



AAMUSNAAN MAYA

'SILENCE NO MORE'

Assessing Responses and Needs of
Digaale Internally Displaced Persons Camp
at the Outbreak of the COVID-19 Pandemic



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Abbreviations

ADO	Agricultural Development Organisation
CSO	Civil Society Organisation
DRA	Danish Refugee Alliance
GCRF	Global Challenges Research Fund
GPS	Global Positioning System
HAVOYOCO	Horn of Africa Voluntary Youth Committee
IDP	Internally Displaced Person
INGO	International Non-Government Organisation
IOM	International Organisation for Migration
KII	Key Informant Interviews
MCH	Maternal and Child Health
MESAF	Ministry of Religious Affairs and Endowment
NADFOR	National Disaster Preparedness and Food Reserve Authority
NDRA	National Displacement and Refugee Agency
NGO	Non-Government Organizations
ODK	Open Data Kit
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
SONSAF	Somaliland Non-State Actors Forum
SPSS	Statistical Package for Social Scientists
TGP	Third Generation Project
WaSH	Water, Sanitation, and Hygiene

Background

Somaliland is already significantly impacted by climate change and yet there has been little sustained media attention on the enormous issues facing its population as a result. Most notably, as of 2018, and as a direct result of climate change, there were 150,000 Somalilanders occupying internally displaced camps around its capital city, Hargeisa, and the majority of Somaliland's population are in the midst of losing their pastoral culture and livelihoods¹ Som-Act is a local organisation based in Hargeisa, advocating to amplify the voices of vulnerable communities in Somaliland. With the Third Generation Project, Som-Act led the GCRF-funded project 'Breaking the 4th Wall of Climate Migration: Developing Policy and Education Capacity of Local Climate Justice Organizations'. Key to this project was the participation of Transparency Solutions, an organisation that specialises in delivering Somali-led transformative, sustainable and positive change throughout the Horn of Africa region. During that project the three organisations worked together with residents of Digaale IDP camp, opening up a working relationship and the opportunity to collaborate with them in facilitating this study.

In line with SOM-ACT's research objectives, the Aamusnaan Maya (Translated from Somali as 'silence no more') Initiative was developed at a critical time in the climate crisis being faced by Somaliland. The project aimed to identify the pressing issues faced by the residents of Digaale IDP camp in Somaliland and in particular, the impact that climate change is already having on displacement and on the exacerbation of unfavourable living conditions for vulnerable groups (women, children, disabled people, and ethnic minorities in the camp. This activity also sought to educate local journalists and media communities in Hargeisa as a way of highlighting and addressing the needs of the residents of Digaale IDP Camp on a daily basis.

However, when the COVID-19 pandemic began to unfold across the world beginning in December 2019, this had serious implications for those living in Somaliland's IDP camps. Consequently, the Som-Act and TGP teams realigned the project's objectives, tailoring them to focus on the COVID-19 situation. In Somaliland, the first case of COVID-19 was confirmed on 28th of March, 2020 and as of 24th of August, 2020 the Somaliland Ministry of Health had recorded a total of 889 confirmed cases, whilst the number of deaths at that time was close to three dozen. The overarching objective of this research, then, was to assess the initial impact of COVID-19 (January-September) on the socio-economic status of internally displaced communities, communities that have already been significantly impacted by the effects of climate change.

From August until September 2020, our team conducted a survey within Digaale IDP camp, which lies outside the centre of the capital city of Hargeisa. During this time, we also conducted semi-structured interviews with members of organisations already working in IDP camps. This report solely focuses on the initial period of the COVID-19 pandemic (January - September 2020).

(1) Candle Light for Health, Education, and Environment (2009), The Impact of Climate Change on Pastoralism in Salahley Bali-gubadle Districts, Somaliland.

Key Findings - Key Informant Interviews

Somaliland's IDP camps and COVID-19

IDPs have been identified as the most vulnerable group in Somaliland in need of special protective measures. These vulnerabilities have been exacerbated by the Covid-19 pandemic and scant resources have been allocated to this group by the government. The government was quick to call for local responses to the pandemic when the first case was reported in March 2020. As of August 2020 there were no reported cases of Covid-19 in IDP camps in Somaliland. This appears to be connected to the effectiveness of the local response amongst IDP communities, including their response to public health messaging, and the coherence of community organisation.

Examining Responses

The role of civil society

Within Somaliland, there are various governmental and non-governmental institutions that have been involved in the pandemic response. The Somaliland Non-State Actors Forum (SONSAF) has played a key role in the civil society response to the pandemic, particularly in terms of the prevention of the spread of Covid-19. In terms of local organisation, the Taakulo Somali Community has played a notable role in providing citizens with preventive supplies and information on Covid-19 and the health needs that have resulted. Taken together the result has been greater recognition by the government of Somaliland of the need for civil society as part of the policy response. In general, civil society organisations have been vital in facilitating much needed communication between the government and local NGOs.

The role of international NGOs

There are a number of international partners working with key stakeholders in Somaliland. Two notable international partners - Oxfam and SOS Children's Village International - have played a significant role during the pandemic. Overall, international organisations have faced many constraints that have hindered them in providing a timely and effective response, including a lack of planning and preparedness. Somaliland's unique money and banking system has also hindered relief efforts in that it hasn't been able to respond quickly enough to crisis needs. The pandemic also spotlighted the lack of Somalilanders holding senior positions in country offices, as many international staff returned to their respective countries, leaving some INGO offices without on-ground leadership.

The role of the government

The government of Somaliland is the central stakeholder in coordinating and managing the Covid-19 response. The Ministry of Health, the Ministry of Information and National Guidance, and the National Displacement and Refugee Agency were critical partners in this coordination and management - particularly as it related to IDPs and their welfare. The government performed well in providing an inclusive response that involved a wide range of partners and in raising awareness of Covid-19, especially in high population areas, and in providing access to preventative equipment and testing capabilities. Despite this, efforts were sometimes hindered by the presence of societal norms that worked against those measures designed to contain the spread of the virus such, e.g., social distancing.

Gaps in Response

There was a need for more consistent messaging in response to misinformation amongst the Somaliland public. Funding relief efforts were problematic, especially given that international donors were less available due to the global nature of the pandemic and their need to either cut funding or focus their efforts elsewhere. There was inefficiency in inter-agency communications that impacted the pandemic response and the ability of the government to consistently manage relations between key stakeholders. Additionally, at no point was there a budget line allocated to support for IDPs. There was also a lack of attention and technical expertise amongst members of the National Preparedness Committee. There was a lack of data-informed messaging. There were some issues around contact tracing as a preventive measure. Overall, some government institutions were observed to have been better coordinated in their response to the pandemic than others.

Key Findings - Survey Results

Access to Food

Overall, 84.7% of Digaale IDP survey respondents reported facing challenges in having daily access to food supply during the pandemic, whilst only 15.3% of participants reported that they had not. On the causes of food insecurity, participants responded that the primary barriers to food access were: lack of food availability, increasing food prices, and government restrictions on movement due to lockdown measures.

Access to Employment

Overall, respondents did not report having a stable and reliable source of income. The largest percentage of IDP camp respondents (33.3%) reported relying on the informal sector while 12.5% of respondents relied on family and friends. Only 6.9% of respondents were in regular salaried work. The survey established that household incomes for Digaale IDP camp residents were disproportionately impacted as food prices increased, lockdown measures cut mobility, and markets were closed. The vast majority of IDP residents (79.2%) reported a decrease income. Limited economic support was provided to households in Digaale IDP Camp during the outset of the COVID-19 pandemic.

Access to Education

100% of respondents reported that their children were not going to school during the pandemic. The assessment also looked into the reasons why school-age children were absent from school. The majority (70.1%) of respondents reported that children stayed at home to comply with lockdown measures imposed by the government. However, around one-fifth (21.1%) of participants did not have the financial resources to send children to school and 3.5% of respondents did not have a school nearby for children to attend. This lack of access also pre-dated the COVID-19 pandemic. The survey found that online education was not accessible to most children in Digaale IDP Camp.

Access to Sanitation

Water availability in Digaale camp was limited. Overall, slightly more than half (51.4%) of the respondents did not have enough water to wash their hands to prevent the transmission of COVID-19. In a discussion with camp leaders to follow up on the survey findings, they estimated the estimated average consumption of water per day for displaced communities in Hargeisa was 8.5 litres, which is smaller than the Sphere² standard of 15 litres of water per person per day, for all household purposes.

Access to Healthcare

Generally, the results indicate that there was a limited level of medical preparation for COVID-19 in the Digaale IDP camp health facilities. Only 41.6% of respondents said that medical staff had an adequate supply of essential medicines to treat COVID-19, while 26.4% of respondents cited shortages of medications and supplies in healthcare facilities. The respondents mostly praised the maternal and child health clinics in the community, which are managed by NGOs and funded by the International Organisation for Migration (IOM). They provided maternal and childcare services, antibiotics for curing infections, and basic medical checkups, all free of charge.

Domestic Violence

The pandemic has resulted in a clear rise in domestic violence (intimate partner violence) often as a result of lockdown measures. In our survey, just over a quarter of respondents (26.4%) reported having experienced violence (physical and/or emotional) whilst at home. From the survey results 6.9% of the respondents said that they required immediate support, which was offered and arranged by the Som-Act team.

(2) The Sphere standards are a set of humanitarian standards, developed by NGOs, to be used in humanitarian response.

Recommendations

- To address challenges and assist with increasing food access, development agencies should **have a primary focus on creating, strengthening, and advocating for basic needs projects** and fundraising for humanitarian projects;
- The quality and accessibility of primary education can be improved by **increasing the provision of digital learning and educational materials**, including solar-based tablets. Additionally, with support from INGOs, the Ministry of Education should make a concerted effort to provide access to secondary education for children in Digaale IDP camp.
- **Health facilities serving IDPs require additional support from government and non-government partners**, with a focus on supporting and building the capacity of staff, ensuring the provision of continuous medical supplies, and improving the overall quality of service delivery.
- This assessment demonstrated that more than a majority of respondents do not have adequate amounts of water to drink and clean their hands. It is therefore recommended that the government, together with domestic and international development partners, **ensure that there is adequate access to water in Digaale IDP Camp and other IDP camps** surrounding Hargeisa.
- There is an urgent need to **improve road links to Hargeisa from Digaale and other IDP camps**, as this will greatly benefit people commuting to and from Hargeisa in their search for employment.
- There is a need to **increase media attention to the current situation of residents of Digaale IDP Camp** and other IDP camps surrounding Hargeisa in order to educate the public at large and humanize IDP residents. To facilitate this, INGOs working in IDP camps should partner with Hargeisa media outlets to help facilitate human interest stories in a respectful and collaborative way with IDP residents.
- There is a need to **increase the number of, and strengthen existing, projects in IDP camps that address domestic violence** and provide support for those impacted by the clear increase in domestic violence as a result of COVID-19.
- Finally, we recommend that the **Somaliland government, namely the National Refugee Displacement Agency and the National Disaster Preparedness and Food Reserve Authority (NADFOR) better incorporate and prioritise emergency response plans** addressing the needs of residents of Digaale IDP Camp as outlined in this report.

Methodology

1 - Key Informant Interviews

Transparency Solutions conducted Key Informant Interviews (KII's as part of the Aamusnaan Maya project, in collaboration with the Third Generation Project and SOM-ACT from August to September 2020. Staff from five key institutions were interviewed as key informants, each selected for their knowledge both as representatives of various governmental and non-governmental entities involved in current initiatives for Internally Displaced People (IDP in Somaliland and as key individuals involved in the nationwide response to the COVID-19 pandemic.

Individuals from these five civil society institutions were interviewed in order to understand the various efforts that were, and are, being employed in response to the outbreak of COVID-19 in Somaliland and in preventing its further transmission. We investigated their institutional mandates, areas of interest, specific interventions, organisational capacities, and their professional networks, including their accessibility to IDP camps as the initial period of the COVID-19 pandemic unfolded. The Somaliland National Displacement and Refugee Agency (NDRA is the government agency responsible for IDPs, returnees, refugees and illegal immigrants. The NDRA has been mandated by the government to manage issues related to IDPs. In this agency we interviewed the Director of Internally Displaced People Mahamoud Yusuf. From the Somaliland Non-State Actors Forum (SONSAF we interviewed Executive Director Ayan Hassan. SONSAF played a key role in the initial COVID-19 response by coordinating local member organisations, including efforts by civil

society organisations and (CSOs) nongovernmental organisations (NGOs) to form the Somaliland National Preparedness Committee on COVID-19.

Finally, the team interviewed selected international partners who supported Somaliland during the initial period of the pandemic. We interviewed Mohamoud Mohamed Dualle from the Taakulo Somali Community, a key development and humanitarian partner for Somaliland, engaged with COVID-19 support activities. From Oxfam we interviewed International Country Office Consortium Partnership Manager Lisa Scharinger. Finally, we interviewed Mustakim Mohamed, a meal officer for SOS Somaliland who is currently engaged in activities providing support to IDPs during the COVID-19 pandemic.

2 - Surveys

This assessment also utilised a survey method of data collection and a questionnaire was administered to respondents to capture information with regard to a number of key variables, e.g. access to healthcare, access to food and water, and instances of domestic violence. Male and female Som-Act staff conducted the primary data collection after they received training on data collection protocols and sensitization in developing a sample design. Basic information on the survey respondents is included in Tables 1 & 2 on page 35. The survey was administered from August and concluded in September 2020. In total 100 surveys were collected.: 78 from residents of the IDP camp and 22 from residents in the host community of Digaale. Sampling both groups was done in answer to a request of the community leaders. The number of

surveys collected was limited by time, financial resources, and the risk of COVID-19 transmission itself.

Before researchers went to conduct and collect surveys in Digaale, they first conducted a practice test amongst themselves, as there was concern that the survey was too long. An alternative shorter survey was produced in case participants did not have the time for the longer version, however no participants opted for the shorter survey. Researchers were supervised by the Som-Act coordinator (Yahye Mohamed) on a daily basis while conducting surveys in Digaale camp. Particularly with regards to questions of gender-based domestic violence, the Som-Act coordinator ensured that female researchers were trained and assigned to conducting surveys with female participants. Respondents who reported that their lives were under imminent threat were given social and legal consultation with Som-Act researchers, all of whom are experienced social workers. Som-Act researchers referred respondents to a female-run legal clinic in Hargeisa. Respondents were also given contact information for referral mechanisms that could be utilised if reporting life-threatening abuse. The Som-Act coordinator assisted with any issues that arose in the field by community leaders and members (namely lack of clarity around intentions of survey and its results). After the data collection period, the lead staff involved in the project encrypted and secured the data. The team proceeded to analyse the data with staff at the Third Generation Project (TGP). For more details on the data collection, securitisation, and analysis processes, see section 'Survey Methodology and Approach'.

Introduction to the Key Informant Interviews (KII's)

This section of the report is based upon Key Informant Interviews (KII's) conducted by Transparency Solutions. Interviewees were selected for: their knowledge in both current initiatives for Internally Displaced People (IDP) in Somaliland, and for their involvement in the nationwide response to the COVID-19 pandemic. These individuals, and the institutions they represent were as follows:

Mahamoud Yusuf Ali: Director of Internally Displaced People, Somaliland National Displacement and Refugee Agency (NDRA)

Ayan Hassan: Executive Director, Somaliland Non-State Actors Forum (SONSAF)

Mohamoud Mohamed Dualle: Taakulo Somali Community

Lisa Scharinger: International Country Office Consortium Partnership Manager, Oxfam

Mustakim Mohamed: Meal Officer, SOS Somaliland

These interviews highlighted a number of key themes present in the institutional planning and response to COVID-19, namely:

1. The background and current situation of Somaliland's IDP camps
2. The role of civil society
3. The role of international NGOs
4. The role of the government

In turn, the interviews highlighted a number of gaps in policy response, both in terms of how these themes were addressed individually and in parallel to account for key intersections between the thematic areas. These will be highlighted in the final subsection (5) prior to the conclusion of the KII analysis.

Somaliland's IDP camps and COVID-19

Digaale camp lies on the outskirts of Hargeisa. The Somaliland National Displacement and Refugee Agency's mandate covers the four most vulnerable categories of people who are described as needing protections for health, livelihoods and humanitarian support under normal circumstances. Compared to any other group in Somaliland, IDPs are the most vulnerable and at-risk group of people. Estimates made by the NDRA for the registered number of IDPs within Somaliland is estimated to be above 150,000. For the time being some displaced pastoral communities are recovering after healthy levels of rainfall. Somaliland has four distinct seasons - the dry seasons are July-September and December to March, whilst the rainy seasons are April-June and November-December. During both the dry and rainy seasons in Somaliland, the number of IDPs increases, although that rise is much more dramatic in the dry season. During the rainy seasons these numbers fall, although it is noted that there are now higher numbers of displaced persons staying in IDP camps for lengthier periods of time. Overall, it tends to be the severe weather and subsequent loss of livelihoods that prevents individuals from making a living in rural areas and that increases the number of IDPs in IDP camps and urban centres. This is paired with a higher degree of dependence on outside resources to meet traditional living standards, as these persons do not typically have the vocational skills necessary to support themselves and their families within an urban setting. The situation in Somaliland in terms of its IDPs is becoming more challenging as the effects – health, economic, and otherwise – of the COVID-19 pandemic have already exacerbated an already desperate living situation for many IDPs. Many families have lost their sole source of income with no opportunity for replacing it with new work.

In response to this, the NDRA – an agency responsible for identifying the needs of IDPs especially in light of the ongoing pandemic – sees itself as playing a key role in responding to these catastrophes in the IDP communities and in implementing preventative efforts where possible.³ However, the Somaliland government does not have many resources, and scant resources have been allocated specifically towards meeting the needs of IDPs. This includes the need for resources to conduct contact tracing, for testing of its population, and for bringing awareness about COVID-19 to more rural areas.

(3) NDRA (May 20, 2020), Prevention and Response Plan for COVID-19.

Yet, the government has been notably quick in reaching out for local support. For example, the government contacted Shaqodoon, a local organisation, which is currently partnered with Oxfam, to ask for support in setting up the COVID-19 call centre. This is important as it showed awareness of the organisations and local entities that can most rapidly mobilise resources and respond to outbreaks.

Respondents generally indicated that pandemic response efforts began in Somaliland in late March 2020. These efforts began with coordination and information sharing activities in an effort to understand the status of the virus in Somaliland, the scale of the risk the virus posed in Somaliland, the types of support that would be needed and efforts to plan for initial interventions. All respondents described a similar scenario in the early days of the outbreak with ongoing humanitarian and development projects, including projects implemented within IDP camps, no longer being as relevant as before. Respondents agreed that they all started implementing immediate preventive measures as well as planning later areas of interventions. For instance, the individuals interviewed argued that the response was so quick because some of them were already in place implementing humanitarian projects mainly within the IDP camps.

As of 31 August 2020 there were no confirmed positive cases of COVID-19 amongst the IDP camp populations in Somaliland. IDP populations responded very proactively to information and messaging campaigns and reportedly were vigilant in taking precautions and preventative measures against the transmission of the virus. Yusuf (NDRA) describes many cases in which individuals in IDP camps contacted the organisation if they witnessed symptoms of the virus amongst themselves. Despite the lack of support to IDP camps during this time, the vigilance of residents of Digaale IDP camp and their response to awareness campaigns contributed to their overall health. Mustakim (SOS) explained that in addition to their increased awareness of sanitation, the hygiene of the camps improved rapidly. Finally, upon word of the pandemic, many individuals in the IDP camps began to form themselves into ad hoc response groups and united as a community. IDP gatekeepers provided residents with the latest news and information, and individuals in the IDP residences relayed to the gatekeepers their most immediate needs. This led to the internal development of effective action plans within IDP communities.

Key Points

- There are over 150,000 Internally Displaced Persons in Somaliland according to the NDRA.
- IDPs have been identified as the most vulnerable group in Somaliland in need of special protective measures.
- The majority of displacement is a result of prolonged droughts in the country, likely resulting from climate change.
- These vulnerabilities have been exacerbated by the COVID-19 pandemic and scant resources have been allocated to this group by the government.
- The government was quick to call for local responses to the pandemic when the first case was reported in March 2020.
- As of August 2020 there were no reported cases of COVID-19 in IDP camps in Somaliland. This appears to be connected to the effectiveness of the local response amongst IDP communities, including their response to public health messaging, and the coherence of community organisation.

The Response of Civil Society

The Somaliland Non-State Actors Forum (SONSAF) is head of an umbrella network with member CSOs headquartered in Hargeisa. In terms of technical coordination of the pandemic response, SONSAF has played a key role and continues to do so. Ms Ayan Hassan (Executive Director), states that, 'the communication and coordination (of the response) was a key area that we supported because SONSAF is not an implementer; we are more for advocacy, lobbying and policy support'. SONSAF is able to bring together the efforts of CSOs to ensure that these efforts are supported and coordinated with one another. Finally, SONSAF shared critical information from COVID-19 hotspot areas, especially IDP, urban centers, and some rural areas around Hargeisa such as Daarasalaam, Baligubadle and Salaxlay.

SONSAF led much of the initial coordination efforts of these member organisations in order to focus efforts towards slowing the transmission of the COVID-19 virus. Hassan, explained that the role of SONSAF is to lead the implementation of a concerted and coordinated strategy between stakeholders including local CSOs, NGOs and businesses, international humanitarian organisations, large donors to Somaliland, and Somaliland government committees and Ministries, especially the newly formed National Preparedness Committee on COVID-19 and the Ministry of Health. The establishment of this network originally was to ensure functional and timely information flow between local stakeholders and friends of Somaliland, as well as provide a springboard to an effective, united response to critical events. Hassan believes the early intervention of SONSAF and the willing participation of stakeholders within its network contributed to a more consistent intervention and avoided unnecessary duplication of support activities as well as establishing an overall effective utilisation of local resources allocated for the COVID-19 pandemic.

Overall, SONSAF's primary engagements in response to COVID-19 are related to the prevention of COVID-19 spread, by responding with the establishment of a coordinated communication platform for CSOs across the different regions, cities, and villages in Somaliland. These channels facilitated important information-sharing between stakeholders and allowed for regular updates across the regions. SONSAF's first step in this engagement was to develop a matrix which identified the type of support already taking place in Somaliland, the areas in which interventions were occurring and/or needed, and the scale of support provided by CSOs. Also put into place by SONSAF were regular, high level meetings with Somaliland's Vice President H.E Abdirahman Abdilahi Ismail Sayilici who is also the head of the National Preparedness Committee. Also attending these meetings were cabinet ministers, who are members of the National Preparedness Committee and leaders within the Ministry of Health and the Ministry of Water.

This formal civil society engagement with the government was found to be useful, resulting in government institutions which were more aware of what was occurring in remote areas of the country. Hassan believes that this coordination was also important for establishing positive working relationships across government and non-government entities and offered a new means to collaborate, cooperate and coordinate with each other and partners. Objectives of SONSAF such as amplifying civil society voices and the needs of civil society organisations were met; and partners of SONSAF including the government, international donors and local entities became actively engaged with CSOs in order to respond to the health crisis and conduct activities that are complementary and supportive in nature. Overall, this effort on behalf of SONSAF paved the way towards accomplishing a unified approach in responding to the virus and mitigating its impacts in Somaliland.

While discussing the COVID-19 related coalition of civil society organisations and other stakeholders led by SONSAF, respondents reported a common observation; before the COVID-19 pandemic the Somaliland government had not fully realized the potential roles and contributions that CSOs play within the policy spaces of health and the economy. For SONSAF, increased engagement meant opening up regular lines of communication with CSOs across Somaliland and establishing opportunities for meetings that would bring together government stakeholders with civil society. As a result Somaliland government representatives recognised the need for civil society engagement in their planning of COVID-19 response activities. This is evidenced by the new government appointing members from civil society organisations to serve in posts within the formal government structure pertaining to the virus response. The appointed individuals are Sahra Halgan – businessperson and well-known singer – and Hussein Ismail – leader from the Agricultural Development organisation (ADO), a local NGO. These individuals were appointed to represent non-state actors within the secretariat of the National Preparedness Committee. The addition of two civil society members to this committee closed the communication loop between CSOs and government and was a great step in ensuring that all national stakeholders were included within the primary structure in terms of preparedness, preventative planning, and response to the COVID-19 pandemic.

Vitality, CSOs facilitated much needed communication between the government and local NGOs. This paved the way for the government and CSOs to coordinate their efforts, maximising the impact of resources and avoiding duplication of activities. Simultaneously this established a network of institutions and individuals who were able to form collaborative relationships with one another. Mustakim provided an example of such cooperation. Through newly established communication channels SOS learned of the needs of the National Committee for COVID-19 and were able to utilise staff to provide technical support and coordination. This support was in the form of three psychologists who were available in the COVID-19 call centres to assist in conducting calls with patients as well as providing psychological support to overworked and stressed staff in the centre.

Another CSO, Taakulo Somali Community (TSC) - a humanitarian organisation based locally in Somaliland - was one of the leading local organisations which responded to the need to provide citizens with preventative supplies and information on COVID-19 and its emergent health needs. Mohamoud Mohamed Dualle from TSC describes the role that Taakulo played in this response, specifically concerning international humanitarian partners and the role that TSC played in coordinating between these partners and government ministries and agencies. He states, 'Taakulo is playing a significant role in the response to the virus. As a local organisation we have frontline government agencies and ministers that we work with closely, and we are working with them to provide the necessary support for the COVID-19 response. The main government offices that we channel our support to on the COVID-19 crisis are the National COVID-19 Response Committee and the National Displacement and Refugee Agency'. Taakulo continues to work closely with the NDRA and is providing support to several IDP camps across the country, which they also did prior to the COVID-19 outbreak. Their areas of expertise in terms of interventions and the support they provide to IDPs includes WaSH (water, sanitation and hygiene, livelihood development and the provision of essential food and non-food items).

As an example of the latter, Taakulo distributed 350 hand wash stations, 50,000 personal protection equipment items, as well as soap, face masks, and hand sanitiser across Somaliland. Their support targeted urban areas and IDP centers; these areas were considered potential 'hot spots' for the virus. Taakulo also implemented personal hygiene training and raised awareness about social distancing and space management, with specific efforts to assist individuals in dealing with crowded work locations such as markets. They crafted billboards in Hargeisa and Buroa which displayed COVID-19 messaging and provided telephone numbers for the COVID-19 emergency call centre, which helped the public better access resources. Text on the billboards was paired with illustrations which were designed to help those who cannot read understand the messaging.

Taakulo is currently supporting government health institutions and agencies such as the Hargeisa Group Hospital, Ministry of Health Development and National COVID-19 Committee. They have donated over 20,000 N95 Masks and other PPE equipment to local authorities and hospitals and remain committed to supporting the government and local communities.

Dualle explained that there were a number of international NGOs who anyway work with the Taakulo Somali Community that continued support to Taakulo during the pandemic. These included UN agencies, Plan International, Somali Humanitarian Fund, Concern Worldwide, Dutch Relief Alliance, and the WFP. With the support of these partners, Taakulo was able to reach 12,000 beneficiaries across the country, providing them with sanitation kits, food and non-food essential items, and cash. Taakulo also redirected ongoing project funding to meet the needs of beneficiary communities during the virus outbreak. As a result they were able to provide support in the Awdal region, Sool, Sanaag, and in urban areas such as Hargeisa and Buroa. Activities for these various projects include general humanitarian relief, WaSH, livelihood support, and COVID-19 support which was based on WHO guidelines.

Key Points

- Within Somaliland, there are various governmental and non-governmental institutions that have been involved in the pandemic response. These include government entities, CSO's and local humanitarian and developmental organisations.
 - The Somaliland Non-State Actors Forum (SONSAF) has played a key role in the civil society response to the pandemic, particularly in terms of the prevention of COVID-19 spread.
 - SONSAF's role has been to lead the establishment of a concrete and coordinated response between key stakeholders.
- SONSAF's early action and the stakeholder response to it has contributed to a more consistent intervention.
- Taken together the result has been greater recognition by the government of Somaliland of the need for civil society as part of the policy response.
- In general, civil society organisations have been vital in facilitating much needed communication between the government and local NGOs.
- In terms of local organisation, the Taakulo Somali Community has played a notable role in providing citizens with preventive supplies and information on COVID-19 and the health needs that have resulted.
 - Taakulo has also been instrumental in providing clear public health messaging in the wake of the pandemic. Taakulo works closely with the NDRA and continues to provide support to a number of IDP camps across the country, as it did prior to the pandemic.

The Response of International NGOs

Throughout the pandemic, international partners have played a key role in supporting, and working with Somaliland stakeholders. As mentioned, two key international partners that have been engaged in efforts to respond to the virus are Oxfam International and SOS Children's Village International. Both organisations have local partners for other projects and programs. For example, Oxfam has been working jointly with local humanitarian and development partners to implement and deliver projects in Somaliland.

Scharinger, Oxfam's consortium partnership manager for the humanitarian response consortium, called into action a joint response from the country office in Hargeisa to coordinate efforts in mitigating the impacts of COVID-19 in Somaliland. There are four INGOs and six local NGOs across Somaliland and Somalia that are engaged with this joint force; most are based in Somaliland, although some are also local implementing partners headquartered in Puntland and Banaadir Region in South Central Somalia. The INGO partners in this consortium include World Vision, SOS and Medair. Oxfam's local partners included in this joint response are Taakulo, Havoyoco, Candlelight, Kaalo (Puntland), Zamzam (South Central) and Daawo (South Central).

Lisa Scharinger explained during her interview that the partnerships that Oxfam has – both with local and international entities – are primarily humanitarian partnerships. In responding to COVID-19, these partnerships have been restructured in order to address preparation, prevention and response to COVID-19 in Somaliland. Oxfam's partnerships also include developmental partnerships that have engaged in the joint response. Scharinger described one example of this in the inclusion of a key local development partner, Shaqodoon, and their collaboration with Oxfam and the COVID-19 call centre in Somaliland.

Oxfam has also provided instrumental support in terms of the prevention of COVID-19 transmission in Somaliland and the immediate response to its impacts. According to Scharinger, ongoing projects that Oxfam was implementing in Somaliland had an emergency budget line for their local partners that was part of an already established emergency response mechanism. This crisis budget line allowed Oxfam to bring on-board the local partners mentioned above in the case of any emergency situation.

In terms of process, Oxfam's local partners brought response ideas to the organisation and Oxfam decided if and how these suggested activities could be funded and implemented. Havoyoko and Kaalo used their budget for WaSH, public health promotional activities, distribution of hygiene kits, hand washing stations and disinfection of highly populated public places. Areas of focus were near the border of Ethiopia in Wajaale and in the Maroodijeex region of Hargeisa. Shaqadoon, a local organisation based in Hargeisa, approached Oxfam for funding and through this emergency budget was able to contribute to the implementation of the COVID-19 call centre in collaboration with Telesom and the Ministry of Health.

Oxfam's early interventions were made possible by reallocating and utilising internal funding and the crisis budget described. Subsequently, larger donors approached Oxfam to submit proposals in order to receive support for response activities in Somaliland. Oxfam now receives funding from larger donors such as the German Foreign Office, Dutch Relief Alliance, and the Dutch Ministry of Foreign Affairs. Oxfam has also supported local partners HAVOYOCO and the Shaqadoon Star Fund Consortium.

Oxfam has been mentioned as a key partner in the response to COVID-19 in Somaliland, both in terms of their access to funding from donors and their technical coordination of local and international stakeholders. In describing their approach, Scharinger explains that, 'the approach we utilised for the COVID-19 response was to provide support mainly through our local partners, whom we secured funding on behalf of. Any proposal we [wrote] or any donor funding we received we channeled it immediately through to our local partners and supported them in putting into place the activities that make sense for the population'. Oxfam's key local partners are Taakulo, HAVOYOCO and Shaqadoon; they work through and with these different institutions to funnel in funding and technical advice. In Buroa and Erigavo, Oxfam works with Candlelight.

Local Oxfam partners also work with the government. 'The local partner acts as a bridge from the people of Somaliland to entities such as Oxfam. According to those we engaged with in the study, it became evident that it is more productive for Oxfam to work through these local partners to implement and support the Somaliland public – even if this support is from an international organisation or entity'. Scharinger argues that, 'local organisations are the organisations who will sustain and stay in Somaliland longer. The international experts and INGOs working directly with the government are not the best option because they will leave the country sooner or later. Our approach is a sustainable one both in terms of the transfer of skills and expertise'. Investment in local organisations and local capacities results in permanent organisations that can deliver the work that international entities do currently and have more of an effect on the local community due to a deeper understanding of the context. It is not typical that an international individual or entity will remain in Somaliland permanently, and therefore, it is more sustainable if a local entity develops the needed capacities.

Mustakim Mohamed (SOS Somaliland) explained that there are several humanitarian support projects working with IDP camps in Marodi Jeex and Sahil regions. One project, funded by the Danish Refugee Alliance (DRA), provided individuals and families with livelihood support which includes provision of essential food items, cash in the form of a monthly payment, and hygiene kits. This project also supported income generating activities. Women in one camp were trained and then supported in starting small businesses based around the skills that they had learned. These initiatives were the subject of continuous monitoring and evaluation work, however these activities quickly became second to dealing with the economic and health crisis brought on by COVID-19.

SOS's support to IDP camps adapted quickly with the onset of COVID-19 in East Africa. SOS staff carried out an intensive awareness campaign for IDPs, spending time in IDP camps passing out brochures and leaflets explaining COVID-19, providing an oral narrative of the pandemic and expected risks, and using loudspeakers on vehicles to spread the messaging. Using these same methods, instructions on hand washing and social distancing were provided to residents of IDP camps. The first week of April 2020 and the same week that SOS began their campaign, the Ministry of Health announced its first awareness campaign. With this announcement, the SOS team convened an emergency meeting with agenda items focused around strengthening awareness building initiatives and rapid re-programming of current activities to prioritise the distribution of hygiene kits, sanitation kits, and the continued distribution of food items. These distributions and the awareness campaign are ongoing. During his interview Mustakim from SOS indicated that early monitoring and evaluation results showed great success in these efforts.

SOS was awarded funding by the Danish Relief Agency for a project that was officially launched as the COVID-19 Prevention and Control Project. Its focus was on three areas: providing cash to affected IDPs not included in the initial project scheme and that had become dramatically impacted by the pandemic in terms of daily income and livelihood, supplying IDPs with cleaning supplies and hygiene items, and building awareness in the IDP camps. Through this project, oxygen cylinders were provided to health centers near the Saxardiid IDP camp: 10 oxygen cylinders were provided to Hargeisa Group Hospital, 5 were provided to the Daryeel COVID-19 centre, and 5 were given to the Hargeisa TP hospital. These health centers were supported with this equipment through this project as these are the most accessible hospitals to individuals living in IDP camps and the most often frequented for health services. Finally, this project is supporting the training of health workers at the Ministry of Health.

Overall international organisations faced many constraints which hindered them in providing a timely and effective pandemic response in Somaliland. Yusuf from the NDRA stated that, 'the greatest challenge which affected us was the lack of planning and preparedness for such a virus and any other emergency crisis, which is missing from the National Development Plans and annual budgets'.

'Somaliland government ministries do not have funds allocated for crisis management. So, for example, there were no government funds available to operate the COVID-19 call centre'. Yusuf argued that this hinders the contributions of external and internal agencies because there are no national emergency budgets or contingency plans for any health or natural disaster. Coping with this is possible but limits the efficacy of response. He explained that the coordination between, and mobilisation of, international and local partners – who were willing to rise and take responsibility in the response efforts – was key.

Several other respondents pointed to the lack of an already established, effective coordination mechanism, and explained ways in which this affected the ability of international partners to quickly step in and respond. Coordination, particularly in the beginning stages of the pandemic for East Africa, was particularly challenging. International partners cited challenges in communicating with the government, a lack of preparedness amongst government stakeholders, and confusion amongst important entities all of which resulted in a delayed response.

Sharinger explained a second major constraint on coordination related to Somaliland's unique banking and monetary system. In order to receive funding from donors, humanitarian partners must undergo a lengthy and cumbersome administrative process which limits the impact of their activities and can waste valuable time. Similarly, cash or fund transfers into Somaliland can take weeks or months, and sometimes requires money to travel through other channels such as through Djibouti or Ethiopia – extending the timelines even further. Moreover, limited fund capacities meant that there were some beneficiaries that had to be excluded from receiving support while the most vulnerable members of targeted communities were identified. Internally displaced persons and IDP camps were prioritised due to the hypothesis that if the virus were to spread in these areas, controlling the spread in adjacent areas would be much more difficult. Mustakim noted another hindrance to the response – delays in the delivery of regular activities and differences in costs that impacted food distribution. Trainings that were going to be provided to IDPs and camp gatekeepers were postponed because nearly all of the venues were closed and finding open spaces that are appropriate for hosting trainings was difficult to find.

Key Points

- There are a number of international partners working with key stakeholders in Somaliland.
- Two notable international partners are Oxfam and SOS Children's Village International, both of which have played a significant role during the pandemic.
- Oxfam has led a joint response, creating a consortium of INGO's and NGO's across Somaliland.
- Oxfam has also provided support in terms of the prevention of COVID-19 transmission and on the pandemic's impact. This was made more effective as a result of Oxfam's already established budget line for emergency response.
- SOS Children's Village International has been involved in supporting income generating activities, including small business training for women.
- SOS Children's Village has also been involved in an intensive public health awareness campaign in IDP camps.
- Overall, international organisations have faced many constraints that have hindered them in providing a timely and effective response, including a lack of planning and preparedness.
- Somaliland's unique money and banking system has also hindered relief efforts in that it hasn't been able to respond quickly enough to crisis needs.

The Response of Government

The central stakeholder leading the coordination and management of the COVID-19 pandemic response in Somaliland is the Somaliland government. This has been led through previously mandated government institutions as well as the newly established National Preparedness Committee for COVID-19 and its associated secretariat. Other government entities responsible for managing natural disasters and health, livelihood and food insecurity are also involved. The Ministry of Health, the Ministry of Information and the National Guidance, and National Displacement and Refugee Agency were critical partners in this management – particularly as it pertains to IDPs and their welfare.

Respondents also identified areas in which the government performed well in terms of the response to the pandemic. Specifically, the government maintained an inclusive approach to its response and was open to conducting or being party to meetings and wider consultations with the business community, CSO's, professional health associations, and even Khat exporters based in Ethiopia. Respondents in this study overwhelmingly reported a positive cooperation between international and local humanitarian and development partners for the purposes of the delivery of COVID-19 support programs. Each respondent indicated that they were well engaged with the Somaliland government throughout this process and felt that there was buy-in from all stakeholders forming a truly joint response. The government was also quick to reach out to different local and international partners requesting support in their response.

Additionally, according to respondents the government did well in raising awareness of the virus, particularly in Hargeisa, the main cities, and district headquarters. A COVID-19 public awareness campaign was launched, and the Somaliland government sought support from international humanitarian organisations, NGOs and other government donors. The quick establishment of a technical team supporting the National Preparedness Committee, which included expertise pulled from the NHS in the United Kingdom, brought an experienced health professional Dr Halimo Hussein Mohamed. Insights and contributions from Dr Mohamed provided the government with medically relevant strategic advice. Secondly, the awareness campaign led by the government helped provide the public with accurate information to dispel myths about the virus. Messaging was WHO approved and provided in Somali as well as in English. These interventions showed great success and are achievements to be celebrated.

Although great efforts were witnessed in this regard, the social habits and societal norms which encourage social activities (small to large gatherings), constrained the effectiveness of these response mechanisms. Community perceptions of the government's campaign are also impacted by particular cultural and social behaviors which hinder the effectiveness of such messaging. The main constraints include the disparity between prevention measures and Somali community social structures. Recommendations for social distancing are at direct odds with the Somali community's social setups and norms such as deep social cohesion. Large families and regular visitation with family members are important elements of Somali social life, and these social behaviors become even more important in times of crisis.

The Somaliland government sought to address the challenges related to social cohesion and social structures by providing and accessing adequate preventative equipment and testing capabilities, which included the procurement of a polymerase chain reaction (PCR) testing instrument, face masks and gloves. In addition, pastoralist communities and rural centres were not sufficiently targeted in this awareness campaign and individuals in these communities were less aware of the crisis. Moreover, the fact that IDPs live in highly condensed, populated shelters – called 'Aqal' – means that one person infected with the virus in an IDP camp would have a high chance of transmitting this infection to family members and, subsequently, other families in the IDP camp.

Yusuf recommended that the Somaliland government put into place contingency plans for emergencies and crises that may put strain on the national budget in the future, because, as was the case with COVID-19, it cannot be assumed that international partners or donors will be in a place to provide funds or other material support. Additionally, he recommends that government Ministries and the National Preparedness Committee prioritise support to IDPs and work towards addressing their needs. He emphasises that his agency and office are ready and willing to help the government in this type of support.

Key Points

- The government of Somaliland was the central stakeholder in coordinating and managing the COVID-19 response.
 - The Ministry of Health, the Ministry of Information and National Guidance, and the National Displacement and Refugee Agency were critical partners in this coordination and management – particularly as it related to IDPs and their welfare.
 - The government performed well in providing an inclusive response that involved a wide range of partners.
 - The government also performed well in raising awareness of COVID-19, especially in high population areas, and in providing access to preventative equipment and testing capabilities.
 - Despite this, efforts were sometimes hindered by the presence of societal norms that worked against those measures designed to contain the spread of the virus such, e.g. social distancing.
 - The government response was less consistent in pastoral communities and rural centres.
 - For IDP camps, living arrangements mitigated against social distancing.
- One recommendation from the KII's was that the government of Somaliland put in place emergency contingency plans based upon a cohesive national budgetary response.



Overall Gaps in Response

Various health, social and economic challenges resulted from the COVID-19 pandemic in Somaliland. The outbreak of this virus necessitated a joint response from the Somaliland government with the support of local organisations and international donors and partners. International partners such as humanitarian organisations, development partners, states, philanthropic organisations and local businesses were an important support and one respondent explained that donors responded quickly and were able to mobilise funds, especially because they were aware that the Somaliland government would not have disease testing capacities and because of recognition of the existence of poor health facilities in Somaliland. Support from international partners included medical equipment, monetary support and technical assistance in order to cope with the wider transmission of the virus in the context of an area with poor health facilities. COVID-19 evolved into a crisis in which the international community collaborated with local stakeholders to prevent the further spread of the virus. Key international partners that supported the Somaliland response to the virus outbreak were, and continue to be, the European Union, the United Nations, Oxfam and SOS Children's Village Fund.

A common theme mentioned by respondents was their ability – or lack thereof – to respond to myths or misinformation which spread widely throughout the Somaliland public. Dualle stated, 'As we are aware, Somalis are an "oral society" and wrong and right messages can spread very quickly within the community'. Common myths included the idea that warm air temperature and climate can kill the virus. Another example of such a myth is that the COVID-19 pandemic does not affect Muslim communities. These myths have had damaging effects and resulted in a greater need for local efforts to mobilise information campaigns. Respondents in this study indicated that it was a challenge to convince people of the severity of the COVID-19 pandemic.

Funding limitations were the primary difficulty for all partners involved. This was especially true in the context of this pandemic as the crisis was global and impacting the finances of larger donor countries to Somaliland. There were several shortfalls in terms of inter-agency coordination amongst Somaliland institutions. Meetings were arranged by different Ministers from involved Ministries and the National Preparedness Committee secretariat. Some of these meetings lacked clear direction and did not maximise the potential efforts of a joint, concerted meeting.

The coordination of large distributions of food items and health supplies did meet with difficulties in terms of the Somaliland government response. Interviewees reported that it could be challenging to arrange a meeting with a government official and that coordination between CSOs, local partners and international organisations could at times be chaotic. The government was at times resistant to sharing their planned approaches with stakeholders and local NGOs, and often NGOs only shared minimal information with government entities.

A further challenge to coordination efforts was the flight of senior international staff working within the humanitarian and development sector from Somaliland. This happened quickly and created large inconveniences for local staff who were waiting for decisions from staff in other time zones and in far away locations. The slowing and eventual halt of flights brought into sharp focus the lack of decision-making power in the country as institutions became increasingly represented by lower-level staff. This highlights one of a number of major issues behind the status quo of international staff dominating senior roles in INGOs.⁴

In addition to the respondents interviewed within this study, other trusted sources confirmed that there was no budget line within the Somaliland government allocated to IDP support. Ultimately, IDPs were not fully considered in the response efforts. Yusuf stated that, 'the National Preparedness COVID-19 committee did not give any priority to the needs and the serious situation existing within the IDP camps, which was, and still is, very alarming. The decision and approach of the committee to exclude IDPs from COVID-19 support was not an appropriate or fair decision. IDPs have every right to be considered within the crisis period as citizens of Somaliland and for their vulnerabilities to be considered. They deserve to be included within the nation-led efforts for COVID-19'. He also mentioned funds and resources that the national COVID-19 committee allocated to vulnerable and poor people in the country, which unfortunately excluded IDPs.

Mustakim pointed out that the ways in which the COVID-19 pandemic response was managed in Somaliland had a number of short-falls, the most important of these being the lack of attention and technical expertise amongst members of the National Preparedness Committee. Furthermore, ministry staff were observed to be very busy and unable to handle the tasks at hand and lacked the necessary skills to do so. Finally, competition amongst government ministries, committees, and sub-committees, such as the Ministry of Health's nominated COVID-19 subcommittee, caused conflict, rather than cooperation. Mandates became confused and much time was spent in debates over the mandates of these groups.

(4) In an October 2019 survey-based report by the Humanitarian Aid Advisory group, international staff were found to be 1.5x more likely to occupy senior roles in humanitarian aid organisations than local staff, see the 2019 Report by the Humanitarian Advisory Group: https://humanitarianadvisorygroup.org/wp-content/uploads/2019/10/HAG_Data-on-diversity_Final-electronic.pdf

This resulted in ineffective resource management and improper, rushed planning of activities. Mustakim recommended that nominated public health professionals with proven experience in the field provide guidance and oversight to these committees. This would in turn ensure that the government speaks with a unified voice to national and international partners, as well as resulting in better documentation and data. In general, the Somaliland government has been criticised for its handling of both the initial response and of its continued management of the pandemic. This is particularly in regard to poorly managed local news and social media outlets, where staff lack technical and management skills, and are faced with a lack of institutional capacity in terms of policy and planning. There have also been concerns raised around unfair resource distribution and a lack of transparency. These factors led people in Somaliland to question the credibility of the National Preparedness Committee, and as a result, members of the committee became reluctant to attend meetings arranged by local media where they might be held publicly accountable. While respondents in this study argued that the efforts of the Somaliland government in limiting the spread of the virus were initially commendable, they agreed that as time went on the ability of the government to manage the pandemic response became less laudable, and specifically in terms of coordinating the internal and external support available at this time.

Mahamoud Yusuf Ali from the NDRA stated the following, 'the government institutions involved in the response to the pandemic were in competition with one other to coordinate and cooperate, and some of their senior leadership politicized the COVID-19 interventions'. Ali indicated that the root of this issue could be a lack of clarity the mandates of some of the government institutions involved in the response. For example, the National Preparedness Committee on COVID-19 and the Ministry of Health did not begin with a clear delineation of their own roles and responsibilities; and arguably this confusion persists. The Ministry of Information and Guidance and the Ministry of Health also did not clarify or align their roles in terms of how public health messaging evolved during the pandemic, and thus confusion was experienced by the Somaliland public. Contributing to this was fierce competition over resources between key Ministries, which resulted in higher level and experienced individuals within each of these key ministries being consumed by a focus on resource struggles and budgetary stress. As a result of the lack of attention to issues related directly to the COVID-19 pandemic, a secretariat to the National Committee was formed to take on some of the tasks left behind by others. This reflected a lack of effective coordination between state institutions which were involved in responding to the pandemic. Respondents in this research articulated that this ineffective coordination resulted in a delay of activities, duplication of activities, prioritisation of activities and a poor use of resources. These issues further limited the ability of the government to respond to developments quickly and efficiently, and also impacted the progress of local humanitarian and development organisations and international partners.

Significant gaps in the Somaliland government's capacity to deliver a coordinated COVID-19 response plan were also identified by respondents. The first gap pertained to the coordination of stakeholders and activities. Ayan Hassan explained, 'I do not think the Somaliland government managed the preparation, prevention and response to the pandemic well - a lot of efforts have been made from the government although the coordination with all stakeholders was not effective'.

There was a consensus amongst respondents that these gaps have persisted and are evident in the government-led relaxing of COVID-19 restrictions without proper procedures or guidance. The lifting of measures that were instituted to prevent the spread of the virus was not well communicated to the public. This has resulted in common perceptions among civil society that there is no further spread of the virus in Somaliland. Evidence from across the globe suggest this is not the case and the virus is more likely to continue to spread in the community. Due to the lack of precise messaging or regular communication from the government, particularly the Ministry of Health, Somaliland's general populace has begun to be less cautious.

The second gap respondents identified was lack of concrete data as well as data-informed messaging. The failure to communicate effective and evidence-based information to the public stirred up feelings of fear and confusion in the early stages of the pandemic. This was compounded by the fact that there are no reliable statistics for the COVID-19 infection or death rate in Somaliland notably, there is no data to understand mortality rates pre-COVID-19 outbreak either. The pandemic has underlined the need to support efforts or programs which produce outputs that have measured and produced statistical information in Somaliland especially as it pertains to public health. As long as this data does not exist it cannot be provided to the public, and therefore, making informed health decisions becomes a difficult undertaking.

The third gap relates specifically to the government's implementation of measures to prevent the spread of the virus in Somaliland. Multiple respondents mentioned the government's inability to conduct contact tracing activities to follow up on reported cases as one example of this lack of capacity. Other examples of measures that fell short of accomplishing the desired outcomes include awareness raising campaigns across stakeholders and the general public and the implementation of COVID-19 preventive measures such as social distancing and mandated mask wearing. This was compounded by sometimes confusing government messaging.

Some government institutions were better coordinated in their pandemic response than others. The NDRA was an example of this with a close working relationship between the NDRA and its international partners resulting in significant material support from the NRC, ARC, UNHCR and IOM. Police stations at IDP camps were provided with PPE, given their role in the order and regulation of camps. At the regional level, there are established committees which include officers from the; NDRA, National Disaster Preparedness and Food Reserve Authority (NADFOR), Ministry of Religious Affairs and Endowment, Ministry of Employment and Social Affairs and Family (MESAF). Also included in these committees are regional governors and mayors, although the latter are not mandated to be involved and there were issues related to this.

Key Points

- There was a need for more consistent messaging in response to misinformation amongst the Somaliland public.
 - Funding relief efforts were problematic, especially given that international donors were less available due to the global nature of the pandemic and their need to either cut funding or focus their efforts elsewhere.
 - There was inefficiency in inter-agency communications that impacted pandemic response and the ability of the government to consistently manage the relations between key stakeholders.
 - At no point was there a budget line allocated to support for IDPs.
 - There was a lack of attention and technical expertise amongst members of the National Preparedness Committee.
 - There were problems with the National Preparedness Committee including poor management and a lack of coordination.
 - There was a lack of data-informed messaging.
 - There were some issues around contract tracing as a preventive measure.
- Overall, some government institutions were observed to have been better coordinated in their response to the pandemic than others.

Digaale IDP Camp Survey Data

Introduction

This section of the report is based upon survey data collected by Som-Act in the Internally Displaced People's camp in Digaale, and in the surrounding 'home' community of Digaale. The latter was collected as a baseline indicator for comparison with results from the IDP camp, allowing for an indicative analysis of life in the Digaale home community compared to life in the camp and whether the pandemic had a more significant impact upon the IDP population. As a result, although the tables below will focus exclusively upon the IDP experience, each section will also include a narrative analysis of the home community results. This section will include the following sub-sections:

1. Survey Methodology and Approach
2. Survey Sample: Basic Demographic Information
3. Impact of COVID-19 on Access to:
4. Access to Food
 - a. Access to Employment
 - b. Access to Education
 - c. Access to Sanitation
 - d. Access to Health Services
 - e. Individual Response
 - f. Domestic Violence



Survey methodology and approach

Data collection took place by utilising a household questionnaire that was developed, coded and leveraged on smartphones with a Global Positioning System (GPS) facility enabled to support geo-referencing of survey locations and to continuously evaluate the quality of data coming from the field. In turn mobile data collection tools were deployed on the KoBo Toolbox platform, which is a free and open source based on the commonly known ODK platform, that helps to author and manage field mobile data collection processes.

The data collection team comprised four persons: three data collectors and a programme coordinator from Som-Act. The team had two days of comprehensive training, focused on learning the methodology, and on data collection techniques and practices. During the training, the team were briefed on the objectives of the assessment, identifying the appropriate respondents at various levels and on correctly filling in the questionnaires. Emphasis was placed on research ethics and accuracy. There was also one day of pre-testing, as well as supportive supervision and daily debriefing of the enumerators by the programme coordinator at every stage of the survey. This prior training and ongoing oversight enhanced the quality of the data collection process. The project was given ethical approval by the University Teaching, Research and Ethics Committee at the University of St Andrews

Upon completion of the data collection process, the quantitative data was downloaded from ODK aggregate for processing and analysis. Data analysis was conducted using the Statistical Package for Social Scientists (SPSS) software. Frequency tables were used to discern tendencies, and cross-tabulations were used to disaggregate data by age, gender and to locate where the report needed further analysis. The ArcGIS for desktop application was used to perform spatial analysis and visualisation of survey locations.

Quality control was ensured at every stage of the research process, from the engagement of staff, to quality control measures that included extensive training, pre-testing of the survey tools, technical back-stopping and close supervision. In addition, attempts were made to enhance memory reliability by asking questions about recent behaviors. Other measures for quality control included appropriate preparation and orientation of the staff, in order to ensure that they were sufficiently familiar with the survey processes and the tools used. Adequate support supervision was also provided by project technical staff at every stage of the survey with an emphasis on quality data collection. The lead team conducted daily de-briefing with the staff collecting data to address any issues that may have emerged during the survey collection process. Any errors that were identified in the datasets were discussed with the staff and guidance was provided before proceeding to do more data collection the next day. This procedure helped to effectively identify and rectify mistakes while recording responses. Routine validation of data was also undertaken on a daily basis from the ODK servers.

In addition, in line with Somaliland standard ethical procedures, the respondents and camp leaders were briefed about the objectives of the survey and the respondents were also made aware of their right to refuse to answer any questions or to stop the survey at any point. Respondents also had to give written consent and were assured of the confidentiality of their answers.

Survey Sample: Basic Demographic Information

This section presents socio-demographic information on the survey respondents (see Tables 1 & 2).

CATEGORIES	GENDER		TOTAL
	FEMALE	MALE	
Host Community	15	13	28
IDP	52	20	72
TOTAL	67	33	100

Table 1: IDP vs. Host Community Respondents

DESCRIPTION	CATEGORIES	OVERALL	IDPS	HOST COMMUNITY
Age group of respondents	18-24	4.00%	4.17%	3.57%
	25-30	9.00%	11.11%	3.57%
	31-35	10.00%	8.33%	14.29%
	36-40	16.00%	15.28%	17.86%
	41-59	40.00%	40.28%	39.29%
	60+	21.00%	20.83%	21.43%
Gender of respondents	Female	67.00%	72.22%	53.57%
	Male	33.00%	27.78%	46.43%
Is the respondent the head of household?	No	31.00%	31.94%	28.57%
	Yes	69.00%	68.06%	71.43%
Level of education	Informal Education	22.00%	29.17%	3.57%
	No Education	62.00%	56.94%	75.00%
	Primary	9.00%	8.33%	10.71%
	Secondary	3.00%	4.17%	0.00%
	Vocational Training/Certificate	4.00%	1.39%	10.71%

Table 2: Basic demographic information

Table 1 outlines the sampling distribution of the survey overall in terms of gender and residency status of the respondent. The majority of respondents were IDPs, and in turn there were more than twice as many female IDP respondents to the survey than men. Members of the Digaale host community (i.e. those living in Digaale as permanent residents) were included at the request of community leaders.

Gender

Generally more females than males participated in the survey. This could be explained, in accordance with Somalilander culture, by the likelihood of women remaining at home during the day while most men go to work. In terms of different groups, 72.22% of the respondents in Digaale IDP Camp were female and 22.78 % males. On the other hand, 53.57% and 46.43% of participants from the host community, were female and male respectively.

Age

The majority of the respondents were adults with 40% of them falling in the 41-59 age bracket, 21% in the 60+ age group, 16% in the 36-40 years group and 23% who were 35 or under.

Heads of household

Overall, the vast majority (69%) of respondents identified as 'heads of the household' in giving their survey responses, while only 31% of respondents were not. In terms of gender, 75.76% of the male respondents were household heads, while 24.24% of the male respondents were not. Similarly, 65.67% of the female participants were household heads while only 34.33% of the female respondents did not identify as such.

Education

Generally, there was a low level of education among the respondents. This is substantiated by the fact that close to two-thirds (62%) of the respondents had no education and 22% of participants had never received any formal education. 9% of the respondents attended primary education, 3% completed secondary levels of education and 4% attended vocational training at the certificate level. With regard to different groups, three quarters (75%) of the respondents in the Digaale host community did not have any education compared to 56.94% of respondents in the Digaale IDP Camp. 29% of the residents of Digaale IDP Camp and 3.57% of the host community members had received informal education.

The Results: Measuring COVID-19 Impacts on Digaale

The survey focused upon gaining information about the impact of the pandemic on IDPs in a number of key areas, namely: food supply; household income; access to education; sanitation; access to health services; individual and community responses; and domestic violence.

(a) Access to food

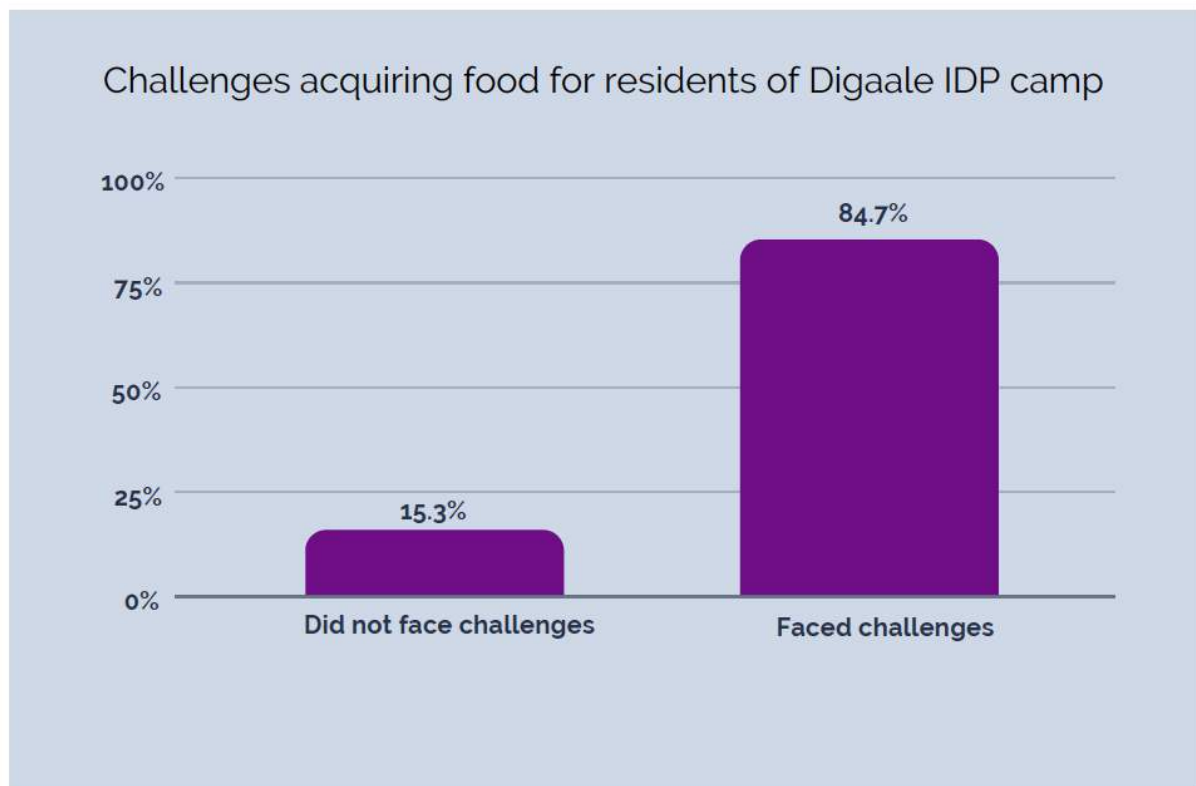


Figure 1: Food Supply for residents of Digaale IDP camp during the pandemic

The survey investigated whether residents of Digaale IDP Camp encountered challenges in terms of food security. Overall, 84.7% of respondents reported that they faced challenges in accessing food, while 15.3% of respondents did not report challenges in accessing their daily meals. This challenge was more pronounced in female-headed households than in male-head households, as 88.9% of female respondents compared to 75% of male respondents struggled with food insecurity. Conversely 11.5% of the female participants and 25% of the male respondents did not face any challenge in accessing food.

After Som-Act researchers probed on the causes of food inaccessibility, interviewees mentioned that food was not available, that prices had increased, that stores were closed and that the government had restricted movement and travel outside the home during the pandemic, all of which contributed multiple and intersecting barriers to food access in the Digaale IDP camp.

For the host community, 92.86% of respondents had faced challenges in food access while 7.14% had not. This could allude to a possible trend in terms of the inability of the host community to access certain key indicators during the pandemic period. 93.3% of female respondents and 92.3 % of male respondents in the host community faced challenges while 7% of the female and 8% of the male host community respondents did not face challenges in acquiring food.

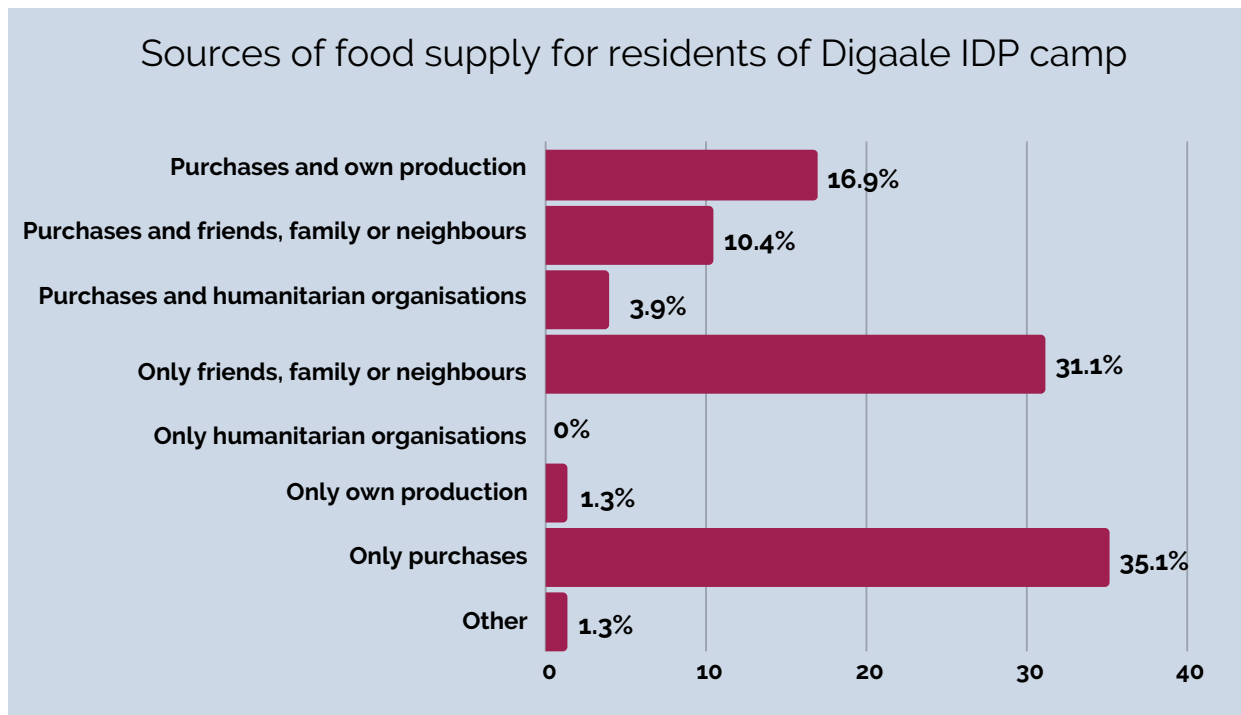


Figure 2: Sources of food supply for IDPs during the pandemic period

The survey investigated the food sources that households in Digaale IDP Camp relied on during the pandemic. The biggest proportion (35.1%) of households relied only on purchases from stores as the main source of food. 31.1% of the respondents depended on support from friends, families or neighbours. As can be seen from Figure 2, there were multiple sources of food supply reported with 16.9% of households obtaining their food through purchases from the market and their own production, 10.4% obtaining food from purchases and friends, family or neighbours and 3.9% depending on food aid from humanitarian organisations and purchases. Only 1.3% relied on their own subsistence food production.

A gender-focused analysis revealed that 69% of the female and 75% of the male IDP respondents relied on purchases from the market and 38% of the females and 30% of the males relied on friends, family or neighbours. There was a considerable contrast in terms of subsistence food production as 13% of the female IDP respondents relied on their own production compared to 40% of the males.

Among the host community, 50% relied only on purchases from the market, 14% relied only on their own production; 7% relied only on humanitarian aid; and 14.3 % relied on both their own purchases and humanitarian aid. In terms of gender in the host community, 66.6% of female respondents and 61.5% of male respondents relied on purchases from the market, 20% of the females and 8% of the males relied on their own production and 26.6% of the females and 15.4% of the males relied on humanitarian aid. 15% of the male host community members relied on friends, family or neighbours for food while none of the female host community respondents derived their food from this source.

(b) Access to employment

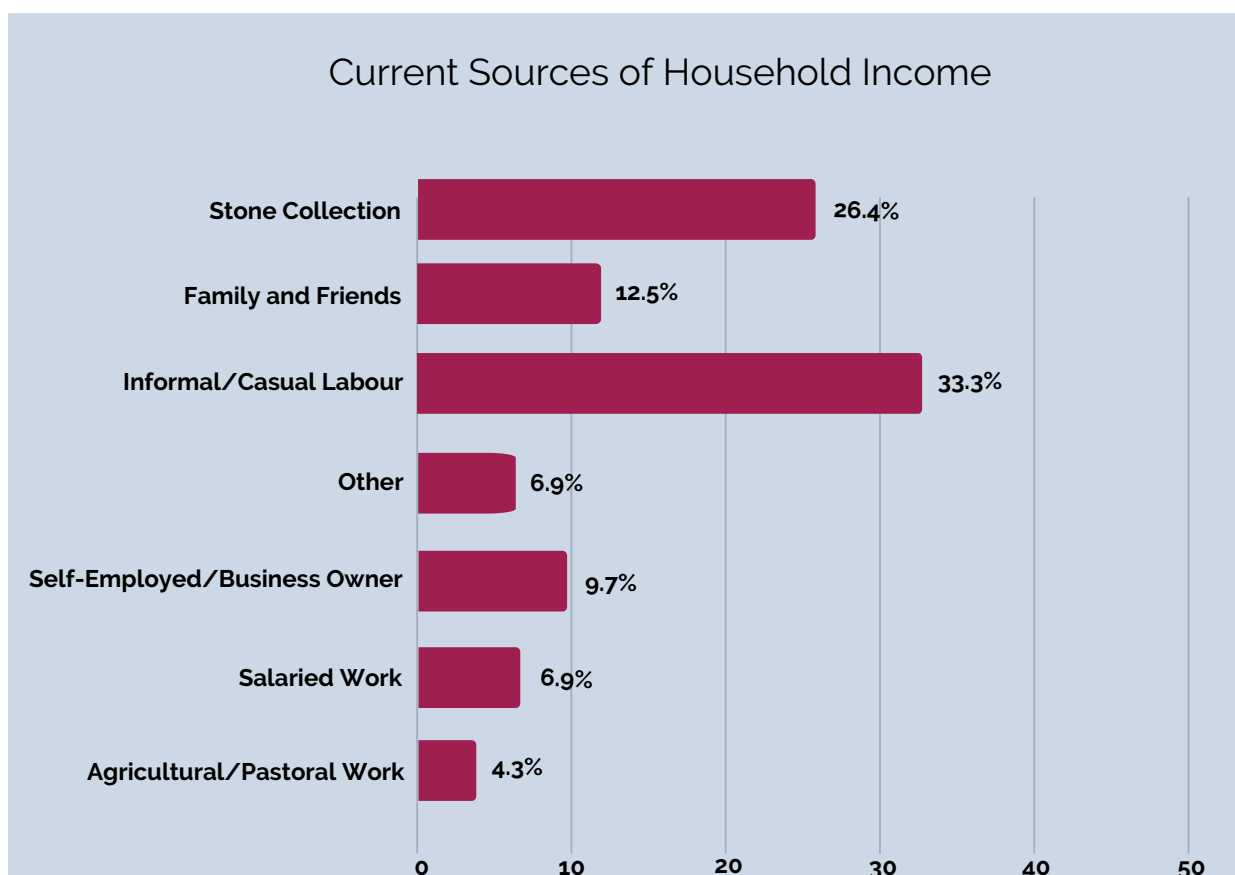


Figure 3: Current Sources of Household Income for residents of Digaale IDP Camp

In addition to food supply, this research examined primary sources of household income for those in Digaale IDP camp (see Figure 3). Overall, participants did not have a stable and reliable source of income, as the largest percentage of respondents (33.3%) were dependent on the informal sector (day labour). 26.4% relied on collecting and selling stones, 12.5% of respondents relied on family and friends, 6.9% on salaried work, 9.7% on self employed businesses, and 4.3% on agricultural and pastoral work. A small percentage (2.7%) of Digaale IDP Camp residents relied on government/non-governmental support and one respondent (1.4%) stated they had no primary source of income. With regards to host community respondents, 61% relied on the informal sector, 14% were self employed, 11% relied on family and friends, 7% on salaried work, and 4% on remittances from abroad.

A gender-based analysis (Figure 4) revealed that among IDP respondents, 1.9% of females and 10% of males relied on farming/livestock raising, 3.8% of females and 15% of males relied on salaried work, 11.5% of females and 5% of males relied on self-employed businesses, 40.4% of females and 15% of males relied on informal/casual labour, 19.2% of females and 45% of males relied on collecting stones (which are later used at construction sites) and 13.4% of females and 10% of males relied on support from family and friends. Five female IDP respondents noted they either had no income or were reliant on governmental or non-governmental support. Two female respondents also noted they relied on their children to earn wages for the household.

Within the host community, 53% of females and 69% of males relied on informal labour, 20% of females and 8% of males relied on self-employment. 20% of females in the host community relied on friends and family while no males did. None of the females had salaried work while 15% of the males in the host community did.

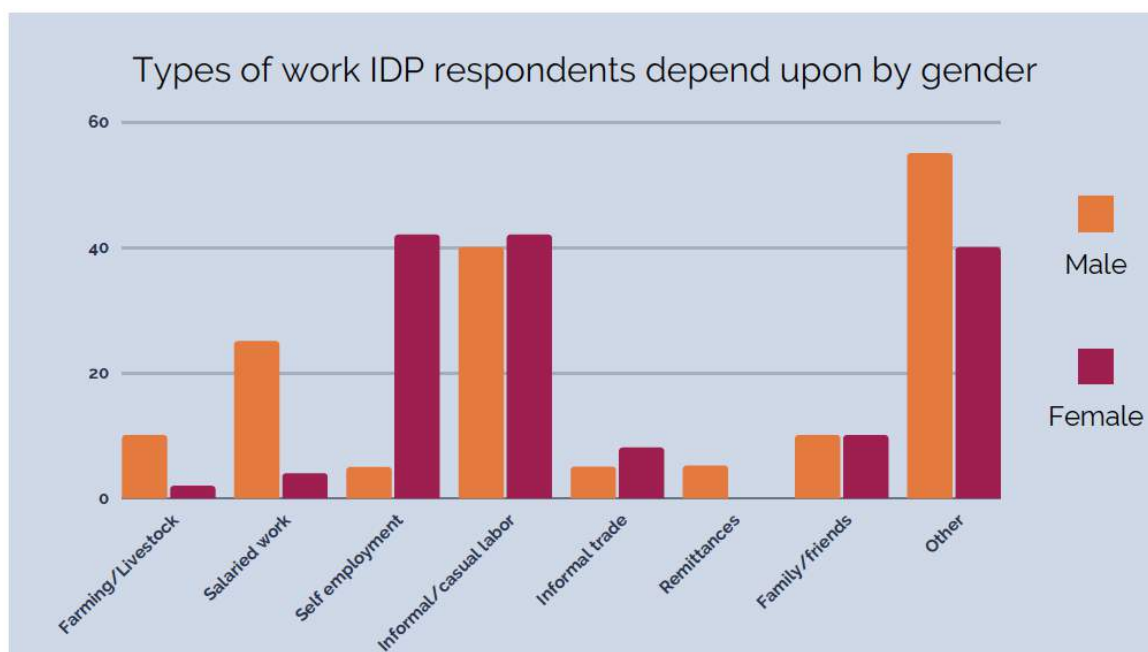


Figure 4:- Gender breakdown: change in household income for residents of Digaale IDP Camp

Change in Income during the first months of the COVID-19 Pandemic

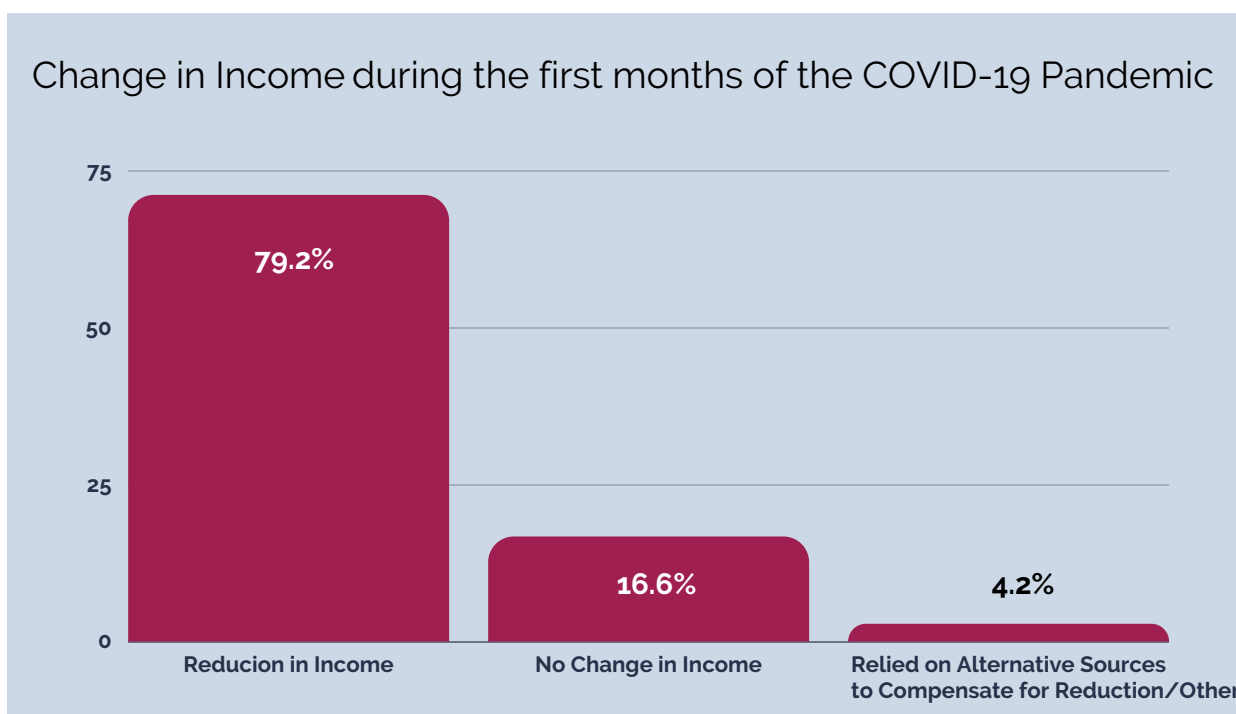


Figure 5: Change in income for residents of Digaale IDP camp during the pandemic

The measurement of change in household income focused on assessing the impact of the COVID-19 pandemic on the livelihood of the families in the Digaale IDP Camp. Generally, this assessment established that household incomes were adversely impacted because markets were closed, the government had imposed lockdown measures and food prices increased. Overall, the vast majority (79.2%) of IDP residents reported a decrease in household income during the pandemic, while 16.6% of households experienced no change in their income and two respondents (2.6%) relied on alternative sources of income to maintain pre-COVID-19 income and compensate for the reduction in their income streams. One respondent (1.4%) marked 'other' without qualification. Among host community members, the majority 96.42% reported a decrease in income.

A gender disaggregated analysis revealed that both men and women in IDP camps bore the brunt of COVID-19 financially. However financial consequences put more pressure on the women in the Digaale IDP camp. 83% of female respondents and 70% of male respondents experienced a decline in income during the first phase of the pandemic. On the other hand, 15.4% of female respondents and 20% of male respondents reported no change in income. A gender disaggregated analysis in the host community revealed that 100% of the male and 93.3% of the female respondents faced a reduction in income during the pandemic. A follow-up study is needed to understand this discrepancy in income loss between the host community and IDP residents of Digaale.

(c) Access to Education

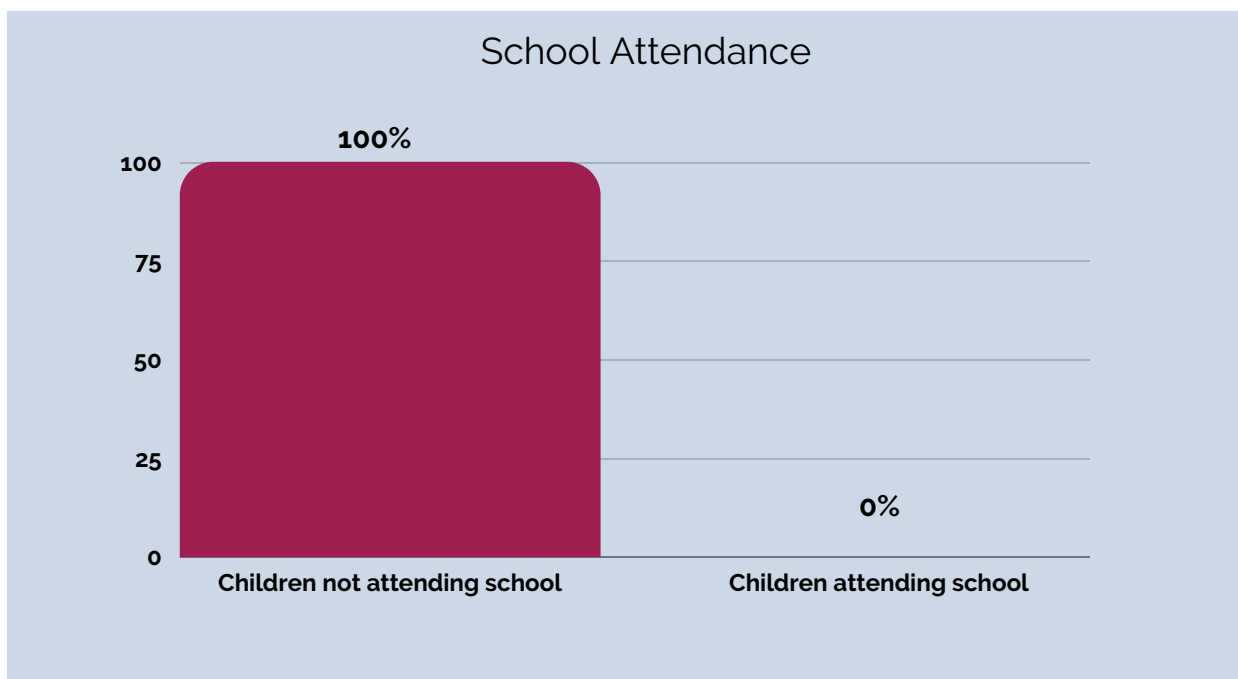


Figure 6: School attendance for children of Digaale IDP Camp

Residents of Digaale IDP camp experienced myriad challenges in accessing education, and there are not enough schools to meet the demand for education. Indeed, all of the 57 IDP respondents with children old enough for school reported that their children were not attending.

Within the host community, 82.6% of the respondents with school age children responded that they were not going to school while 8.7% responded that children were going to school. Like the rest of the world, the Somaliland government imposed lockdown measures to slow down the spread of the Coronavirus after the first reported arrival of COVID-19. In an effort to ensure the safety of children in school, the Ministry of Education closed all educational institutions including schools, universities and training centers and launched online education where lessons were broadcast through TVs and Radio.

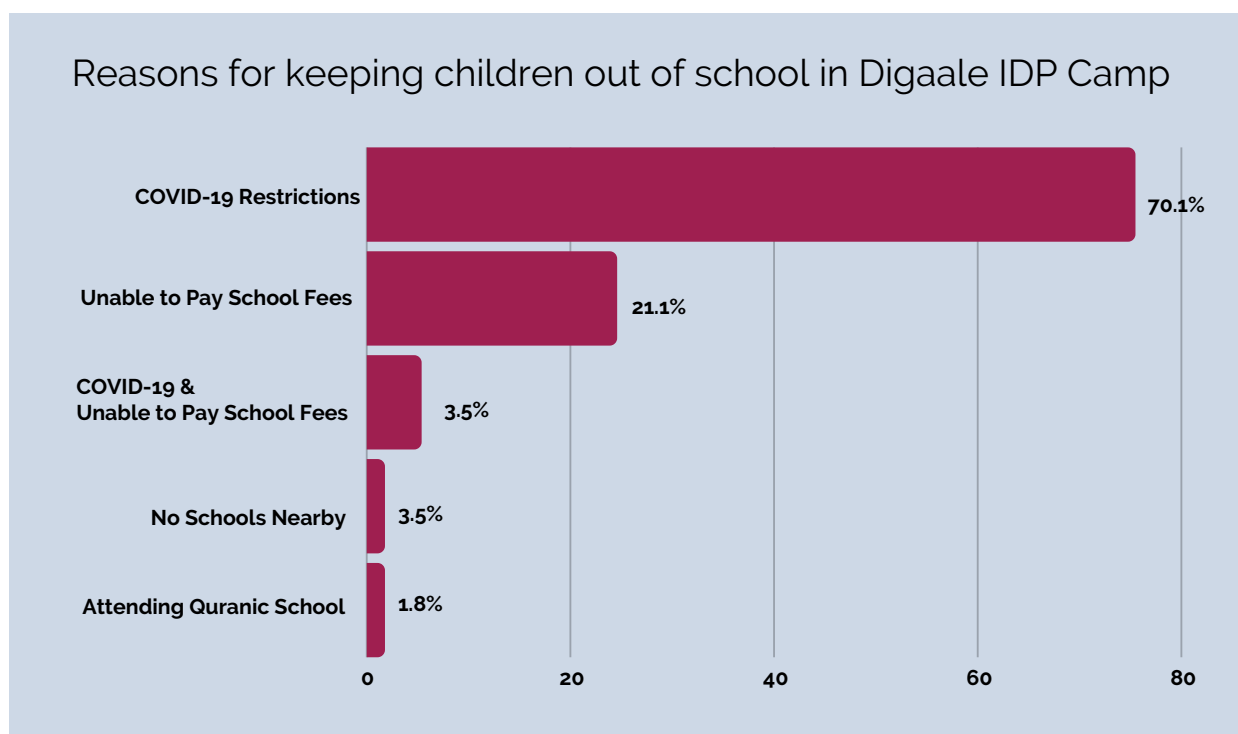


Figure 7: Reasons for keeping children of Digaale IDP camp out of school

The assessment investigated why school age children were not attending school. Of the residents from Digaale IDP Camp with children old enough to attend school (57) the majority (70.1%) reported that children stayed at home because of the need to comply with lockdown measures imposed by the government. Over a quarter (21.1% of the participants) did not have financial resources to send children to school, with 3.5% reporting COVID-19 restrictions as an additional factor. 3.5% of the respondents did not have nearby schools for children to attend and 1.8% of the respondents had children who were attending Quranic schools. Among the host community, of the twenty-four respondents with school-age children, 58% responded that children were out of school entirely due to COVID-19 restrictions, whilst 12.5% responded that they did not, anyway, have access to a nearby school. 12.5% of respondents reported that they were unable to pay school fees, with an additional 8.3% sending their children to Quranic school.

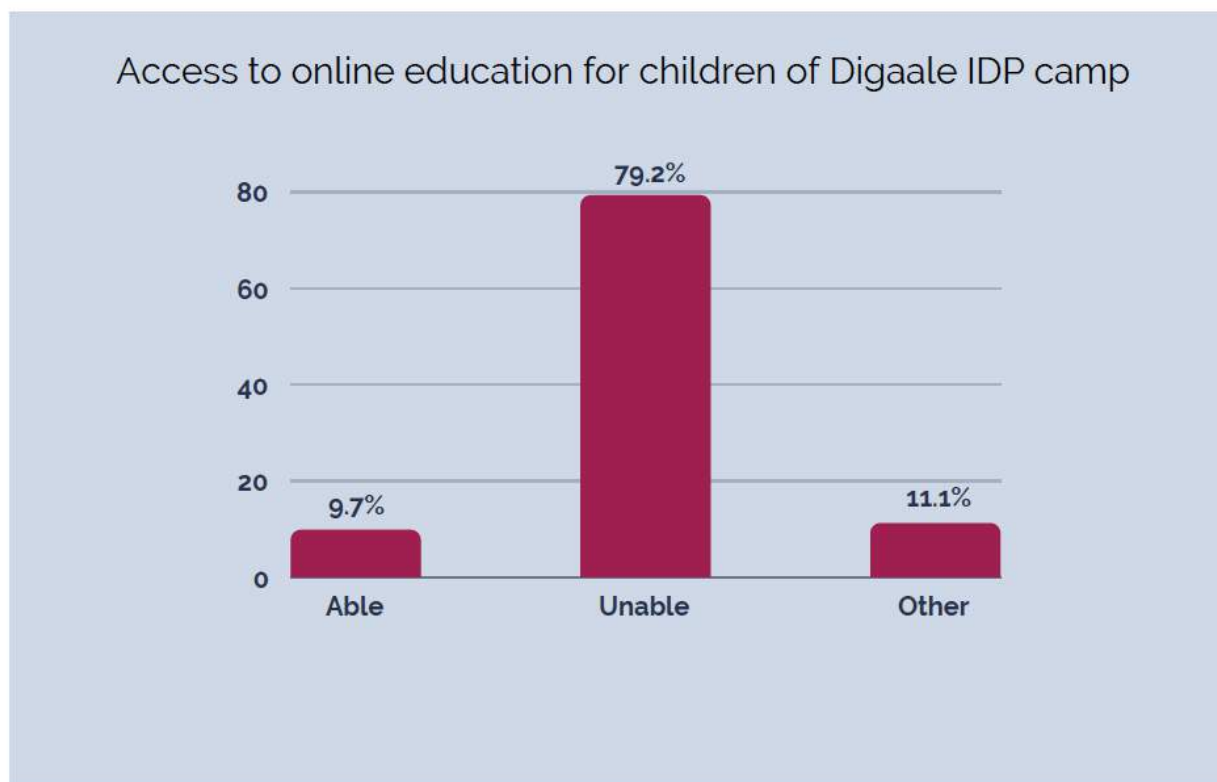


Figure 8: Access to online education for children of Digaale IDP Camp

Like other countries at the time of the COVID-19 global outbreak in March 2020, schools and universities in Somaliland were closed and moved to online platforms and remote education, to prevent the spread of COVID-19. In the Digaale IDP Camp, the vast majority of respondents (79.2%) with school age children were not able to access online education, while only 9.7% managed to access online education.

In terms of respondent groups, households that identified themselves as residents of the Digaale IDP Camp were better positioned to access online education than host community members. This was substantiated by the fact that 96% of host community households with school attending children did not have means to access online education. The few children who were able to access online education without disruption during the COVID-19 pandemic, did so through smartphones, government-owned radio programmes, and TV.

(d) Access to Sanitation

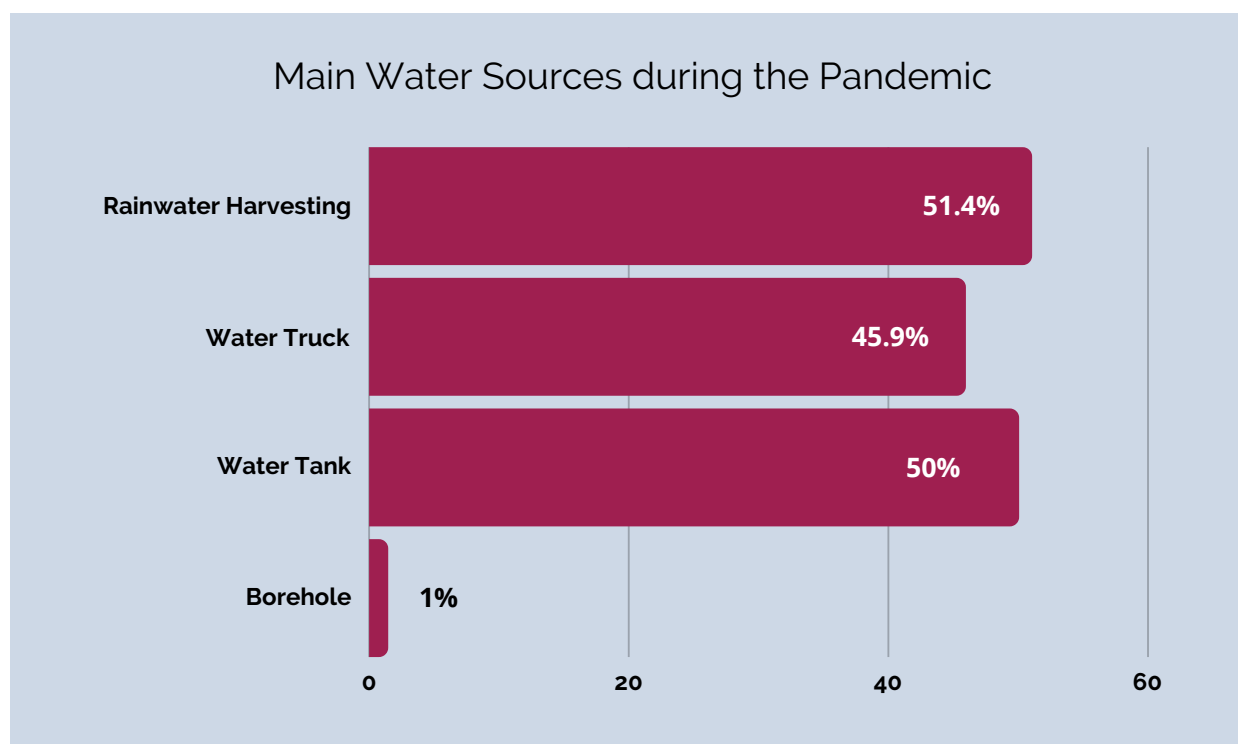


Figure 9: Main Sources of Water for Residents of Digaale IDP Camp (solely and in combination with another)

The survey sought to assess the main sources of water for residents of Digaale IDP Camp, giving respondents multiple options to choose one or more as their primary sources of water. The findings indicate that 51.4% of the respondents were dependent on rainwater harvesting as a main source of water. The majority of respondents used rainwater in combination with another water source: 50% relied on water tanks (either solely or in combination) while 45.9% of households relied on water trucks (either solely or in combination). A small proportion (1.4%) of families reported receiving water from a borehole. Within the host community, 39.3% relied solely on water trucks, with a further 7.2% using water trucks in addition to another water source; 25% relied solely on water tanks, with another 14.3% using water tanks in combination with another source; and 32.1% utilised rainwater harvesting (either solely or in combination), with an additional 10.7% using boreholes in combination with rainwater harvesting. In a discussion with camp leaders to follow up on the survey findings, they estimated the average consumption of water per day for displaced communities in Hargeisa as 8.5 litres, which is smaller than the Sphere 2 standard of 15 litres of water per person per day for all household purposes.

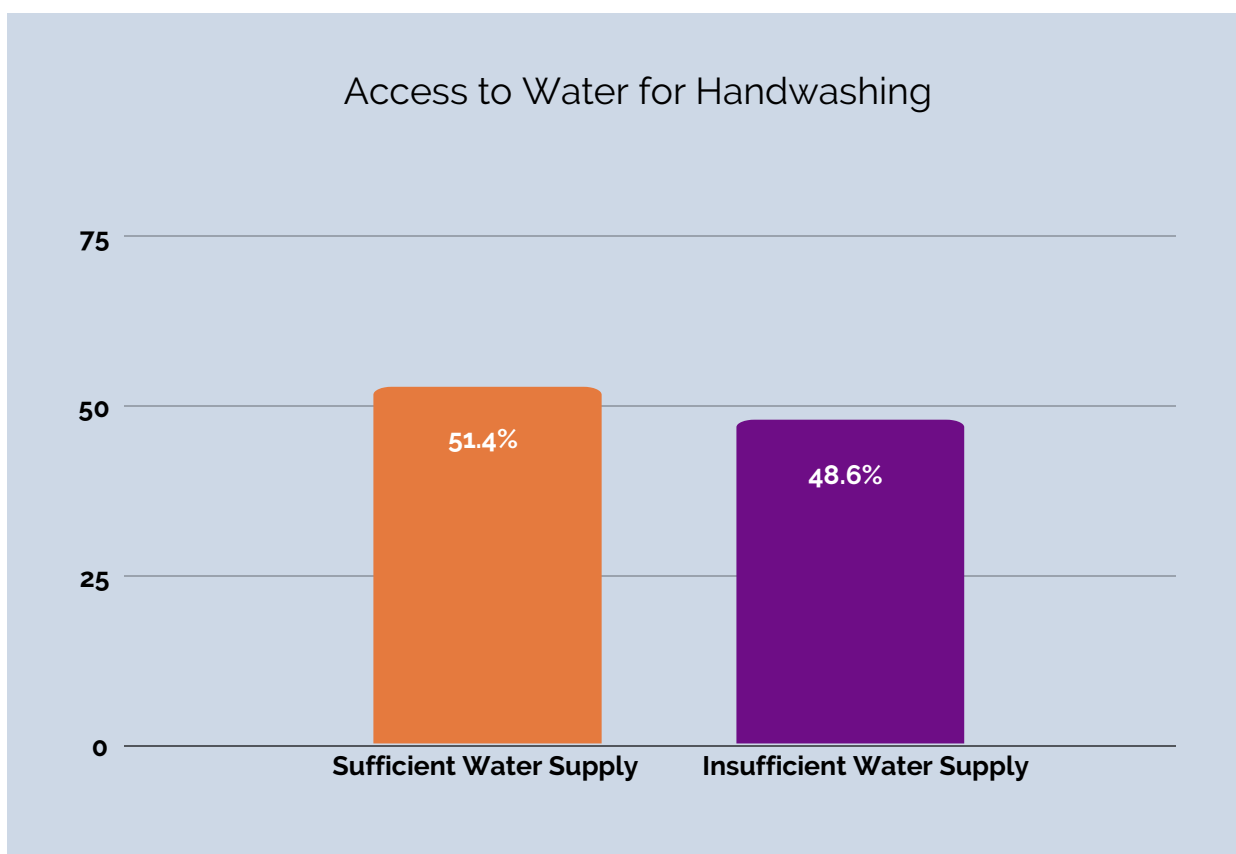


Figure 10; Water availability for handwashing for residents of Digaale IDP camp

Washing hands was a key initial strategy in the fight against COVID-19. Therefore, respondents were asked if they had enough to wash their hands. Overall, slightly more than half (51.4%) of respondents in IDP camps had enough water to wash their hands, while 48.6% of the interviewed households were unable to access adequate amounts of water. The problem of water scarcity was more pronounced in the host community than in Digaale IDP Camp. This was substantiated by the fact that 71.4% of households from the host community did not have enough water to wash their hands. One respondent selected 'Other' and stated, '[t]here was a water shortage. People have divided the available water for both washing and drinking'.

A gender disaggregated analysis revealed that among IDP respondents, 50% of the female respondents and 55% of the male respondents reported not having enough water, while 50% of female and 45% of male respondents reported that they had enough water for handwashing. Among the host community, all male respondents reported that there was not enough water compared to 46% of the female respondents. While none of the male respondents in the host community had enough water for handwashing, 46% of the female respondents in the host community reported that they did.

(e) Access to Health Services

In order to assess the impact of COVID-19 on health services, this assessment investigates the availability and quality of health services and the awareness creation campaigns launched to disseminate information and reduce the spread of the virus.

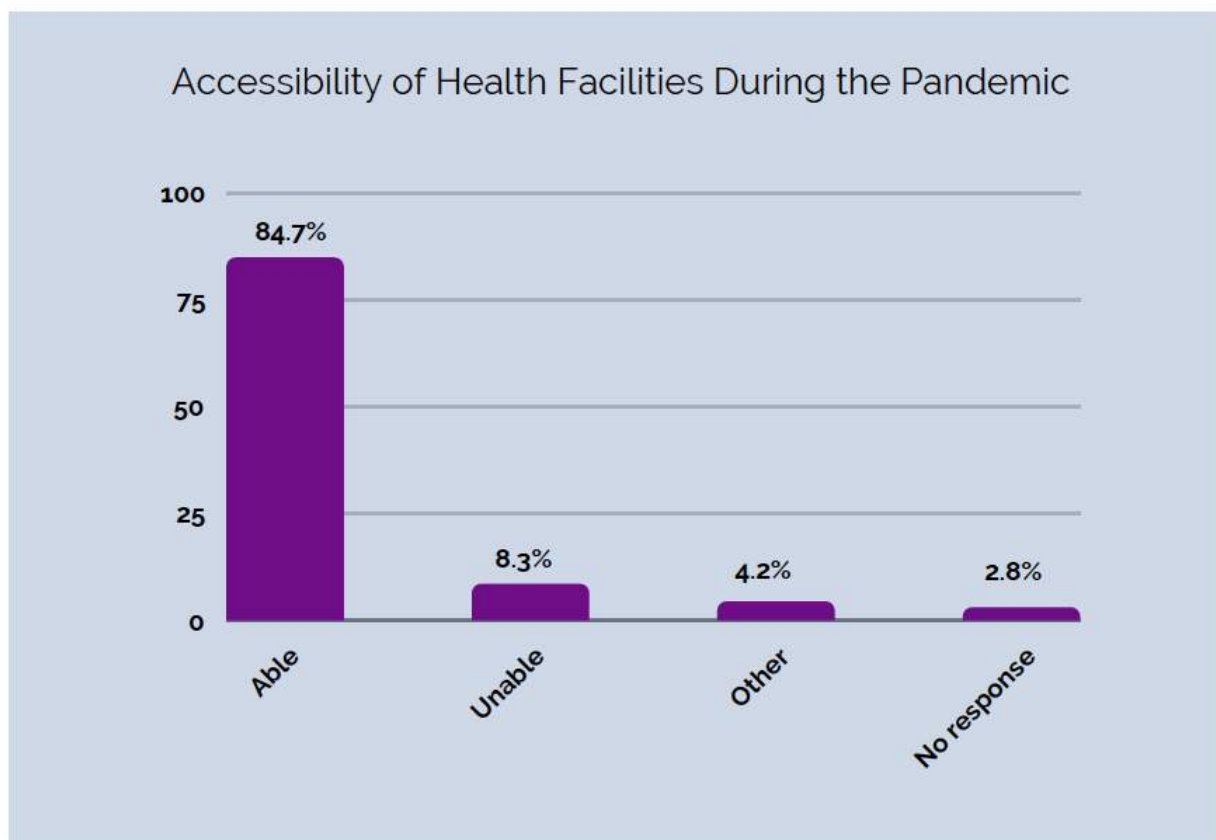


Figure 11: The accessibility of health services for residents of Digaale IDP camp

A metric for measuring the availability of health services to the community during the pandemic, was the commuting distance to health facilities. 84.7% of the IDP respondents were able to access some form of health facility while 8.3% were not able to access any form of health facility.

A gender disaggregated analysis revealed that 88.4% of the female IDP respondents were able to access health facilities compared to 75% of the male respondents. Conversely, 3.8% of the female IDP respondents were not able to access health facilities compared to 20% male IDP respondents.

After probing respondents about the accessibility of health facilities, overall, 84% of households received the services that they deemed necessary while 11% did not obtain the needed services. For those that could afford it, better quality health services were perceived to be available at private hospitals in Hargeisa.

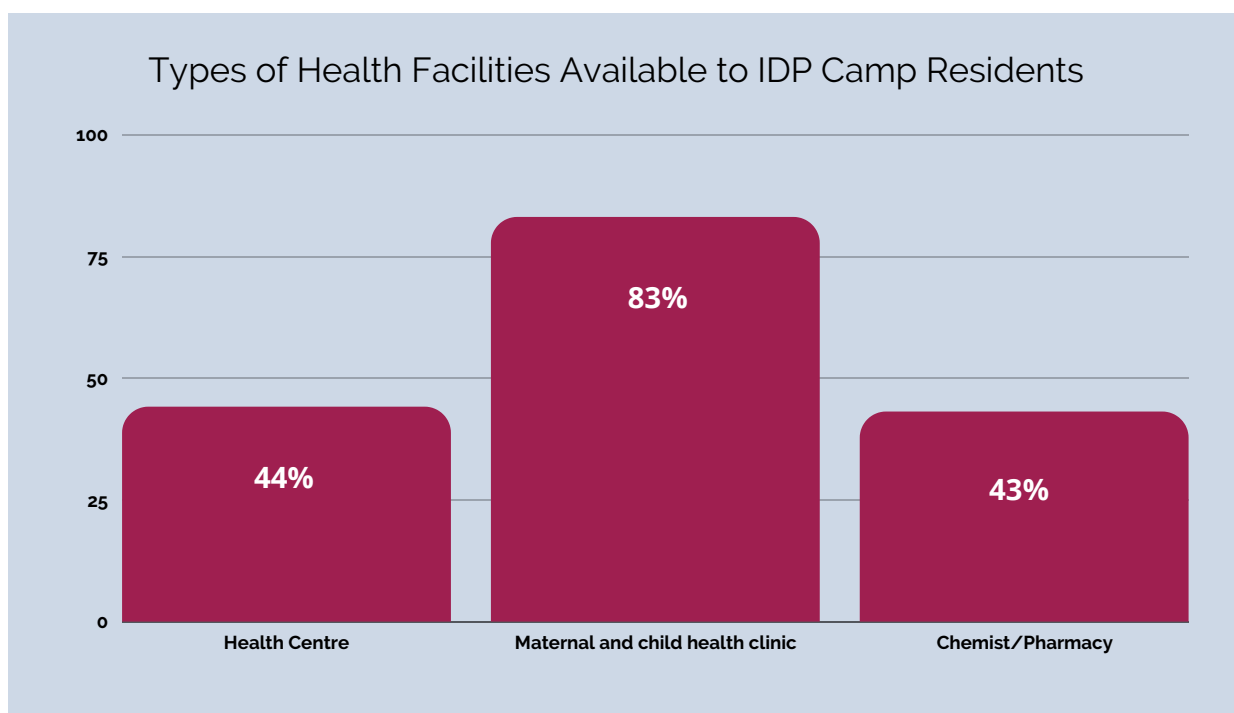


Figure 12: Types of health facilities available to residents of Digaale IDP camp

With regard to the type of health facilities that IDP respondents accessed, it was observed that these facilities had the capacity to deliver the basic services. This was supported by the fact that 83% of respondents visited Maternal and Child Health (MCH) clinics that mainly provided services to mothers and children. 44% of the respondents attended health centers for medical attention, whereas 43% of the households received health care services at chemists/pharmacists. No IDP respondents reported accessing hospital services.

Respondents reported that chemists/pharmacists sold drugs without prescriptions due to poor restrictive policy frameworks. In the host community 64% responded that they visited MCH services and 18% visited health centres. Chemist/pharmacist services were not as prevalent among IDP respondents. A gender-based analysis revealed that 52% of female IDP respondents and 25% of male IDP respondents went to health centres, 88% of female IDP members and 70% of male IDP members used MCH services and 52% of female IDP respondents compared to 20% of male IDP respondents used chemist/pharmacist services. In the host community, 67% of female respondents and 62% of the male respondents used MCH services, while 13% of the female and 23% of the male respondents used health centres.

Some patients in critical condition required advanced equipment such as oxygen cylinders and ventilators for the treatment of COVID-19, however, health facilities generally had only basic medical apparatus and found it difficult to provide them with the required support.

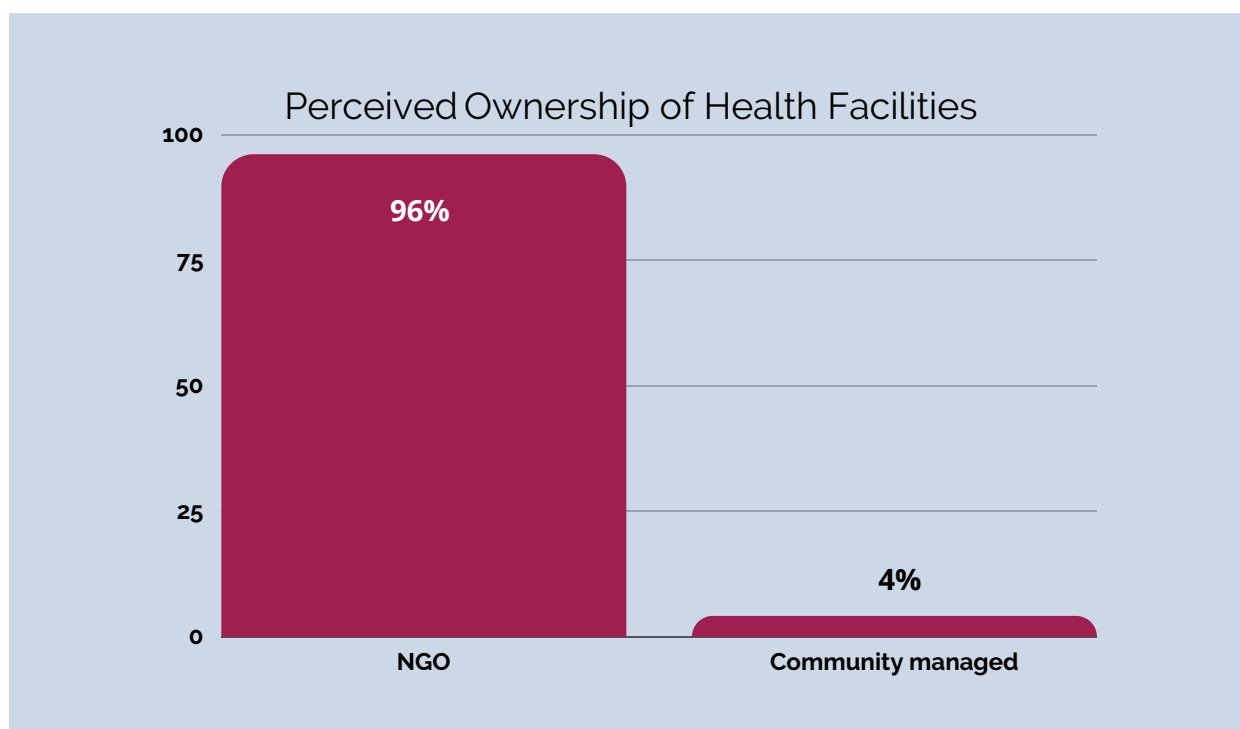


Figure 13: The perceived ownership of health services accessible to residents of Digaale IDP Camp

With reference to the ownership and management of the health facility in the IDP camp, survey results indicate that the vast majority (96%) of respondents believed that the health facility was owned or managed by INGOs, while 4% of survey respondents believed that the health facility was owned by the community. In contrast, within the host community, 7.14% believed that health services were owned by the government/public while 82.14% believed they were owned by INGO's and 21.4% believed they were community managed.

A gender disaggregated analysis revealed that 96% of the female and 95% of the male participants in the IDP camp thought that health services were managed by NGO's and 2% of female and 10% of male participants believed that health services were community managed. In contrast, in the host community, 7% of female and 8% of male participants believed that health services were owned by the government/public and 80% of females and 85% of males believed that health services were owned by NGO's. None of the male host community respondents believed that health services were community managed compared to 40% of the female host community members.



Figure 14: The rating of health services according to residents of Digaale IDP Camp

The survey tried to assess the quality of services rendered at health facilities. The findings among IDP camp members indicate that the majority (75%) of respondents found the quality of health services good, while 19.4% of the respondents gave an excellent rating and 2.8% of the participants rated the services to be poor/terrible. The findings among host community members indicate that 46.4% rated the services to be good, 3.5% rated excellent while 21.4% rated the services to be poor/terrible. 28.7% offered a range of qualifying answers.

A gender-focused analysis revealed that among the IDP camp members, 85% of male and 71.15% of female respondents rated the health services to be good; 10% of the male and 23% of the female rated them excellent; whilst none of the male respondents rated them poor whereas 3.8% of the female IDP camp members rated them poor.

Within the host community, 46.1% of male and 46.7% of the female host community members rated the health services as good, 23% of the male and 20% of the female host community respondents rated them poor, while 7.7% of the male host members as opposed to none of the female host members rated excellent.

LEVEL OF COVID-19 PREPAREDNESS AT HEALTH FACILITY	YES	NO	OTHER	PREFER NOT TO ANSWER
Does your local health facility have access to essential medication to help with Covid-19?	41.6%	26.4%	5.5%	26.4%
Do the medical staff at your local health facility provide updated information on the pandemic?	85%	10%	2.5%	2.5%
Do medical staff at your local health facility have access to personal protective equipment (e.g. masks)?	87.5%	1.4%	2.8%	8.3%

Table 3: The preparedness of health workers in the fight against COVID-19 according to IDP Respondents

To assess the level of health workers' preparedness in the fight against COVID-19, a number of related questions focusing on the availability of drugs supply, dissemination of correct information and access to personal protective equipment (PPE) were explored. Generally, results indicate that there was a limited level of medical preparation, or at least the perception that there was limited medical preparation, for the fight against COVID-19 in the IDP health facility. Only 41.6% of the respondents said that medical staff had the essential drugs to help with COVID-19, while 26.4% felt that critical medicines were out of the health facility stock.

On the other hand, slightly more than three-quarters (87.5%) of respondents reported that health facilities had access to PPE including hand gloves and masks, while 1.4% of the respondents thought that health workers did not receive adequate PPEs. With regards to staying informed about COVID-19, communities relied on health workers for obtaining updated and correct information. Overall, 85% of the respondents revealed that the health workers at their location had up-to-date information related to COVID-19, while 10% of the respondents responded that health personnel did not have updated information readily available during the peak of the pandemic.

(f) Individual Response

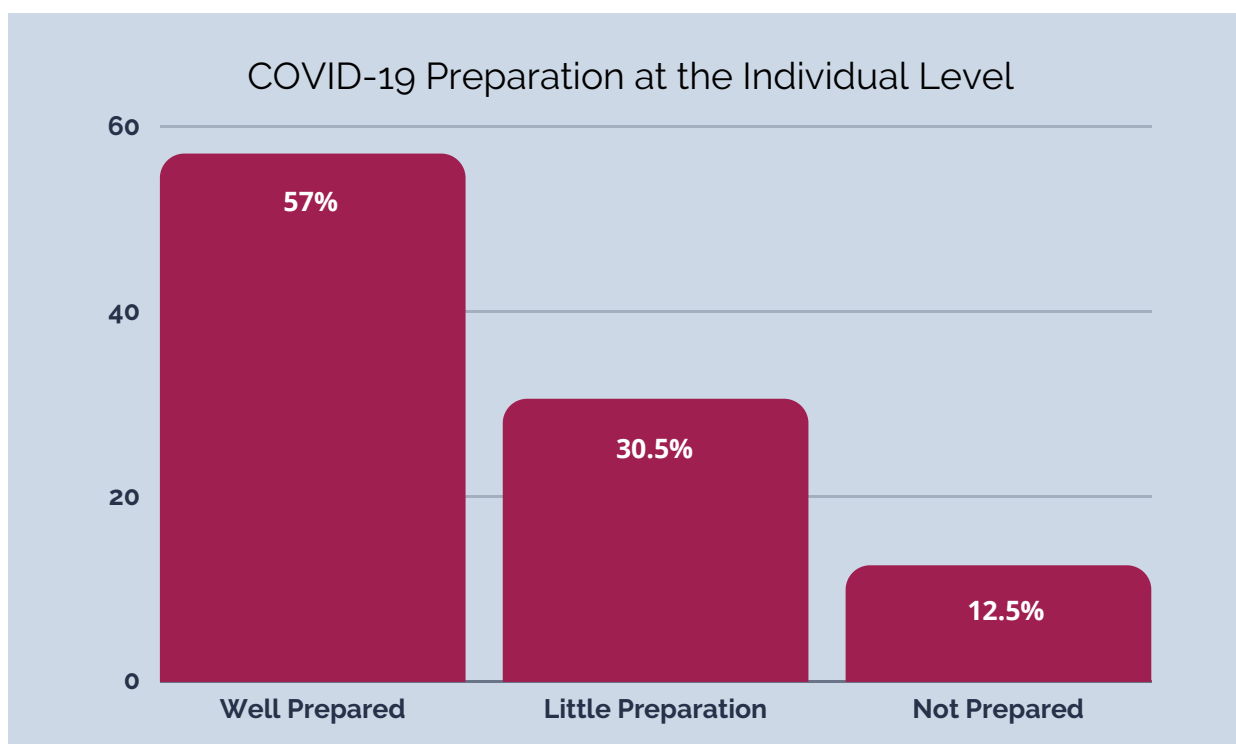


Figure 15: COVID-19 preparation for residents of Digaale IDP camp

In terms of COVID-19 preparation at the individual level, those in Digaale IDP Camp observed a number of etiquettes including the implementation of social distancing measures among themselves and regular hand washing techniques to slow down the transmission of COVID-19 in the community. This was supported by the fact that 57% of respondents were well prepared to inhibit the infection from themselves and 30.5% had little preparation to prevent the spread of the virus. However, 12.5% of the respondents confirmed that they did not make any preparations at all. Within the host community, 39.3% responded that they were well prepared, 39.3% were little prepared while 14.3% were not prepared. Two others (7.1%) noted 'other'.

A gender disaggregated analysis revealed that in the IDP community, more female participants were well prepared (65.4%) than male participants (30%). More male IDP members (55%) compared to female IDP members (23%) were little prepared and more male IDP members (15%) compared to female IDP members (11.5%) were not prepared at all. In the host community, more female participants were well prepared (53.3%) compared to male participants (23%), 46.7% of females and 30.1% of male participants were little prepared. None of the female host community members were not prepared at all, while 23% of the male host community members were not prepared at all.

TYPE OF SUPPORT GIVEN TO IDP COMMUNITIES	YES	NO
Is there any financial support from the government since January 2020?	7%	93%
Have you received any support from International non-governmental organizations?	21%	78%

Table 4: The COVID-19 support to IDP communities

Generally, limited support was provided to households in the IDP camp in the light of COVID-19. In terms of the cash assistance programme, the vast majority (93%) of respondents had no access to financial support while only 7% of the respondents benefited from the cash transfer project implemented by INGOs operating in Somaliland. Additionally, 78% of the interviewed households reported to have no accessibility to non-financial aid from INGOs during the pandemic, while only 22% of the interviewed persons managed to obtain non-financial support. The non-financial support implied here included non-food items and equipment to fight COVID-19 such as masks and hand gloves.

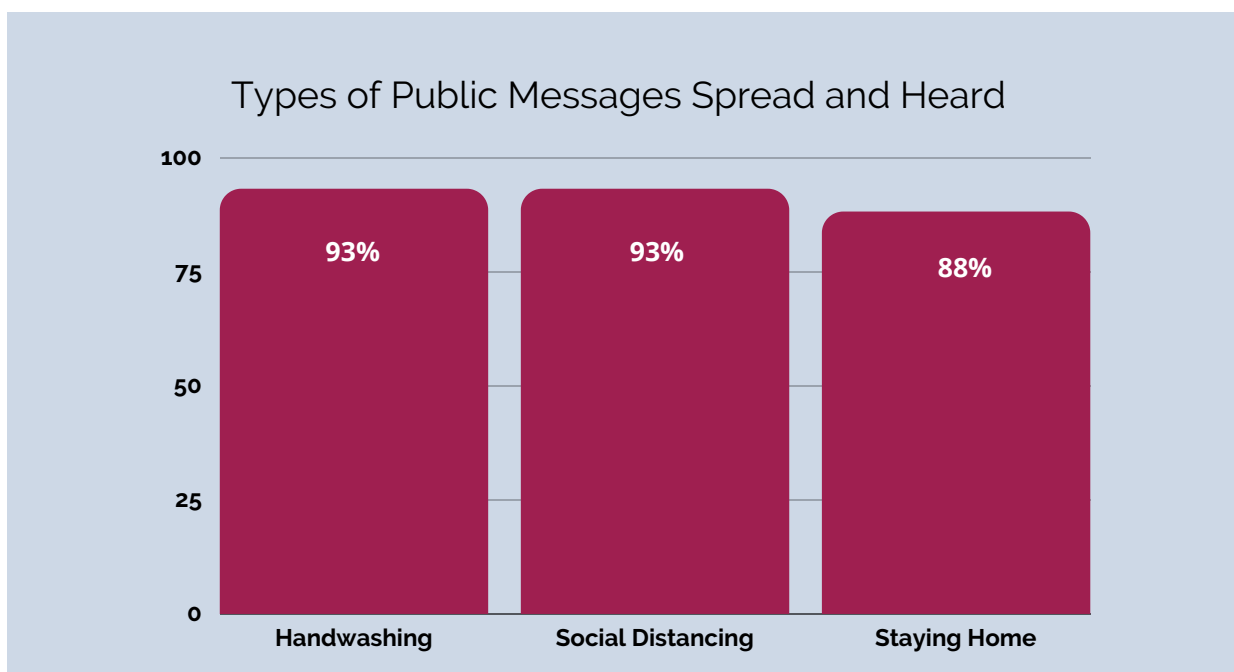


Figure 16: Types of COVID-19 messaging heard by residents of Digaale IDP Camp (solely and in combination with another)

Communities in the IDP and host community generally received awareness raising sessions or campaigns which were intended to increase the community's level of knowledge on the COVID-19 pandemic and curb the risk of the infection. The vast majority (94%) of respondents overall received sensitization on COVID-19, while only 4% of the respondents had no information on the COVID-19. The messages received included adopting social distancing techniques in markets and crowded areas, routine hand washing expected to last around 20 seconds and staying at home for most of the time during the peak of the pandemic. 'Handwashing' (93%) and social distancing' (93%) and 'staying at home' (88%) were rated to be the most common kinds of messages.

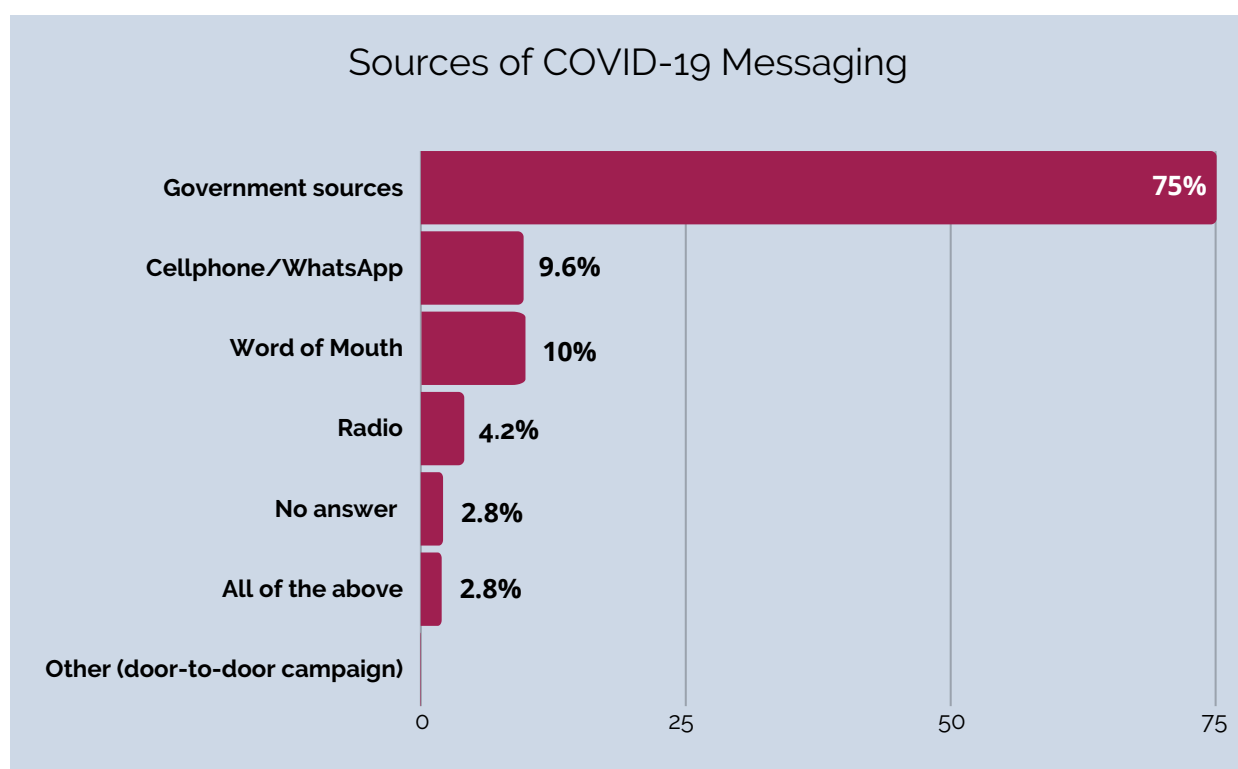


Figure 17: Main sources of COVID-19 messages for residents of Digaale IDP Camp (solely or in combination with another)

Communities received COVID-19 related messages through different channels, the most important being government awareness campaigns and posters. Most (75%) of the IDP respondents obtained health messages through awareness campaigns by the government, distantly followed by direct message through mobile phones (9.6%) and word of mouth (4.2%). However, a small proportion (4.2%) of IDP members relied on broadcasting channels (radio) as sources for health information.

To assess the overall impact of COVID-19 related predicaments, respondents were also asked to rate their lives during the pandemic. The assessment found out that the COVID-19 pandemic adversely affected the lives of the internally displaced persons with livelihoods, education and health services being the most devastated sectors. This assertion was substantiated by the fact that the lives of the vast majority of IDP members (85%) worsened during the pandemic, while the lives of 14% remained the same. Only 1% of the participants confirmed that their lives had improved during the COVID-19 pandemic. In the host community, 51% responded that their lives had worsened and 10.7% reported that their lives remained the same, however a larger number of respondents (28.6% reported that their lives had improved during the pandemic.

A gender disaggregated analysis revealed that 86.5% of female and 80% of male IDP camp members reported that their lives had worsened, while only 13.5% of female and 15% of male IDP residents reported that their lives remained the same. In the host community, 40% of female and 61.5% of male host community respondents reported that their lives had worsened during the pandemic. A significant number of female host community members reported their lives had improved during the pandemic (40%) as compared to the male host community members (15.3%), while 6.7% of female and 15.4% of male host community members reported that their lives remained the same.

(g) Domestic Violence

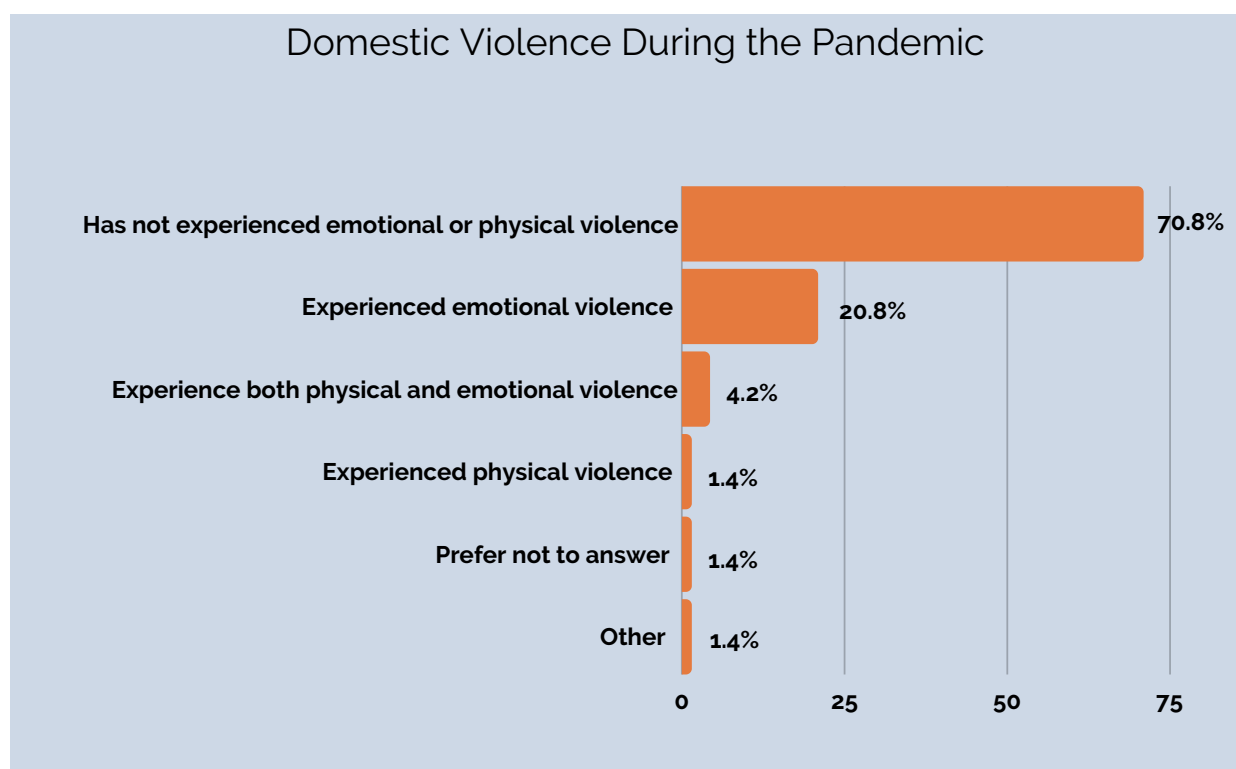


Figure 18: The impact of COVID-19 on household violence for residents of Digaale IDP Camp

With regard to domestic relationships during the crisis, there was a clear rise in violence due to the lockdown measures imposed by the government. In responding to the question 'Since the beginning of lockdown restrictions, have you experienced an increase in violence (physical, emotional, or both) from another member of your household?', among the IDP residents, 20.8% of the respondents reported to have experienced emotional violence from a household member while staying at home. Four respondents (5.6%) reported that they experienced physical abuse since lockdowns commenced, three of whom also experienced emotional abuse, too.

One respondent said that, 'there were around 30 families who faced violence due to COVID-19 and I am a victim of this pandemic because one of two of my dear wives have disappeared and left our children at home.' Conversely, a high percentage (70.8%) of the respondents did not observe an increase in violence due to the pandemic and continued to lead their lives normally. However, In the host community, a larger proportion of respondents (39.3%) faced domestic violence (of which 21.4% experiencing emotional violence and 14.3% experiencing both physical and emotional violence). Six respondents (21.4%) selected 'Other', three of whom mentioned that they had experienced some form of violence at home. 39.3% of host respondents mentioned experiencing no sort of violence at home. A gender-focused analysis revealed that 27% of the female and 25% of the male IDP camp residents faced domestic violence while 71.2% of the female and 70% of the male IDP respondents did not face domestic violence. One male IDP respondent (5%) preferred not to answer while one female respondent (1.9%) stated that she was divorced. In the host community, 53.3% of the female and 38.5% of the male participants faced domestic violence while 46.7% of the female and 61.5% of the male respondents did not face domestic violence during the pandemic.

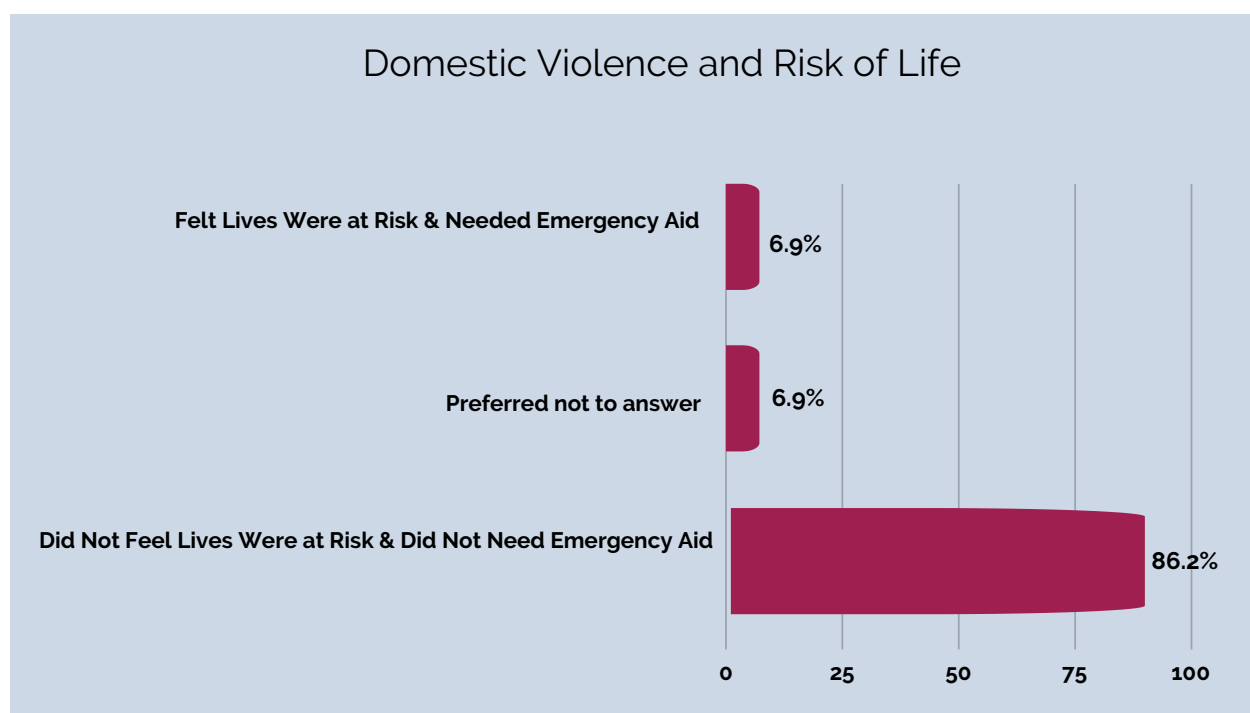


Figure 19: Residents of Digaale IDP Camp answer the question 'do you feel your life is at risk and do you need emergency aid?'

Finally, the participants were asked a follow up question to elicit whether they need emergency assistance. Among the IDP residents, 6.9% of the respondents required immediate support, while 86.2% of the respondents did not need assistance. 6.9% selected 'prefer not to answer'. However among the host community participants, the majority (82.2%) felt their lives were at risk and needed aid compared to the 17.8% that did not require aid.

A gender disaggregated analysis revealed that 7.7% of the female and 5% of the male IDP respondents needed emergency aid. 3.8% of female and 15% of male respondents from Digaale IDP camp preferred not to answer the question. 88.5% of the female and 80% of the male IDP respondents did not require aid. In the host community, 80% of the female compared to 84.6% of the male host community members required aid while 20% of the female and 15.4% of the male did not require aid.

Conclusion

The results of the interviews with key stakeholders and the survey data provide a unique snapshot of the initial impact of COVID-19 on IDP camps in Somaliland from both a top-down and an on-the-ground perspective. In this regard there are certain key elements of the outcomes so far that echo the experiences of other communities across the globe, and that should be seen within this context. For example, a joint statement made by the ILO, FAO, IFAD and WHO in October 2020 found that the pandemic has had a significant impact upon employment, food insecurity, and upon gender disparities. In addition, it was found that those countries already dealing with humanitarian crises have been particularly impacted by the effects of COVID-19. At the same time the United Nations has described the increase in domestic violence happening in communities across the globe as a result of the COVID-19 as a 'shadow pandemic'⁵. Similarly, globally, those communities that are economically vulnerable have found access to education problematic during the pandemic. In the case of those in IDP camps this has been particularly the case, and should be addressed without delay given the ongoing nature of the pandemic and the need for continued vigilance, which in turn requires continued isolation. It is often the case that a community that is anyway marginalised has less opportunity to communicate directly with key stakeholders, especially at the government level.

This has also been the case in Somaliland where the widespread nature of a number of the challenges that the IDP community has faced (e.g. problems with food access, limited availability of water problems with access to online education) suggests that there are lines of communication for conveying the needs of IDP populations that could be significantly improved. One significant step towards this may have already taken place in that as a result of the pandemic the Somaliland government has recognised the significance of engaging with civil society in both formal and informal ways and the clearer paths that now exist for doing this may be one way to address the increased needs of IDP populations. Wider media attention on ongoing need would also enable a more accountable relationship towards IDP populations to take place. Finally it should be recognised that IDP camp populations have taken on-board public health messaging and have themselves played a significant role in containing the pandemic. This was particularly so at the start of the pandemic although, as is the case for other countries, as the virus has continued the potential for a lack of clarity in government messaging coupled with a greater propensity for the spread of misinformation across the general population has increased.

(5) Kimberly Chriscaden (2020), 'Impact of COVID-19 on people's livelihoods, their health and our food systems' World Health organisation [Published October 13 2020]: <https://www.who.int/news/item/13-10-2020-impact-of-COVID-19-on-people's-livelihoods-their-health-and-our-food-systems>

One final, and important, point to make is that written through the story of the pandemic in Somaliland is the impact of climate change. The fact that a changing climate has been a key driver in the migration that has resulted in an increased need for IDP camps such as the one in Digaale has led to the experiences that have been highlighted in this report. Climate change has caused displacement, and in turn those displaced populations have been more vulnerable in the face of the COVID-19 crisis. At the same time, the pandemic highlights the need for a coordinated emergency response in the face of a health crises that are expected to increase in the future. The likelihood of increased water scarcity, food insecurity, and disease transmission (e.g. mosquito and tick-borne infections) is exacerbated by a changing climate. This is one reason why the WHO⁶ is being urged to declare climate change a public health emergency. For this reason, the outcomes and experiences highlighted in this report are not only significant from the point of view of policy and practice in Somaliland as a result of COVID-19, but serve as a pre-warning for the types of policy response that will be increasingly necessary, not just in the Horn of Africa but across the globe.

(6) Andrew Harmer et al (2020), 'WHO should declare climate change a health emergency', The BMJ [Publish March 30, 2020]: <https://www.bmj.com/content/368/bmj.m797>