our youth participants were **unemployment and poverty** due to the withdrawal of international agencies, the lockdown and economic contraction. One reported worrying about not having enough to eat. They urged creation of employment opportunities and loans to start small businesses.

'I will lose my jobs; it's already evident with the agencies that I was working for who were affected by the virus. Their international staff have returned to their home countries and the locals are in lockdown in their houses.' (P9: Youth, Mogadishu)

'No one in Hargeisa should have to worry about having meals three times a day, but we do.' (P29: Youth, Hargeisa)

Illiterate people

None of our illiterate participants focused on the issue of **illiteracy** when asked about their experiences and needs in relation to COVID-19. Their focus was on more general issues of related to **unemployment and poverty** (falling incomes, increased food insecurity, rising debt and rising food prices).

'We are facing a difficult situation. Everything is getting high in terms of the market prices.' (P12: Illiterate person, Mogadishu)

'We have been taking loans from the shops that sell rice, pasta etc. We need someone to help us pay all these debts; they have been accumulating.' (P31: Illiterate person, Hargeisa)

Internally Displaced Persons (IDPs)

The IDP participants **concentrated on general**

issues of unemployment and poverty (falling incomes, loss of housing, overcrowding, rising debt, rising food prices and lack of ability to buy clean water) **exacerbated by being IDPs**. They stated that **general marginalisation due to lack of permanent residence is a central reason for their extreme poverty**.

'There are a lot of people, including I and my family who want to have a secure livelihood, but because we live in IDPs that is almost impossible for us. People in our position need permanent resettlement plan first, then we can think about secure jobs.' (P14: IDP, Mogadishu)

'Most importantly the rent for our house. We have not been able to pay the rent due to loss of income. There are lots of relatives currently in our small house because they have been kicked out of their houses because they couldn't pay the rent. It has impacted us in a massive way. Sometimes we don't have money to buy clean water. We go to the shop nearby, taking food from them and ask them if it is okay to pay them later when we find the money to pay them.' (P33: IDP, Hargeisa)

'The specific need for the IDP community is that, practically, they are not part of society because they do not have permanent settlements where they can manage their lives. They are vulnerable people for any pandemic disease' (P34: IDP, Hargeisa)

Minority clan members

The minority clan participants did not focus on their minority status. They **concentrated more on general issues related to unemployment and poverty** (falling incomes and inability to afford necessities).

'The people who I used to clean for are worried that I might bring the virus to their houses. The response to the virus has also affected them economically so they are prioritising where they spend their money.' (P15: Minority clan member, Mogadishu)

'The biggest problem is income security. There is uncertainty about whether we are going to get the usual daily income or not. I have a shop and that is our only income now, but it is decreasing day by day.' (P36: Minority clan member, Hargeisa)

Low caste workers

The low caste workers reported **financial insecurity and loss of income** due to COVID-19 in relation to their areas of employment.

'There is still some demand for the steelwork we do. However, there are not many clients who are building homes. The other day I was told that big companies are not able to get enough cash due to the suspension of the flights; this means clients are worried about cash, even if they did want to buy steel.' (P17: Low caste worker, Mogadishu)

'Frankly speaking, as a low caste person and barber, we all lost our market share.' (P37: Low caste worker, Mogadishu)

Minority ethnic group members

The minority ethnic group participants reported **lack of access to basic health care and severe financial hardship due to loss of income**.

'This pandemic has affected us a lot, staying at home and leaving our jobs because we and our friends fear the disease. Most of us have no permanent financial income. From the start of the staying at home situation, rents have accumulated which is a problem all our community is currently suffering from. There are mothers like me who have the big responsibility of going to the market every day to sell bread and vegetables, but that has obviously stopped. All the businesses owned by the Yemeni community have been interrupted, whether it is restaurant waiters and managers or those who assist in building houses.' (P38: Minority ethnic group member, Hargeisa)

Rural pastoralists

The rural pastoralist participants emphasised the problems they and other people on low incomes face due to **lack of financial and other support** in dealing with COVID-19 and the costs of responses to it.

'We worry a lot about the disease and how to tackle it effectively. May Allah save us. We do not have any support at all.' (P39: Rural pastoralist, Hargeisa)

'I would suggest that the government and the supporting countries consider the economic impact that the coronavirus prevention is having on low-income communities. We don't have savings like some other communities, and we rely on what we sell that day for a living.' (P19: Rural pastoralist, Mogadishu)

People with physical disabilities

The participants with physical disabilities indicated that **they faced a particularly difficult situation in relation to employment, mental health and participation**.

'People with disabilities face more challenges than any other social group that I can think of, and the COVID-19 response measures have made their situation worse. Many of them used to go out to do small tasks, or non-permanent jobs, but many of them have lost these and as a result are at risk of facing depression. They also feel excluded from any decision-making related to the COVID-19 responses.' (P20: Physically disabled person, Mogadishu)

'The specific need we have as disabled people is that we cannot get the opportunities we usually get from others, because, as we are disabled, we need to link with others and have partnerships through careers. Obtaining employment is suspended due to COVID-19.' (P40: Physically disabled person, Hargeisa)

MOST AND LEAST PRIVILEGED: COMPARISON OF RESPONSES

We compared the responses of the most and least privileged participants. By most privileged we mean those with highest incomes and social statuses i.e. the senior (P1-P3) and middle ranking (P21-22) government officials and the senior telecoms employees (P4 and P24) on middle or high incomes. By least privileged we mean those with low or very low incomes and a low social status (small informal traders, illiterate people, IDPs, minority clan and minority ethnic group members, low caste workers and physically disabled people) (P5-6, P11-19, P31-35 and P37-40). For the demographic data see Tables 1 and 2. Our tables of individual response scores are not reproduced in this report.

Concerns

The most and least privileged were mostly concerned about the same things, but with the least privileged often more worried due to their financial and social vulnerability.

In Mogadishu, the most and least privileged were **similar** in the following respects:

- Very worried about illness due to COVID-19 (Table 3).
- Some being a bit worried about mental illness (Table 3).
- Having a mix of views on whether hearing about how to avoid catching or spreading the disease makes them feel better because they can make themselves safer or makes them feel frightened due to an inability to combat the disease (Table 9).

In Mogadishu, the least privileged were **different** from the most privileged in the following respects:

- More worried about health issues other than COVID-19 (Table 3).
- More worried about discrimination because of their social group (Table 3).

- Much more worried about lack of access to necessities (Table 3).
- Much more worried about loss of income due to COVID-19 control measures (Table 3).
- More worried about violence (Tables 3 and 19).

In Hargeisa, the most and least privileged were **similar** in the following respects:

- Very worried about illness due to COVID-19 (Table 4).
- Very worried about loss of income due to COVID-19 control measures.
- Very worried about lack of access to necessities (Table 4).
- A mixed degree of worry about illness other than COVID-19 (Table 4).
- A mixed degree of worry about mental illness (Table 4).
- Tending to feel frightened due to an inability to do much when they hear about how to avoid catching or spreading the disease (Table 10).

In Hargeisa, the least privileged **differed** from the most privileged in the following respects:

- Much more worried about violence (Tables 4 and 20).
- Much more worried about discrimination because of their social group (Table 4).

Preliminary findings

The most and least privileged were overwhelmingly similar in their views on our preliminary findings but the least privileged felt more need for financial support and were less supportive, specifically in Mogadishu, about restrictions on mosque attendance.

In Mogadishu, the most and least privileged were **similar** in the following respects:

- Agreed strongly that they had a good understanding of the health threat from COVID-19 (Table 17).

- Agreed strongly that people with a low income feel fearful and helpless (Table 17).
- Agreed strongly that people need help to control the virus in terms of large groups (Table 17).
- Agreed strongly that the police should be supportive and protective rather than repressive (Table 17).
- Had a mixed view of whether people have a mostly positive attitude towards cooperating with other social groups (Table 17).

In Mogadishu, the least privileged **differed** from the most privileged in the following respects:

- Expressed a much stronger need for financial support alongside more action to control the virus (Table 17).
- Much less supportive of current restrictions on mosque attendance and increased restrictions, even if agreed properly (Table 17).

In Hargeisa, the most and least privileged were **similar** on all issues:

- Agreed strongly that they had a good understanding of the health threat from COVID-19 (Table 18).
- Agreed strongly that people with a low income feel fearful and helpless (Table 18).
- Agreed strongly that people need help to control the virus in terms of large groups (Table 18).
- Agreed strongly that the police should be supportive and protective rather than repressive (Table 18).
- Were strongly supportive of current restrictions on mosque attendance with increased restrictions if agreed properly (Table 18).
- Expressed a strong need for financial support alongside more action to control the virus (Table 18).
- Had a mixed view of whether people have a mostly positive attitude towards cooperating with other social groups (Table 18).

Stigma, fear and unwillingness to go to hospital with COVID-19 symptoms

The most and least privileged were almost identical in their views on the issues of stigma, fear and unwillingness to go to hospital with COVID-19 symptoms.

In Mogadishu, the most and least privileged were **similar in all four respects** explored:

- Agreed strongly that people who had COVID-19 had nothing to be ashamed about.
- Had mixed views on whether, if they had COVID-19, they would try to keep it secret from other people.
- Had mixed views on whether they would be unwilling to go to hospital if they had COVID-19 symptoms.
- Mostly not hostile to those wearing face masks.

In Hargeisa, the most and least privileged were **similar** in the following respects:

- Expressed the view that if they had COVID-19, they would not try to keep it secret from other people.
- Had mixed views on whether they would be unwilling to go to hospital if they had COVID-19 symptoms.
- Said they were not hostile to those wearing face masks.

In Hargeisa, the least privileged **differed** from the most privileged in the following respect:

- Were much more likely to disagree with the view that people who had COVID-19 had nothing to be ashamed about. However, this difference seemed to be more due to a different focus on the impact of shaming by others. The least privileged did not say that they thought the person should feel shame.

BUILDING BACK BETTER

We asked participants what responses to the COVID-19 crisis would make the world a better place for them and for everyone else. We mentioned to the participants that some are now calling this 'building back better'. We explained that we want people to have their health protected from COVID-19, but we are also concerned that efforts to control COVID-19 can be damaging for lives (e.g. such as vaccination programmes for other diseases not being carried out, or police being violent), livelihoods (e.g. people losing their incomes due to restrictions on working) and inclusion (people within particular social groups suffering more than others e.g. women facing more domestic violence). We provided a set of six headings based on the components of our definition of sustainable development and asked for suggestions.

Participants made suggestions of how to build back better that were either the same, similar or compatible with each other.

Protect and improve lives (safety from health threats and from violence)

- More education on preventing the spread of COVID-19.
- Support so that people can do the things needed to prevent the spread of COVID-19.
- Provide personal protective equipment (PPE) for those who must go out to work.
- Provide care and support to infected people so that they can be quarantined.
- Protection against other diseases.
- Educate people to have an accurate, balanced understanding of COVID-19 so that people who have recovered are not shamed or avoided.
- Free or affordable public health care for all, rather than private health care.
- Regulate health care to ensure quality.
- Organise and coordinate at all levels.

- Have a national strategy.
- Work out how to adapt to control the virus while returning to normal as much as possible (e.g. more online teaching).
- Pass and enforce laws and have education to protect women and girls from domestic violence, rape and FGM/C.
- Provide jobs, incomes and education and reduce social inequality so that people have an alternative to violence.
- Provide security.

Protect and improve livelihoods

- Do not have lockdowns or curfews unless there is emergency financial assistance, especially for those most in need.
- The situation is so hard at the moment that it is difficult to think about how things can improve.
- More equal sharing of resources.
- Government and business cooperation.
- Businesses should support the poorest.
- When government cuts taxes on business to help the poorest, businesses must cut their prices.
- Cooperation between national and regional governments.
- Work with the religious leaders.
- Promote sharing to help people survive.
- Skills training for employment.
- Prioritise those on lowest incomes.
- Regulate food prices.
- Promote domestic food production.
- Free or affordable education for all.
- Health care to support livelihoods.
- Reduce corruption so that the best use is made of the resources that are there.
- International support.

Protect and increase inclusion

- Follow Islam which instructs people to share and not to discriminate against anyone, because we are all human.
- Promote unity.
- Provide inclusive education and social justice.
- Reduce inequalities.
- Stop speaking negatively about minority groups.
- Women and minorities need to have people representing them in senior government positions.
- Do not discriminate against people based on any characteristic, such as clan or physical disability.

Live the life that you value

- Strong governance to provide the right context, but also self-development and less reliance on aid.
- Follow the guidance of Islam on how to live a good life.
- Health care, education, food security and secure employment for this generation and their children.
- Sharing and mutual support.
- Be realistic and modest in what you seek.
- For individuals to have the life they want, society must be improved. Start by improving society.
- Enough prosperity for permanent accommodation and savings.
- Justice, prosperity, peace and security: all

are connected, and the system should provide them.

Take care of this generation and future generations

- Create a better system with regulations, stability, security and all the main services.
- Learn from past mistakes.
- Ensure that everyone has education and is not just trying to survive now.
- Educate the younger generation in how to live life well.
- Learn from traditional ways.
- Adapt to the modern world.
- Work out how parents can guide their children, who pay more attention to what they see on their smartphones than what their parents say.

Allow the natural world to flourish

- Waste management and recycling to create jobs, as well as to protect the environment.
- Accountability and regulation of business.
- The government to protect nature (e.g. ban cutting down trees for charcoal).
- Public education about the importance of the environment.
- Renewable energy.
- Government policy rather than relying on NGOs.
- Strong regional cooperation.

EVALUATION OF THE PROJECT AND NEXT STEPS

We asked participants to give the project an overall rating, and to explain why they had given the project that rating.

Table 29: Evaluation of the project – Mogadishu

| Excellent | Good | Neither good nor poor | Poor | Very poor |
|-----------|------|-----------------------|------|-----------|
| 18 | 2 | 0 | 0 | 0 |

Table 30: Evaluation of the project – Hargeisa

| Excellent | Good | Neither good nor poor | Poor | Very poor |
|-----------|------|-----------------------|------|-----------|
| 18 | 2 | 0 | 0 | 0 |

We encouraged the participants to be honest. The value of the ratings could be limited by the fact that the process of rating was not anonymous. Nevertheless, we have some confidence that the scores were accurate due to the supporting comments provided by participants. **The participants overwhelmingly rated the project as 'Excellent' while the remainder rated it as 'Good'.**

Best things about the project

We asked participants what the best things were about the project. The participants highlighted the following:

- Generating more knowledge and awareness about COVID-19.
- Inclusiveness: involving people from different social backgrounds.
- Group discussions among people from different social backgrounds.
- Gathering data to identify problems and devise long term solutions.
- Payment for participation: extremely valuable for participants in a desperate financial situation.
- Respectful engagement: calling back if

necessary, listening with care, friendly and open interviewers, emotional support.

- Good questions: relevant, wide-ranging (including feelings).
- Checking to see if anything had changed.
- Checking answers for confirmation.
- The agree/disagree option, so that participants did not have to say more if they preferred not to.
- The overall approach: transparency and ownership by participants.
- Learning what research means and being actively involved in the process.

'To be honest, I had a very good experience which I have never had before. I used to just hear about researchers, but it was a practical experience for me. It was a very good experience to be engaged with such a process; I obtained a rich experience. I did not know how to be engaged with a research study. This was a great experience that I gained from individually.' (P32: Illiterate person, Hargeisa)

'Your support throughout the project, both emotionally and financially, was excellent.'

(P11: Illiterate person, Hargeisa)

'Your project is inclusive and has put the ownership in the hands of the respondents. It feels great to contribute to your project.' (P20: Disabled person, Mogadishu)

'One of best things that I liked during the study was how different social groups submitted their views, shared ideas and gained experience from the study itself; it was a remarkable exercise to remember. This was the best thing to capture during the study. There was support through cash which was very good as well.' (P25: Small Informal Trader, Hargeisa)

'The way the questions were designed and how you also simplified the questions when I didn't understand them. Most importantly, the cash you have been giving me has helped us a lot.' (P26: Small informal trader, Hargeisa)

'The way you prepare questions. The researchers were also very good. Being paid money was also one of the best things; it made the project unique.' (P7: Woman, Mogadishu)

'How you respect me if I said I am busy and to call me back. Also, the way you asked the questions and listened to us. The payment was also the best.' (P5: Small informal trader, Mogadishu)

'Collecting data to identify problems and helping come up with long term solutions.' (P2: Government employment official, Mogadishu)

'The participants in the group discussion were knowledgeable and I enjoyed exchanging views with them. It was great to be part of such a discussion with other people from different backgrounds.' (P4: Telecoms employee, Mogadishu)

'The way the interviews were held and the inclusion of a wide range of people from different parts of society and different social classes. It was really important to have a proper view from many perspectives. The interviews

and the focus groups were all conducted with the utmost professionalism. They were enjoyable as well as interesting.' (P24: Telecoms employee, Hargeisa)

'I really enjoy these questions. A lot of people don't talk about these questions, like focusing on people's lives, how people feel; everyone is normally in their own social circles. I enjoyed the focus groups and saw sides of people's lives which I didn't really know about, like the small business owners and the salons; it was a big eyeopener for me. It's also important you didn't finish after one set of questions, they flowed and followed through, they were reassuring with the rechecking, the phases were always important; lots of things change and people often don't check that. I like your system of agree/disagree, it gives people the option to say more or less – whatever they're comfortable with – it's a really good way of going about it.' (P23: Government inclusion official, Hargeisa)

'I was raised by my mother only; my dad was not in the picture. The last time I saw him was when I was 11 years old. You cannot imagine how glad I was when received this money from you; it helped us cover the bills, mainly for water and electricity. My mum used to sell Sabaayad (Somali Chapati) next to Hargeisa main hospital, but now she is at home because no one is buying anything from her as people have stopped passing by that area. On top of that she is very ill.' (P33: IDP, Hargeisa).

'You have been giving us money which has been amazing; I have used this to pay for the rent, water, electricity etc.' (P36: Minority clan member, Hargeisa)

'The money you have been sending to us was a huge help. Many thanks to all of you.' (P31: Illiterate person, Hargeisa)

'You guys are super cool. I was talking to my dad, I said TS were awesome and super nice. The girls in the office are lovely, and you're

really lovely as well! You speak to us step by step, you let us know what we're going to do, you're transparent! NGOs in Hargeisa are very murky, you're different. I like the way you guys do things. You give us the option, you work around the people, it's not the people working around you. It's lovely.' (P23: Government inclusion official, Hargeisa)

'I'm really glad that there are regular communications between us, the phone calls between us. It is unlike other organisations who do field work; they need data and then never look back. This interview is different from the other ones I have taken part in; it has made me realise how dangerous this pandemic is.' (P28: Woman, Hargeisa).

What we could have done better and next steps

We asked participants to tell us how the project might have been improved and what we might do next. They made the following suggestions:

- More research on low income people, including specific categories such as cleaners who have lost their jobs due to COVID-19 responses.
- More awareness-raising about COVID-19, aimed at more people and including those without access to TV, the internet or even radio.
- Education and training on how people can protect themselves from disease and how to survive financially when income is lost: how to create durable and sustainable livelihoods, including for specific groups such as IDPs and women running small businesses.
- Broader scope: especially the health system; girls' education on general health; education on the environment; the rule of law, including Sharia law and traditional elders; mother and child support; those living with HIV; and government policy mechanisms and plans.
- More on the inadequacies of the hospitals

and health system; GBV, FGM/C; economic recovery; how to deal with a second spike of COVID-19 infections.

- Include participants who have been seriously ill and hospitalised.
- More time to prepare and to discuss the topics.
- Facilitate more sharing of opinions.
- Extend the project to other locations and more participants.
- Continue the project beyond the current end date.
- Socially distanced face to face interviews and group discussions, rather than only using phones.
- Increase financial support for the poor.
- Have the option of payment in food supplies, rather than in cash.
- Publicise the project on Facebook and Twitter.
- Create action plans and encourage the authorities to implement them and provide support for the people.

'I would raise the livelihoods aspect, because their income has been devastated by COVID-19. It is common and people need help improving their purchasing power! People have been affected very badly. This is very common, not a personal need.' (P32: Illiterate person, Hargeisa)

'Yes brother, we wish to be interviewed in this very good way, especially in rural communities. You see, it is rare to be connected with such an opportunity. So, I would recommend extending the project, giving more opportunities to rural communities.' (P39: Rural pastoralist, Hargeisa)

'There are many students who cannot access TVs, internet or radios to listen to. So, to think about giving them access would be relevant. I wish to give students a chance to study and also know about the risks of COVID-19.' (P35: Minority clan member, Hargeisa)

'I would like it if you could give some attention

to the health infrastructure and the general public's perception of the health institutions.' (P4: Telecom employee, Mogadishu)

'I would like it if you included in your participants, people who are in a critical situation and have been admitted to hospital for weeks.' (P1: Government health official, Mogadishu)

'Initially the questions [seemed] more academic, and I believe some topics such as climate change are not easy for some people; particularly people who didn't go to school.' (P9: Youth, Mogadishu)

'There are women who work as cleaners who have lost their livelihoods due to clients asking them to stay away from them, due to the women going to different households. I would suggest you look into their situation or talk to them.' (P10: Youth, Mogadishu)

'No there's nothing, I love you guys. I genuinely like the way you guys are doing things. I don't think I would change anything... I scored the project good because nothing's perfect. Also, I want to see the analysis. I want to read the report, and then that score could change either way.' (P23: Government inclusion official, Hargeisa)

KEY FINDINGS

We found intense and multi-dimensional concerns and deprivation, especially among those on low incomes. Destroying livelihoods while providing no financial support should never be acceptable as a public health measure, especially if those measures are often ineffective.

Limited action taken to prevent COVID-19 infection is mainly due to structural and social factors, not lack of information. Public health education is still necessary; it should include challenging stigmatisation, explaining that wearing a face covering does not mean a person is infectious, and explaining that those recovered from the virus are not still infectious. There is an urgent need to set up trusted and safe community public health care. Health care is mostly unavailable or unaffordable, and where it does exist it is often not trusted. People are also fearful of compulsory quarantine, fearful of not being able to earn a living if they admit to being or having been infected, fearful of being ostracised even after they have recovered due to a false belief that they are still contagious, and fearful of being stigmatised in the long term for having been infected. Addressing these issues needs to be

at the heart of the COVID-19 response.

The most and least privileged were mostly concerned about the same things, but with the least privileged often more worried due to their financial and social vulnerability.

There was broad and deep agreement across all the major issues for both Mogadishu and Hargeisa. Participants agreed on the importance of Islam for comfort, strength, inclusion and mutual aid; the immediate actions that are needed; and the fundamentals of what building back better would mean. Even with few resources, much more can be done. Across the board, we found that the participants had many shared views that could be a major resource for constructive individual and collective action.

Wherever possible action should be with, and not just for, the most excluded. Those people should be paid for their time and energy, as a matter of principle, respect and inclusion.

The time to press on with sustainable development during, through and as a method of COVID-19 response is now.



COVIDEV

COVIDEV is a research and practice collaboration between the University of Bristol and Transparency Solutions on the protection and promotion of sustainable development in Somalia/Somaliland during, through and as a method of COVID-19 response.

In this work, sustainable development is the enhancement of lives, livelihoods and inclusion for current and future generations so that they can live the lives they value in ways that allow the natural world to flourish.

COVIDEV is part of the joint University of Bristol and Transparency Solutions Somali First initiative to promote Somali-led development in all sectors. Transparency Solutions is an official Strategic Partner of the University of Bristol.