COVID-19 Socio-Economic Impact Assessment

PUNTLAND

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COVID-19 Socio-Economic Impact Assessment

PUNTLAND

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Foreword

Today, Somalia and the world at large face severe Covid-19 pandemic crisis, coronavirus has no boundaries. It has severely affected the lives of people from different backgrounds. Across Somalia, disruptions of supply chains and closure of businesses has left workers without income, many of whom are vulnerable members in the society.

The COVID-19 pandemic characterized by airports and border closures as well as lockdowns, is an economic and labour market shock, impacting not only supply but also demand. In Puntland, the implementation of lockdown measures has placed a major distress on the food value-chains, in particularly the international trade remittances from abroad and Small and Micro Enterprise Sector (SMEs) which are considered to be the main source of livelihoods for a greater part of the Somali population.

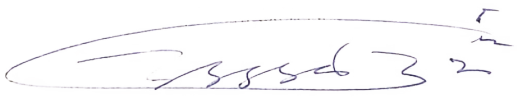
The pandemic continues to challenge our communities, presenting a colossal test to leadership and humanity. It has affected livelihoods, increased morbidity and mortality and overwhelmed health systems.

Puntland COVID-19 Socio-Economic Impact Assessment report is an effort to understand and document the effects and impact that the pandemic has on Puntland households in various socio-economic fields and areas. The report shows that the pandemic is affecting economic, health and education sectors and segments of the population.

I hope that the in-depth analysis presented in this report will contribute to the efforts of Puntland and its partners towards enhancing the community's resilience and cooperation levels to mitigate the health, social and economic impact of the COVID-19 pandemic. It will also enable us to formulate appropriate policy options and strategies that will reduce the impact that COVID-19 has had on people's lives in general.

I would like to extend my appreciation to the UNFPA for providing both technical expertise and financial support to make the assessment happen.

Finally, the same appreciation goes to the survey team and interviewers for their efforts in successfully completing this important exercise.



Hon Abdiqafar Elmi Hange
Ministry of Planning, Economic Development and International Development

Executive Summary

The COVID-19 pandemic is a serious threat to the global health and economy among others. In Puntland so far, official reports from the Ministry of Health indicate that 1000 people have tested positive for COVID-19, while 10 have succumbed to COVID-19. To manage the spread of the virus, the government instituted several measures including lockdown, which is presumed to have devastating effects at both the macro and household levels.

This assessment was conducted in the major towns of Galkayo, Garowe and Qardho due to high level of exposure to the virus. The main objective of the assessment is to understand the socio-economic impact of COVID-19 in order to inform decision makers, to enable them to come up with effective and appropriate strategies to mitigate the potential social and economic consequences of the current crisis.

The finding of the survey indicates business and paid jobs forms the main source of household income in the three towns. About one-third of the households' sources of income in the three towns are vulnerable to the COVID-19 pandemic. Business and paid jobs are the most vulnerable primary sources of reported by 44 and 43 percent of the households respectively.

The government has relaxed some of the containment measures including lockdown. As a result, education institutions have resumed normal operations. However, not all children have reported back to school. At least 31 percent of respondents across the three towns indicated that they know of a child who has not resumed school after the re-opening of schools with Galkayo reporting the highest proportion. Financial constraints, fear of contracting the Corona virus and children being engaged as casual workers are the main reasons why children have not reported back to school. Early marriages have also contributed significantly to the school drop-out rates as a result of the COVID-19 pandemic.

Early marriages were reported by 11 percent of the households in the three towns, 17 percent in Garowe, 9 percent in Qardho and 4 percent in Galkayo. Further, 45 percent of households in Garowe, 44 percent in Galkayo and 25 percent in Qardho reported an increase in early marriages in their neighborhoods during this period.

Physical violence during the COVID-19 pandemic was reported by 57 percent of the households, 63 percent in Garowe, 58 percent in Galkayo and 19 percent in Qardho. Most of the physical violence is happening within marriage.

Twelve percent of households reported a member had taken the COVID-19 test, 7 percent in Galkayo, 18 percent in Garowe and 10 percent in Qardho. The COVID-19 hospitalization rate is 3.2 percent and mortality rate is 2.2 percent (22 deaths per 1000 population).

Thirty-three percent of households reported their access to child immunization services was interrupted, 18 percent of households reported they were not able to access delivery service while 15 percent were not able to access ANC services. Households are not seeking health care services particularly for pregnant women and children for fear of contracting the Corona virus.

Health facilities reported service disruptions for particularly birth spacing services and diagnosis and treatment of non-communicable diseases (NCDs). Two percent of health facilities had delivery services disrupted partially or completely compared to 54 percent of facilities reporting disruption for treatment of sick children. Disruption of health services by health facilities was mainly driven from the demand side with facilities stating they discontinued services because of very low patient turnout.

COVID-19 pandemic presented a threat to household food security, at least 45 percent of households reported they worried about food during the pandemic. Whereas a diversified livelihoods or sources of income are expected to cushion the household's food supply, the findings show that 34 percent of households worried about their food supply despite having a secondary source of income.

To help households to bounce back, government, development partners and other stakeholders need to develop pro-poor strategies for example, banks can be encouraged to develop products that target the SME's and the poor to build resilient sources of livelihood.

Strategies and interventions that target campaigns to end early marriages, female genital mutilation (FGM), gender-based violence (GBV), and child labour and girl-child education need to be enhanced to strengthen education participation.

To address the health effects of COVID-19 pandemic, government needs to increase awareness on the importance of taking a COVID-19 test, improve its capacity to test for COVID-19 so as to increase coverage of COVID-19 testing as a preventive measure and enhance prevention guidelines such as good sanitation practices, social distancing etc. Where community-based health service delivery exists such as community-based midwifery and immunization services need to be enhanced and the strategy employed to deliver other essential health services.

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Background Information

1.1 About Covid-19

The COVID-19 pandemic is a serious global health threat that it is affecting 215 countries and territories around the world. As defined by WHO and CDC, Coronavirus disease (COVID-19) is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) It was identified in Wuhan, China in December 2019 (WHO, 2020b). In some cases, people who get COVID-19 can become seriously ill and develop difficulty breathing. These severe complications can lead to death. The risk of severe disease increases steadily as people age. Additionally, those of all ages with underlying medical conditions (including but not limited to heart disease, diabetes, or lung disease) appear to be at higher risk in developing severe COVID-19 compared to those without these conditions (CDC, 2020).

1.2 Covid-19 Situation Overview in the World

According to the report by John Hopkins University, as of November 19th 2020, there were 56,300,193 confirmed cases of COVID-19 and more than 1,350,326 deaths in more than 200 countries and territories around the world and the numbers are still on the rise (Johns Hopkins University, 2020).

So far there is no clinically approved antiviral drugs or vaccines that are effective against COVID-19. The virus outbreak is severely disrupting the global economy, food supply chains and employment. Despite the hard work and efforts that all the nations are putting in to control the transmission of the disease by testing & treating patients, quarantining suspected persons, contact tracing and restricting large gatherings, the pandemic is speedily spreading around the world.

The economic and social disruption caused by the pandemic is devastating as tens of millions of people around the world are at risk of falling into extreme poverty. Also under threat is the number of undernourished people, currently estimated at nearly 690 million, could increase to up to 132 million by the end of the year (WHO, ILO, FAO, 2020).

1.3 COVID-19 in Somalia

Somalia is among many countries in the world that have least capacity to cope with COVID-19 due to many forms of poverty-related deprivation, low levels of access to health care and limited state capacity. On 19th of November 2020, the Ministry of Health of Somali Federal Government confirmed there were 4,301 confirmed cases of COVID-19 in Somalia, with 107 confirmed deaths. However, critics say the number of COVID-19 cases in Somalia is higher than that due to under reporting linked to Somali society stigmatization towards Coronavirus. COVID-19 has hit hard among people living in the densely populated areas and internally displaced people in crowded camps around the cities. Covid-19 virus testing & treating patients and quarantining centers are limited in Somalia.

The Somali economy is hit hard by the global implications of COVID-19. Remittances from the diaspora, which account for two- third of the economy and livestock exports main source of revenue are very affected by the global economic crisis caused by the pandemic. The economic crisis is unprecedented in its scale: the pandemic has created a demand shock, a supply shock, and a financial shock all at once (World Bank, 2020a).

1.4 COVID-19 in Puntland

COVID-19 pandemic has threatened to be one of the most challenging tests faced by the Puntland authority. On November 5, 2020, Puntland Ministry of Health confirmed a total of 1000 COVID-19 cases and 10 COVID-19 related deaths. These however may not be a true representation as testing rate is very limited for two reasons; one is the limited capacity for testing, there are only three laboratories that can diagnose COVID-19 in Puntland, and secondly the stigma linked to COVID-19 prevents people from seeking testing and medical care even when they have symptoms.

In Puntland, people face multifaceted health and socio-economic challenges. The virus has affected livelihoods, increased morbidity and mortality and overwhelmed health systems. Lockdown and reduction

in the volume of remittances has reduced households' income and consumption. COVID-19 has made trade and border-crossings within and outside more difficult thus disrupting the supply of goods into the urban markets leading to an inflation of prices.

There is fear that the closure of schools might have devastating effects on school going children including a surge in FGM/C and early marriages. Lockdown is postulated to escalate gender-based violence.

1.5 Justification

In order to effectively plan and implement proactive measures to prevent the spread of the virus, protect its citizens and the economy from the pandemic, the Ministry of Planning and Ministry of Health with technical support from UNFPA Somalia conducted a Covid-19 impact assessment in Puntland.

The assessment looked at the impact of the pandemic on health, the household economy, education, health, food security and resilience at household levels, GBV, violence and child marriages. The findings will help authorities to better plan for and target mitigating interventions at household level. It will also enable decision makers in Puntland to formulate appropriate policy options that will revive the social economic status of the people affected by COVID-19.

1.6 Objective

The main objective of this assessment is to understand the socio-economic impact of COVID-19 in order to inform decision makers to enable them to come up with effective and appropriate strategies to mitigate the potential social and economic consequences of the current crisis.

The assessment will specifically focus on:

A. Examine the level of access to basic health services including immunization, antenatal care (ANC), delivery and birth spacing (family planning) services.
B. Assessing the effect of COVID-19 on social activities and practices.
C. Assessing the effect of COVID-19 on socio-economic activity and coping mechanisms adopted by the affected households.
D. Assessing the impact of COVID-19 on GBV and FGM.
E. Identify the nature of support received by households during COVID-19.
F. Assess the psychological effects of COVID-19 on the population.

The survey focused on three major towns in Puntland namely, Galkayo, Garowe and Qardho because their levels of exposure to Corona Virus.

2

Assessment Methodology

The COVID-19 Socio-Economic Assessment is a household and health facility-based assessment designed to provide information on the impact of COVID-19 on the household economy, education, uptake of health services, mental health of household members, relations in the household, GBV, FGM, early marriage and household food security and resilience. This chapter describes the methodology used in the survey.

2.1 Methods for data collection

Two main questionnaires were designed to collect data from sampled households and health facilities using a digital platform. The household questionnaire was designed to collect information on: general information on the household including economic, COVID-19 health related experiences, and the effects of COVID-19 on:- mental health, economic status, GBV, early marriage, FGM, household food security and resilience, health seeking behavior and education attendance.

The health facility questionnaire sought to collect information on the effect of COVID-19 on health service delivery including maternal and child health services, GBV and outpatient services.

2.2 Sampling

Data was collected from a representative household's sample in Galkayo, Garowe and Qardho. Health facilities were sampled from Galkayo, Garowe, and Qardho.

2.2.1 Household sampling and sample size

The household survey is based on a two-stage stratified cluster probability sample design. At the first stage of sampling, a stratified sample of 16 enumeration areas, called primary sampling units (PSUs), is drawn from the Puntland 2020 SHDS sampling frame with probabilities proportional to size (PPs) measured in terms of number of dwelling units according to the SHDS. The strata are composed of three major towns of Puntland namely Galkayo, Garowe and Qardho. The total number of Enumeration areas in the sample frame of the three towns was 309 enumeration areas (EAs) in which 16 EAs were selected to represent the first stage of Selection. At the second stage of sampling, an average of 48 households were selected from the listed households in every EA to yield a total of 773 households from 16 EAs covered. To get the estimated number of households residing in the EAs, a fresh quick count of the dwelling units and households in the selected sample PSUs was carried out.

2.2.2 Health facilities sample

A full list of public/government health facilities by type and location was provided by the Ministry of Health of the Puntland State of Somalia which is the primary source for Puntland public health facilities data. Puntland Medical Association provided a list of private health facilities in the three selected towns. The two lists were combined to constitute the sampling frame for the health facilities. All the health facilities in the lists were selected for interview. The field staff covered 86 health facilities (36 in Galkayo, 30 in Garowe and 20 in Qardho).

2.3 Survey Implementation

2.3.1 Field Staff Training

Puntland Ministry of Planning, Economic Dev & International Cooperation (MoPEDIC) recruited and trained 15 interviewers including staff from the ministry of health. The team was trained on survey methodology, administration of the questionnaires, household listing and selection, interviewing and use of a digital platform for data collection. The training approach included discussion of each question, role playing, and practical sessions on use of mobile interviewing devices. The interviewers conducted field testing that provided input to improve the questions and the CAPI. The pilot test also assessed the clarity and cultural appropriateness of the questions.

2.3.2 Listing and verification

The listing exercise provides a complete list of occupied residential households in the EA. This information is necessary for an equal probability random selection of households in the second stage. Because the SHDS

sampling frame dates back to 2018, the household list in each selected PSU needed to be updated; during this exercise, a dwelling unit listing was conducted by the field team just prior to the data collection and was recorded on paper to facilitate the selection of households. To assist in the exercise, local guides were enlisted to provide guidance in navigating the EAs and any crucial information required.

From the EA lists, the team leaders randomly selected the required number of households using systematic random sampling techniques.

2.3.3 Data collection

The survey was undertaken by 3 field teams each comprising of a regional coordinator, one supervisor (team leader), three interviewers, one field guide and one driver. A data manager was employed to check on the quality of the data. Computer-Assisted Personal Interviews (CAPI) was used for keying and direct data entry during field data collection. All selected households in each cluster were visited and any adult household member served as the respondent for this interview, however, where the household head was present, he/she was interviewed. In the absence of the household head, selection of respondent was based on his/her know knowledge of the household's affairs.

2.4 Data processing and analysis

The information collected from the field was directly sent to a password protected cloud CSWeb server by the interviewers during the interview. Data was downloaded and exported to SPSS data format for further cleaning and validation. This was done while the interviewers were still in the field and it enabled verification with the interviewers in cases where there were any issues. Upon compilation of the field work dummy tables for the report were developed, followed by the development of the syntax for the generation of the tables.

2.5 Weighting

The selection probabilities of all the sample elements were computed for all the stages of sample selection. The inverse of the probabilities of selection yielded the weights.

The data from the field was weighted using the inverse of the selection probabilities determined using the following result

$$p_1 = \frac{a.m_i}{m\sum_i^M m_i}$$

Where p_1 is the probability of selecting a given EA or settlement, a is the number of EAs selected in a stratum. mi is the number of households in the iith EA or settlement while

$$\sum_{i=1}^{M} m_i$$

is the total number of households in a stratum.

At the second stage, sampling probability for selection has been computed.

$$p_2 = \frac{n_s}{n_r}$$

Where p_2 is the second stage selection probability for each household in the cluster, n_s the number of households selected in the cluster. n_r the number of households listed in the household listing operation in cluster i.

Final probability of selection pi = p1 x p2 resulting in the weight for the EA

$$w_i = \frac{1}{p_i}$$

Adjustment for non-response and computation of sampling weights were finally computed.

3

Respondents & Household Charatcteristics

3.1 Introduction- Background on Respondents characteristics in Puntland

An understanding of the socio-economic and demographic characteristics of households is key in identifying socio-economic risks and differentials in the effect of the pandemic on households economically, socially and the health of its members.

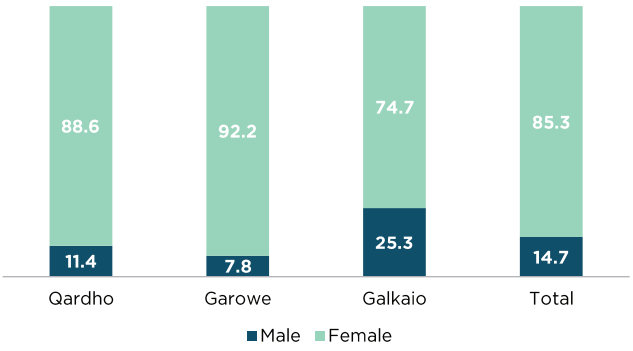
3.2 Respondents background characteristics

The respondent for the COVID-19 assessment was either the household head or any other adult member of the household with comprehensive knowledge of the household and its members. The respondent's characteristics can give an indication of the socio-economic status of the household. In the Somali context, households comprise mainly of family members, and the adult members are mainly the economic providers and they also provide guidance for the children in the household. They participate in making major decisions in the household including access to health and education among others.

3.2.1 Distribution of respondents by sex and age

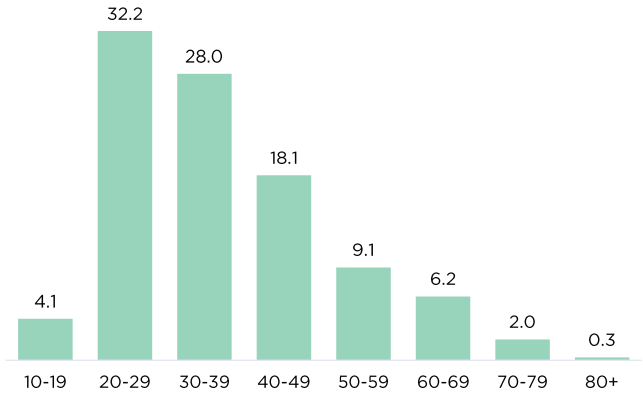
Eighty-five percent of the respondents interviewed were women compared to 15 percent men. Galkayo had the highest percentage of male respondents at 25 percent while Garowe reported the highest percentage of female respondents at 92 percent (Figure 3.1).

Figure 3.1 Percent distribution of respondents by sex



Majority of respondents were aged 20-29 and 30-39 at 32 percent and 28 percent respectively. The least percentage of respondents were aged 80 and above at less than one percent. Age distribution of the respondents is important, as it is a pointer to the susceptibility of the household to COVID-19. Households with older heads are more likely to experience multiple effects of the pandemic in case the member gets infected or succumbs to the virus.

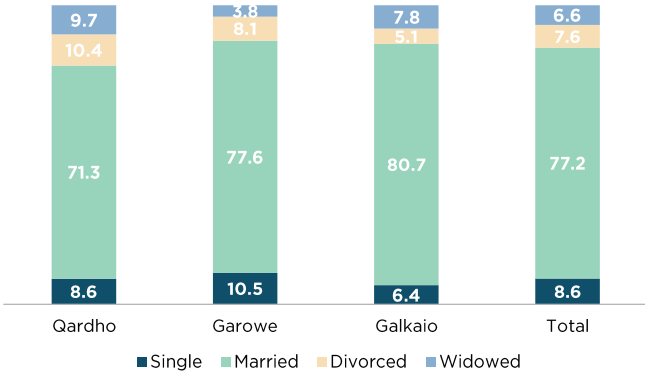
Figure 3.2 Percent distribution of respondents by age



3.2.2 Distribution of respondents by marital status

As shown in Figure 3.3, approximately three quarters (77 percent) of the respondents are married, in Galkayo, Garowe and Qardho at 81, 78 and 71 percent respectively.

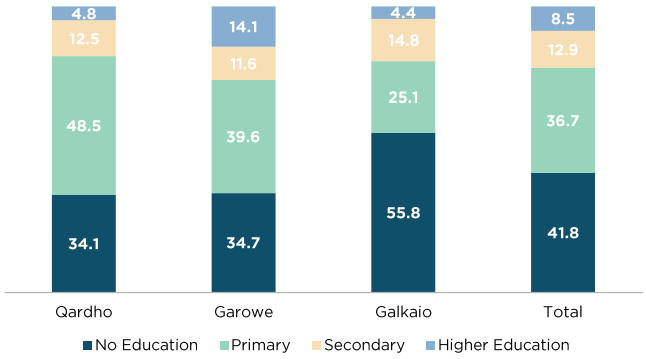
Figure 3.3 Percent distribution of respondents by marital status



3.2.3 Distribution of respondents by level of education

Overall, 41 percent of respondents had no education, with Galkayo reporting the highest percentage at 56 percent compared to Garowe and Qardho at 35 and 34 percent respectively. Qardho reported the highest percentage of respondents with primary education at 49 percent while Garowe and Galkayo reported 40 and 25 percent respectively. Garowe had the highest percentage of respondents with higher education at 14 percent (Figure 3.4).

Figure 3.4 Percent distribution of respondents by level of education



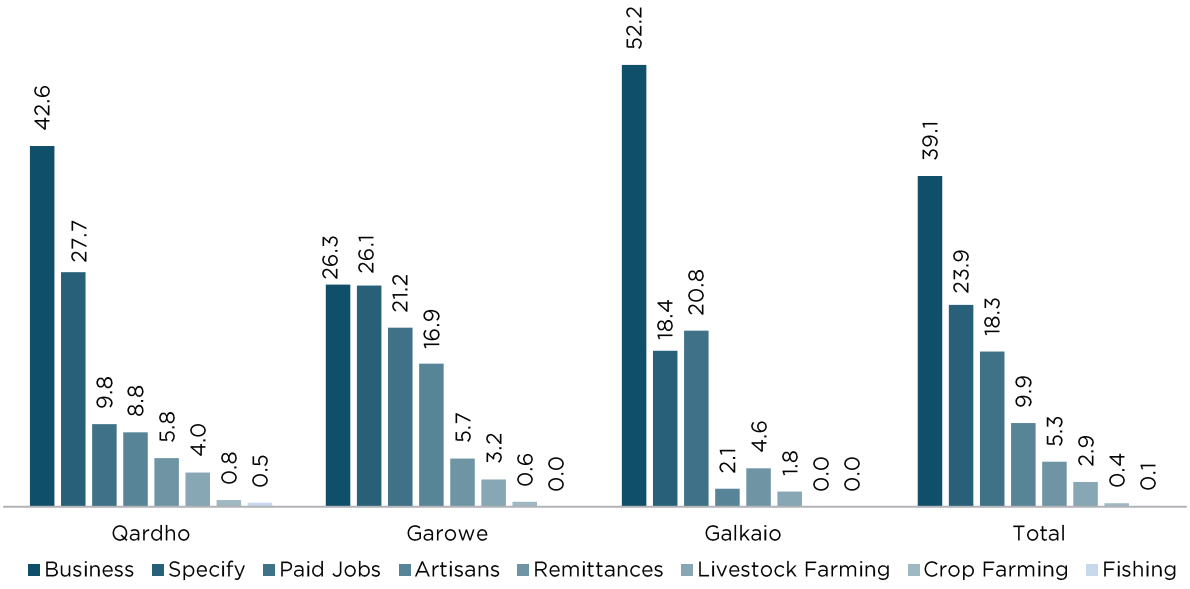
3.3 Household characteristics

3.3.1 Main Sources of income

In the urban centres, business and paid jobs are the main sources of household income. Majority of the households reported business as their main source of income at 39 percent, while 18 percent of households reported paid jobs as their main source of income. Households depending on remittances as the main source of income were 5 percent, while livestock farming was reported by 3 percent of households (Figure 3.5).

Galkayo reported the highest percentage of income from business at 52 percent while Qardho and Garowe reported 43 and 26 percent respectively. Qaradho had the highest percentage of households depending on paid jobs as the main source of income at 28 percent followed by Garowe at 26 percent and Galkayo at 18 percent (Figure 3.5).

Figure 3.5 Percent distribution of respondents with main source of household income



3.3.2 Secondary sources of income

As presented in Figure 3.6, thirty five percent of households have a secondary source of income. Having more than one source of income in the households improves the household's financial stability and reduces their vulnerability to shocks and stresses.

Qardho reported the highest percentage of households without a secondary source of income at 74 percent while Garowe and Galkayo reported 68 and 54 percent respectively. There was a significant variance in distribution of households with secondary sources of income. Galkayo had the highest percentage of households with second source of income at 46 percent compared to Qardho with 26 percent as the lowest (Figure 3.6).

Figure 3.6 Percent distribution of respondents with secondary source of household income

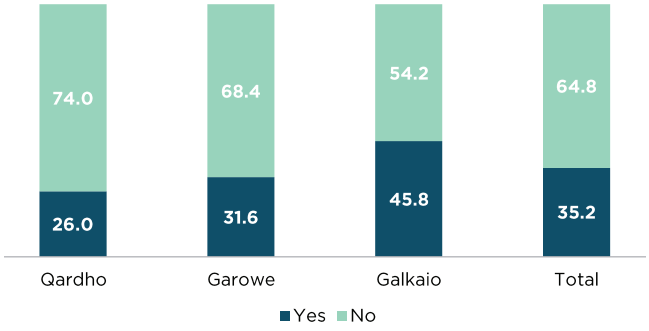
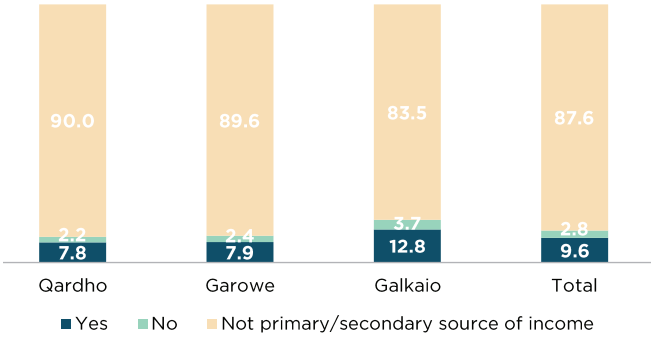


Figure 3.7 Percentage distribution of respondents by whether the household is still receiving remittances



4

Economic Impact

The section provides an overview of the Puntland economic impact and the challenges that households have faced in terms of income generation and employment due to the COVID-19 pandemic crisis.

4.1 Background to Puntland economy

The Puntland state has autonomous economic and political institutions with different taxation and revenue policies. The economy of Puntland is largely dependent on livestock exports, which contribute approximately 80% of foreign exchange earnings, 40% of the GDP and 60% of employment opportunities. Despite the economic importance of the sector, pastoralists survive in very difficult and fragile conditions characterized by the prevailing arid and semi-arid environment. Remittance from the Diaspora has also played a major role in the economy (World Bank, 2017).

A study commissioned by Puntland Ministry of Planning and Ministry of Finance in April this year predicted that Puntland's GDP will decline by 18 percent during the first half of 2020. Household consumption expenditures will also decline by 10 percent by April 2020. Puntland import and export levels are expected to decline by 6 percent and 43 percent respectively. Gross fixed capital formation is also expected to decrease by 23.8% in the first half of 2020. Consumer Price Index increased from 85.36 to 86.28 in the month of March 2020.

Domestic revenue declined by 55 percent in this fiscal year amounting to $51,460,110. Revenue loss in the 1st quarter of 2020 was 28.4 percent whereas revenue losses in quarters 2, 3 and 4 is projected at 52 percent, 68 percent and 72 percent respectively (MoF, 2020).

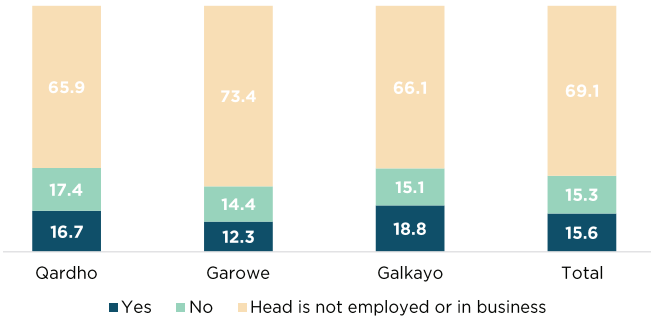
4.2 Employment status

Like the rest of the world, Covid-19 pandemic has badly affected employment rate in Puntland. The survey asked respondents whether they or other members of their household experienced a loss in employment since start of Covid-19. Figure 4.1 shows the percent distribution of the respondents by impact of COVID-19 on household head/spouse employment (paid job or business)

The survey found that overall 16 percent of respondents said that at least one member of their household has lost employment (paid job or business). This is, attributed, to the close of small businesses like food stores, groceries and restaurants, building constructions stopped, and public transportations halted in addition the government, banned temporarily the importation of and trade in Khat, to reduce the spread of coronavirus which was a source of income for some of the unskilled workers and vulnerable families, like internally displaced families, and widowed mothers.

Among the three towns, the percentage of households, which, reported employment loss of the head during Covid-19 was higher in Galkayo town at 19 percent., compared to Qardho at 17 percent and Garowe towns at 12 percent respectively.

Figure 4.1 Percent distribution of households by employment status (paid job or business) of the household head during COVID-19 crisis



Those who were married were asked whether their spouse lost employment (paid job or business) due to COVID-19. Figure 4.2 shows that overall 15 percent of households with employed spouses before the start of Covid-19 lost their employment. The percentage of households with spouses who lost employment was higher in Galkayo at 17 percent, Qardho at 15 percent and lowest Garowe town at 12 percent.

Figure 4.2 Percent distribution of households by spouse's employment status during COVID-19 crisis

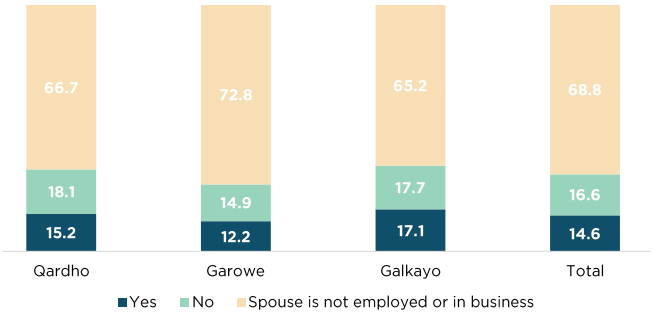
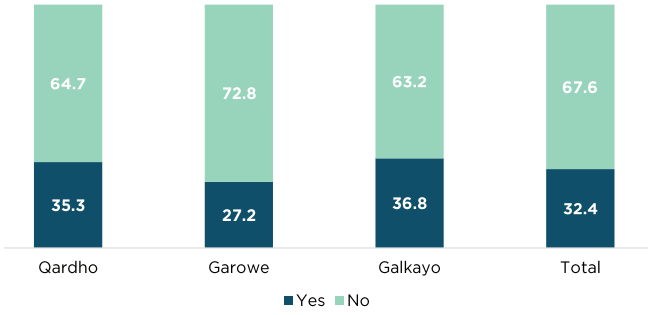


Figure 4.3 Percent distribution of households by impact of COVID-19 crisis on household income



4.3 Status of household income

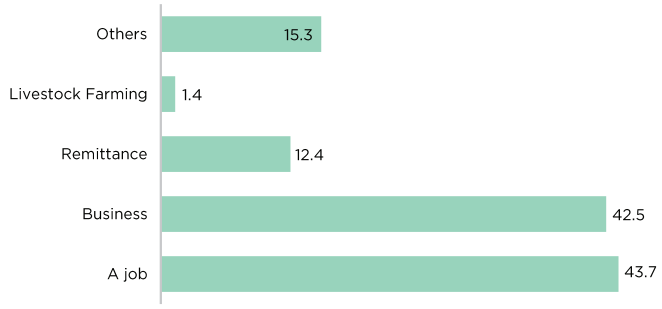
As presented in Chapter 3, the main sources of income are business and paid jobs. Lockdown was a key measure in the control of COVID-19, with movement being restricted. As a result, businesses were not operating at optimal level either due to constraints in demand and or supply. The restriction and reduction of opportunities for income generation have serious impact on household finances and vulnerability to COVID-19. Vulnerable populations including the IDPs are forced to make a choice between purchasing basic foodstuffs and water, versus hand soap, facemasks, to protect them from contracting coronavirus.

Figure 4.3 shows percentage distribution of respondents by impact of COVID-19 on household income in Puntland. The Figure shows that overall 32 percent of the respondents said at least one member of the household experienced a loss of income since start of Covid-19. Among the towns, Galkayo reported the highest percentage of households with at least one-member reporting loss of income at 37 percent. In Qardho and Garowe towns, 35 and 27 percent households respectively reported at least one member lost income.

Businesses were not operating at optimal level either due to constraints in demand and or supply

Those who said a household member lost income during Covid-19 were asked to mention the source of income lost. As Figure 4.4 indicates, 44 percent of households reported the lost income was from a paid job and 43 percent reported that household member lost his or her business during Covid-19 crisis, where 12 percent of the household members reported that remittance from family member abroad was stopped... Livestock farming was the most resilient of the sources of income with 1 percent of households reporting a member who lost their livestock farming income since the start of COVID-19.

Figure 4.4 Percent distribution of households by primary sources of income lost due to COVID-19 crisis



4.4 Household remittances

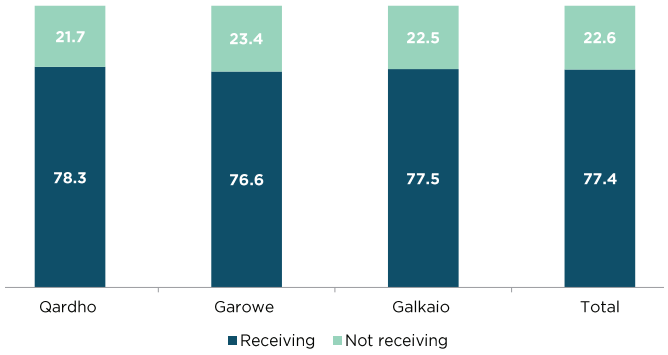
Global remittances are projected to decline sharply by about 20 percent in 2020 due to the economic crisis induced by the COVID-19 pandemic and shutdown. The projected fall, which would be the sharpest decline in recent history, is largely due to a fall in the wages and employment of migrant workers, who tend to be more vulnerable to loss of employment and wages during an economic crisis in a host country. Remittances to low and middle-income countries (LMICs) are projected to fall by 19.7 percent to $445 billion, representing a loss of a crucial financing lifeline for many vulnerable households (World Bank, 2020b) .

Somali money transfer operators (MTOs) report that remittances have dropped substantially since the onset of COVID-19, due to economic pressures on members of the Somali diaspora. As unemployment and underemployment figures soar in the US and elsewhere, including among the Somali diaspora, the economic crunch is then being felt in Somali households that depend on regular payments from their families abroad. As women are increasingly having to stay home to care of sick family members and children out of school, remittances are often the only funds that female caregivers are able to access and control, making them a vital tool for women's economic empowerment (Oxfam, 2020).

Households reported a 90 percent decline on remittances during the COVID-19 pandemic, out of all households that receive remittances from the diaspora, only 10 percent reported that they were still receiving. Qardho and Garowe reported similar percentages among those still receiving remittances at 8 percent while Galkayo reported the highest percentage of households receiving remittances at 13 percent (Figure 4.5).

Remittances are often the only funds that female caregivers are able to access and control

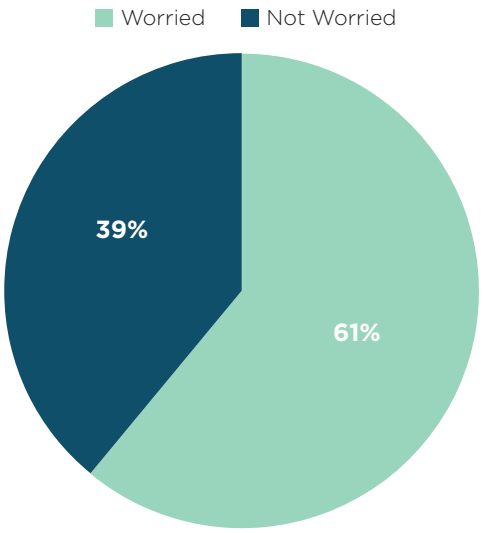
Figure 4.5 Percentage distribution of respondents by whether they are still receiving remittances or not



4.5 Household Financial Security

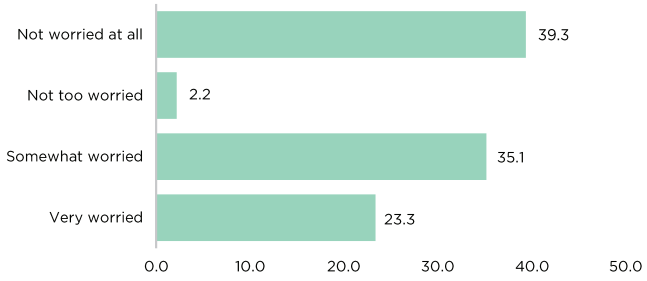
Figure 4.6 presents the percent distribution of respondents expressing worry about household income due to impact of COVID-19. As the Figure shows, 61 percent of the respondents expressed worry about their household income due to impact of COVID-19.

Figure 4.6 Percent distribution of households worried about finances during COVID-19 crisis



Further, household heads were asked how worried they were about their financial situation. Figure 4.7 categorizes level of financial worries indicated by the respondents, shows that 23 percent of the respondents were very worry about their financial situation, 35 percent were not very worried, 2 percent were not worried while 39 percent of the respondents said they were not worried at all about their financial situation.

Figure 4.7 Extent of worry about finances during COVID-19 crisis



5

Social Impact of COVID-19

This chapter provides analysis on the social effect and impact of COVID-19. The chapter outlines how education, GBV, early marriages and family dynamics have been affected due to the COVID-19 pandemic.

5.1 Effect of COVID-19 on education

Puntland's education sector is made up of both state and non-state actors. The Puntland State of Somalia boasts of high Net Attendance Ratios especially at primary and secondary level at 34 and 16 percent respectively compared to the national level indicators at 19 and 9 percent respectively. Education participation is affected by several factors including, inadequate number of schools, quality of education, and limited outreach to rural and nomadic areas. The NAR is 47 percent each in urban and rural areas and 2 percent in nomadic areas. The Gender Parity Index for primary school which is the ratio of the primary school NAR for females to the NAR for males is 0.9. The Gender Parity Index for secondary school which is the ratio of the secondary school NAR for females to the NAR for males is 0.6. (Puntland Statistics Department, 2020).

The COVID-19 pandemic has and continues to have impact heavily on education. Schools were shut down in April due to fear of infection, in a classroom of children in who sit in close proximity and are constantly in close contact, who are not able to understand or abide by the guidelines and prevention methods to curb the spread of COVID 19 virus. (Thomas, 2020).

Schools in Puntland officially resumed from October some children have not resumed learning due to various reasons. Figure 5.1 shows the percentage distribution of respondents by their knowledge of children who have not resumed school in the community due to COVID-19 crisis. Overall, the percentage of respondents who know of a child that has not resumed school in the three towns is 31 percent. Galkayo town has the highest percentage of children who have not resumed school at 41 percent compared to Garowe and Qardho at 30 and 17 percent respectively.

Figure 5.1 Percentage distribution of respondents by their knowledge of children who have not resumed school in the community due to COVID-19 crisis

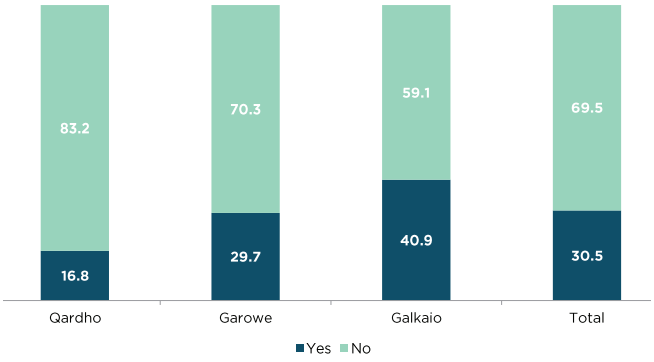


Figure 5.2 shows the percentage distribution of respondents by reasons for children not resuming school in the community since COVID-19 crisis. Overall, lack of money was the biggest reason for children not resuming school. Seventy- seven percent of respondents indicated that children had not resumed school due to lack of money while 26 percent indicated that it is out of fear of contracting COVID-19. A further 16 percent indicated that children are out of school because they are engaged in casual work. In all the three towns, lack of money was the biggest reason for children not resuming school; from 79 percent in Qardho to 78 percent in Galkayo and 76 percent in Garowe. Galkayo has the highest percentage of children who have not resumed school due to fear of contracting COVID-19 at 23 percent compared to 13 percent in Garowe and 3 percent in Qardho. There are no significant differences between the town on report of children not resuming school because of money, however 10 percent respondents in Garowe reported children were out of school due to their being engaged in casual work compared to 2 percent in Galkayo.

lack of money was the biggest reason for children not resuming school

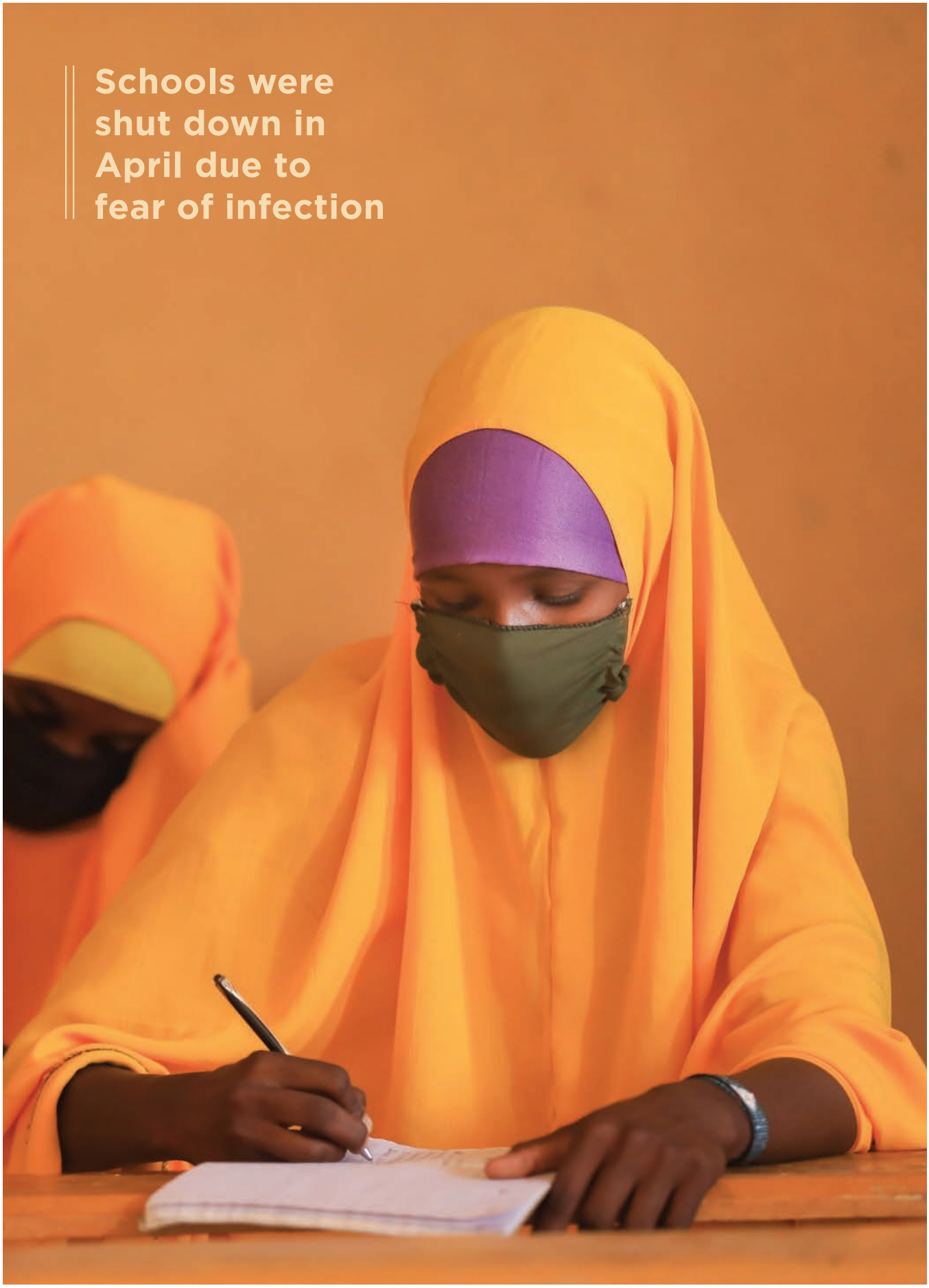

Schools were shut down in April due to fear of infection

Figure 5.2 Percentage distribution of respondents by reasons for children not resuming school in the community since COVID-19 crisis

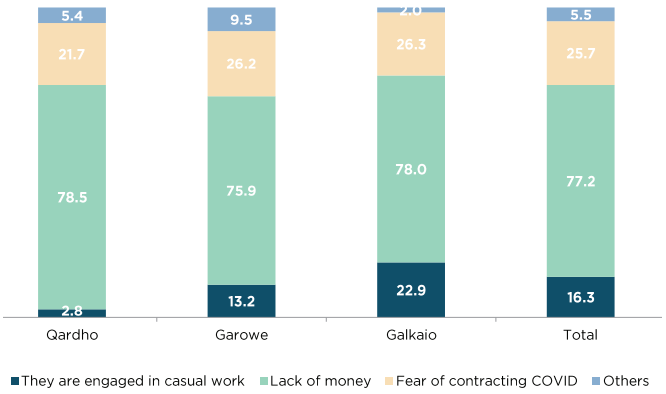
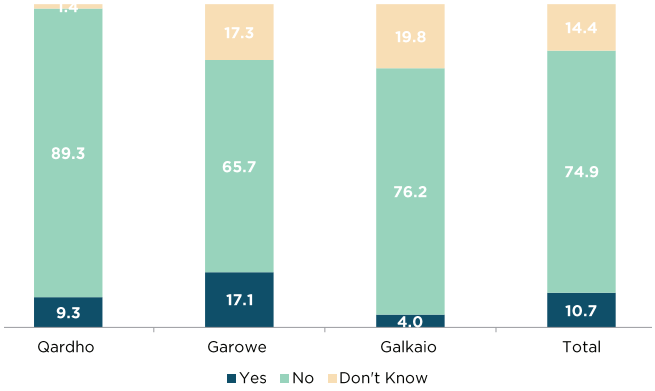


Figure 5.3 Percentage distribution of respondents by their knowledge of early marriage in the community during COVID-19 crisis



5.2 Effect of COVID-19 on early marriages

Early marriage is practiced in the Somali cultural context, and it happens in Puntland just as it does throughout the country. Somali parents encourage the marriage of their daughters while they are still young in the hope that marriage will benefit the girls both financially and socially while also relieving the family of the financial burden of supporting and housing the child. Early marriage often results in earlier childbearing, this tradition has a detrimental effect on the health of both the mother and the child. In addition to affects girls' education advancement and career progression.

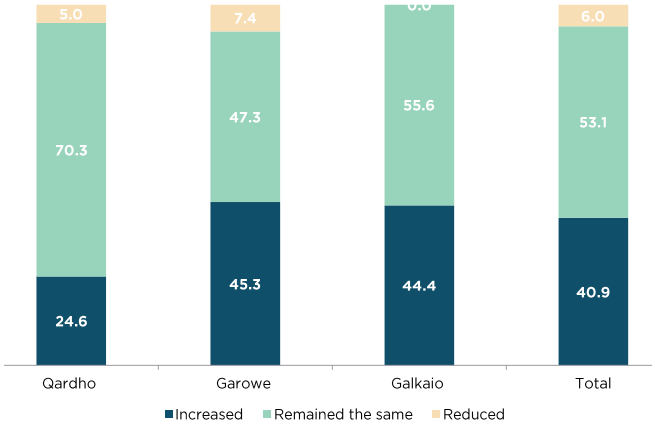
Figure 5.3 show the percentage distribution of respondents by their knowledge of early marriage in the community during COVID-19 crisis. Overall 11 percent of households had knowledge of early marriage in the community during COVID-19 crisis.

During the COVID-19 period, more early marriages were reported by households in Garowe town at 17 percent compared to 9 percent in Qardho town and 4 percent in Galkayo town. The early marriages are a contributing factor to the grim statistic of about a third of children that did not resume learning.

Figure 5.4 shows the percentage distribution of opinion on prevalence of new cases of marriage among girls below 14 years since the onset of COVID-19 pandemic. Overall 41 percent of the household respondents believed new cases of marriage among girls under 14 years since the onset of COVID-19 pandemic had increased.

Forty-five percent of households in Garowe believed, the prevalence of new cases of marriage among girls under 14 years since the onset of COVID-19 pandemic had increased compared to 44 percent in Galkayo and 25 percent in Qardho.

Figure 5.4 Percentage distribution of opinion on prevalence of new cases of marriage among girls <14 since the onset of COVID-19 pandemic



5.3 Effect of COVID-19 on gender-based violence

Gender-based violence (GBV) refers to harmful acts directed at an individual based on their gender, rooted in gender inequality and abuse. GBV is a serious human right violation and has life threatening mental and physical health consequence. GBV may result in physical, psychological and economic harm. It is unfortunate that GBV affects women and children most. According to the SHDS 2020, (Directorate of National Statistics, 2020),15 percent of women aged 15-49 had experienced physical violence at some point in their lives since the age of twelve. The most perpetrators of GBV according to the report are husbands reported by 52 percent of the respondents. This means that most of the violence happens at home. One of the measures taken to mitigate the spread of COVID-19 was lockdown-restricting movement. This led to families spending more time together unlike before (Puntland Statistics Department, 2020).

Figure 5.5 shows the percentage distribution of respondents by experience of physical violence during COVID-19. Overall 57 percent of households from all the three towns experienced physical violence during the COVID-19 period.

Garowe town had the highest percentage of households, at 63 percent, in which physical violence had occurred followed closely by Galkayo at 58 percent while Qardho had the least at 19 percent.

Figure 5.5 Percentage distribution of respondents by domestic violence during COVID 19

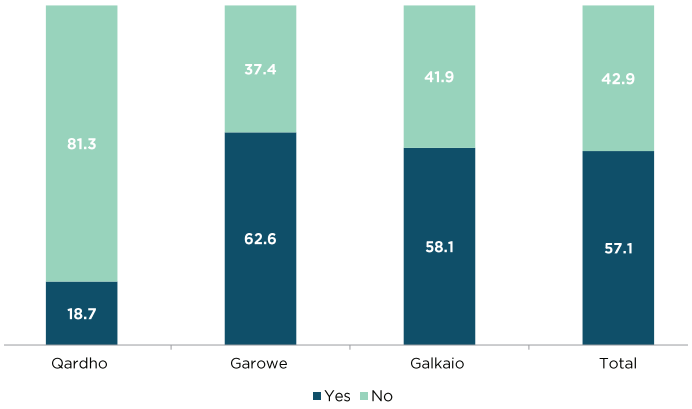


Figure 5.6 show the percentage distribution of perpetrators of physical violence during COVID-19. The study investigated the extent to which domestic violence was perpetrated by a spouse, neighbour, brother / sister, police / military personnel among others.

Most of the physical violence was perpetrated by a spouse at 34 percent, the highest percentage reported in Qardho at 48 percent followed by Galkayo at 43 percent and Garowe at 34 percent. Neighbors were the next most common perpetrator of physical violence at 31 percent, with households in Qardho reporting the most at 52 percent followed by Garowe at 40 percent and least was Galkayo at 7 percent.

Figure 5.6 Percentage distribution of perpetrators of domestic violence during COVID 19

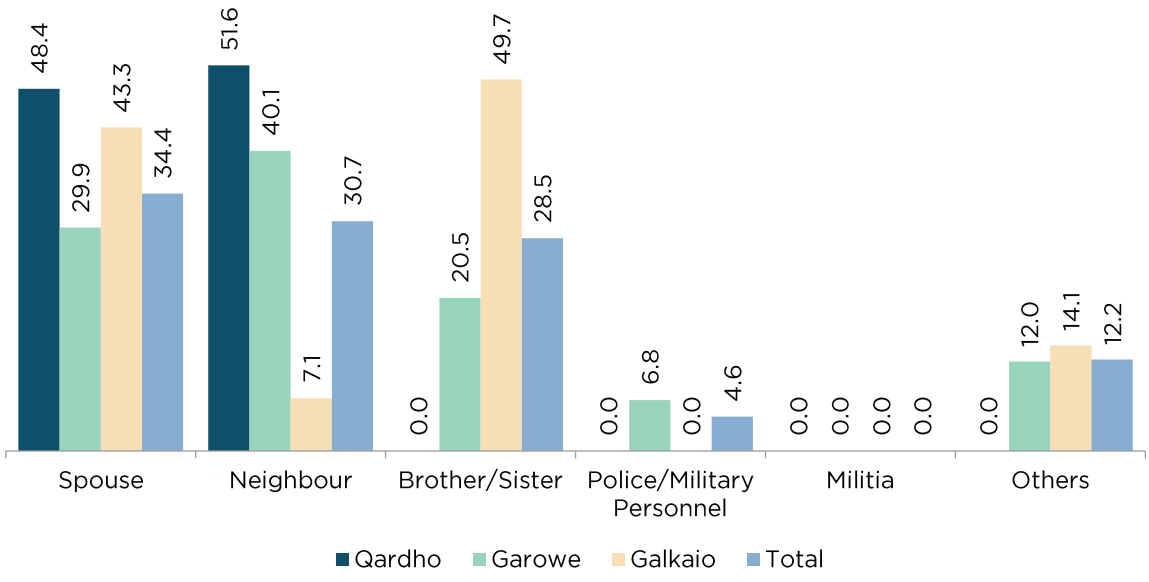
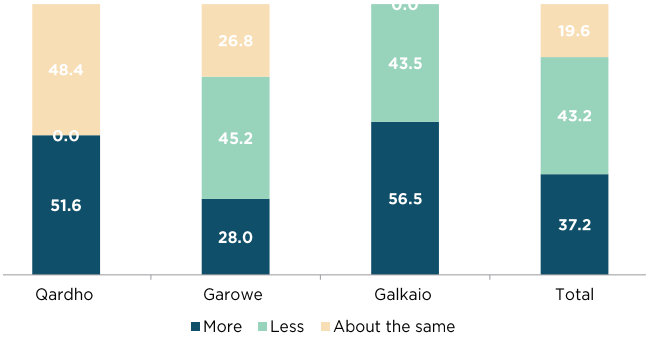


Figure 5.7 shows the percentage distribution of experience of physical violence during COVID 19. The assessment investigated whether physical violence had increased, decreased or remains the same during and before COVID-19 period. Overall 37 percent of households experienced more physical violence during the COVID-19 period compared to 43 percent who experienced less physical violence.

Among the towns, most households in Galkayo, 57 percent and Qardho 52 percent, experienced an increase in physical violence during COVID-19 period compared to the time before the pandemic.

Figure 5.7 Percentage distribution of Experience of physical violence during COVID 19 crisis



5.4 Effect of COVID-19 on family dynamics

Restricted movement, financial challenges because of COVID-19 and closure of schools is likely to affect relationships at the household level. Children and parents are now spending more time with each other unlike before. This section presents an analysis of household members who experienced humiliation within the household and the trend in friction in the households.

Figure 5.8 shows the percentage distribution of household member humiliated, insulted or threatened during COVID-19 crisis. Overall 12 percent of households had a household member humiliated, insulted or threatened during COVID-19 crisis.

The percentage of households where a household member was humiliated, insulted or threatened during the COVID-19 crisis was highest in Garowe town at 18 percent and lowest in Qardho town at 5 percent.

Figure 5.8 Percentage distribution of household member humiliated, insulted or threatened during COVID-19 crisis

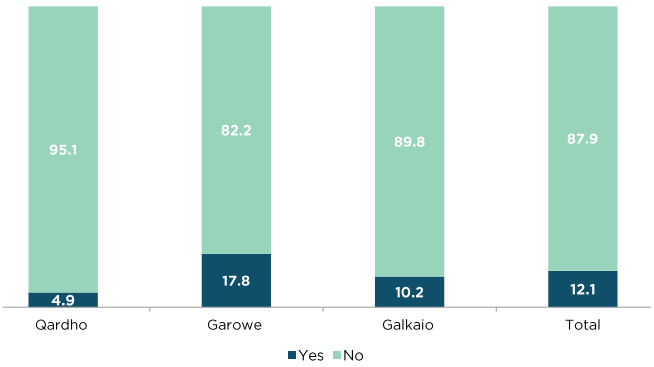
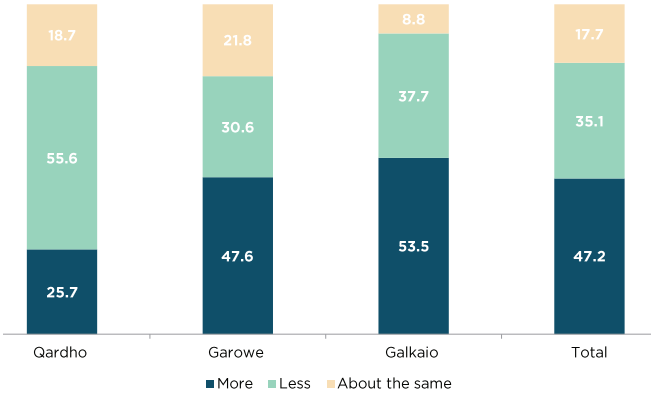


Figure 5.9 show the percentage distribution of respondents by experience of humiliation, threats during COVID-19 crisis. Overall 47 percent of households experienced more humiliation and threats during the COVID-19 compared to before.

Among the towns, respondents from most households in Galkayo, 54 percent, experienced humiliation and threat during COVID-period compared to the time before compared to 48 percent in Garowe. In Qardho however, respondents from more households, 56 percent experienced less humiliation and threat during COVID-period compared to the time before.

Figure 5.9 Percentage distribution of respondents by experience of humiliation, threats during COVID-19 crisis



6 Health Impact

The broad health impact of COVID-19 on the Puntland State population is discussed under this section. It includes COVID-19 infection rates, hospitalization rates, mortality rates, impact on health service delivery as well as mental health and well-being in three major towns namely Qardho, Garowe and Galkayo.

Puntland State has not been spared from the COVID-19 scourge that has spread in most parts of the world and become a global crisis. The first case in Puntland was reported in mid-April 2020, The Puntland State administration put in place containment measures to reduce transmissions. The president created the Coronavirus Prevention Committee (CPC) to combat and respond to the emerging outbreak. A night-time curfew was imposed by Puntland authorities initially in Bossaso, Galkayo and Garowe (Majid, Hassan, Koshin, & ..., 2020).

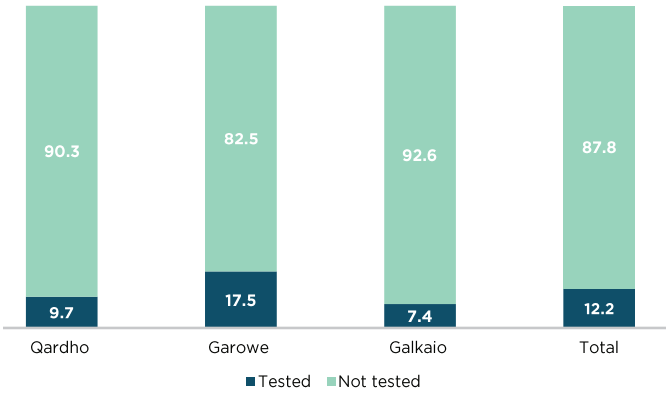
Overall, Puntland has recorded the third highest number of COVID-19 cases, after Banaadir state and Somaliland. To date, Puntland has had 1,045 confirmed cases of COVID-19 and 10 deaths translating to 24 percent of total confirmed cases and 9 percent of deaths in Somalia.

While the number of new reported daily COVID-19 infections has declined, we cannot predict whether Puntland has flattened the curve due to limited testing capacity, access to testing, fatigue as well as operational challenges.

6.1 COVID-19 Testing

To estimate the COVID-19 positivity rate in the selected major towns in Puntland the respondent was asked if any family member including themselves has been tested for COVID-19. Figure 6.1 shows the distribution of respondents by COVID-19 testing status for the household members. Overall, 12 percent of respondents reported having a member of the family or themselves tested for COVID-19. More households s in Garowe (18 percent) compared to 10 percent in Qardho and 7 percent in Galkayo respectively reported they have a member who had taken the COVID-19 test.

Figure 6.1 Percentage distribution of respondents who had household members or themselves tested for COVID-19



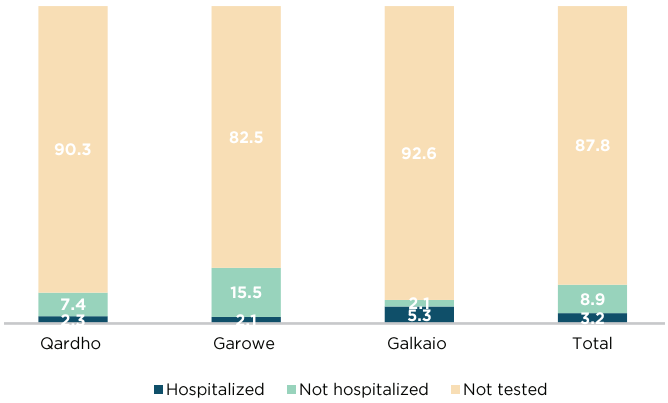
6.2 COVID-19 hospitalization rates

To estimate a population-based rate of laboratory-confirmed COVID-19–associated hospitalizations in major towns in Puntland, respondents were asked if they have any household member hospitalized for COVID-19.

The hospitalization rate is calculated as the number of residents of a defined area who are hospitalized with a positive COVID-19 laboratory test divided by the total sample covered. However, the study did not specify the number of household members who were hospitalized for the disease. Therefore, it is assumed that from households with confirmed cases, only one member was hospitalized. Based on this assumption, according to Figure 6.2 below, the COVID-19 hospitalization rate in Puntland's major towns is 3.2 percent. Galkayo town reported the highest hospitalization rate at 5.3 percent. Qardho and Garowe towns had hospitalization rates of 2.3 percent and 2.1 percent respectively.

Puntland has recorded the third highest number of COVID-19 cases, after Banaadir state and Somaliland

Figure 6.2 Percentage distribution of respondents by household members hospitalized for COVID-19



6.3 Household COVID-19 vulnerability

Epidemics and pandemics disproportionately affect population with significantly higher impacts on the most vulnerable and less resilient communities.

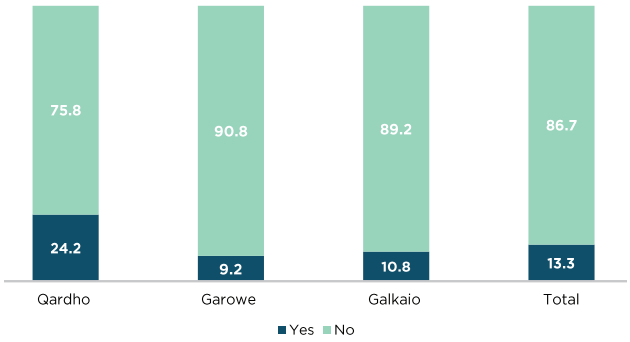
Planning an efficient response to the pandemic requires a comprehension of the level of risk of exposure, infection and mortality by the population. This analysis aims to show the proportion of the population with a higher risk of dying if infected with COVID-19. People with higher risk of COVID-19 mortality in this study were classified as the elderly, disabled or those with chronic diseases.

People with underlying medical conditions like chronic lung disease, a serious heart condition, or a weakened immune system are at a higher risk of severe illness from COVID-19.

Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, adults with disabilities are three times more likely than adults without disabilities to have underlying medical conditions and therefore at a higher risk of getting severe complications from COVID-19. Moreover, people who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members (Groce, 2009).

According to Figure 6.3, overall, 13 percent of households in the major towns in Puntland have a person suffering from chronic ailments. Qardho town has a higher prevalence of chronic diseases with 24 percent of households reporting a chronic person in the household, while Garowe had the least prevalence at 9 percent.

Figure 6.3 Percentage distribution of households with a chronically ill member

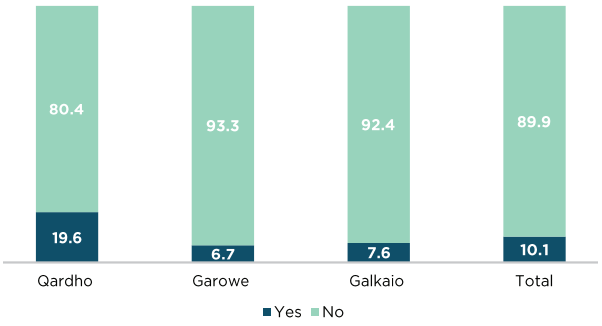


Most people with disabilities are not inherently at a higher risk for becoming infected with or having severe illness from COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions.

People living with disability disproportionately bear the brunt of any disease of natural disaster that hit the community. According to Figure 6.4, 10 percent of households in major towns in Puntland have a disabled person in the household. Qardho leads in the prevalence of disability at 20 percent, followed by Galkayo at 8 percent. Garowe is the lowest with only 7 percent of households reporting the presence of a disabled person.

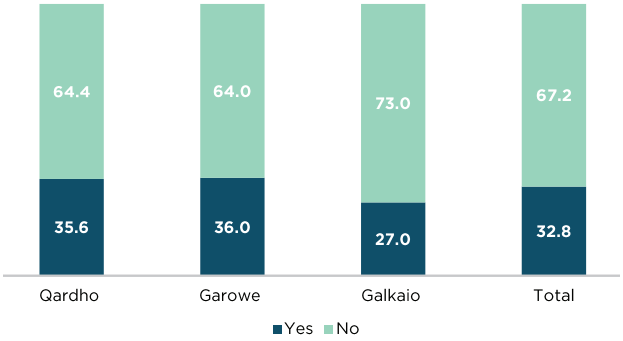
People with higher risk of COVID-19 mortality were classified as the elderly, disabled or those with chronic diseases

Figure 6.4 Percentage distribution of households with a member living with disability



The elderly population have been scientifically proven to carry a bigger risk of COVID-19 mortality compared to the younger population (Sacco & Kuerbis, 2013). Figure 6.5 displays this analysis. According to the findings, three out of ten persons (32 percent) in the three major towns in Puntland are aged 60 and above. Garowe and Qardho have the highest proportion of the elderly (both at 36 percent). Galkayo has the lowest proportion of the elderly at 27 percent.

Figure 6.5 Percentage distribution of households with members above 60



6.4 COVID-19 mortality rates

The first COVID-19 death in Puntland was reported in April 2020. COVID-19 has had a devastating impact to Puntland State including the loss of two Ministers i.e. the Minister of Agriculture, the Environment, and Climate Change in May 2020; and the Minister for State in August 2020.

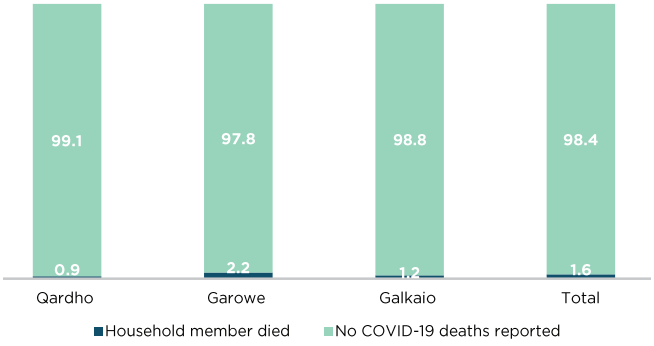
As mentioned earlier, Puntland has recorded 10 COVID-19 deaths translating to 24 percent of total confirmed cases and 9 percent of deaths in Somalia.

To estimate the COVID-19 mortality rate, the survey asked about COVID-19 related deaths in the household since the disease was first reported in Puntland.

However, the study did not specify the number of COVID-19 related deaths in the household. Therefore, it is assumed that from households reporting COVID-19 related deaths, only a single death occurred.

Figure 6.6 shows that the overall COVID-19 mortality rate in the three major towns in Puntland is 1.6 percent or 16 deaths per 1000 population. The COVID-19 mortality rate is highest in Garowe at 2.2 percent (22 deaths per 1000 population), followed by Galkayo at 1.2 percent (12 deaths per 1000 population). Qardho recorded the lowest mortality rate at 0.9 percent (9 deaths per 1000 population).

Figure 6.6 Percentage distribution of respondents by household COVID-19 deaths



6.5 Background on health service delivery

Majority of patients in Puntland seek help from the private sector. This is largely because of the poor quality in public health facilities. The private sector, therefore, is the dominant provider of health care in Puntland. It is, however, largely unregulated with no data collected on the provision of health care services. It is nevertheless, providing essential services that

are often the first (and only) point of contact for persons seeking health care services. Due to lack of resources, most health facilities don't offer all core health interventions. They mainly focus on maternal and child health with formidable challenges including lack of necessary tools and supply for management of preterm birth (WHO, 2006).

The purpose of this analysis is to assess the impact of COVID-19 pandemic to essential health services.

Globally, the initial phase of the health system's response was to ensure sufficient hospital capacity was available to deal with any surges in severe COVID-19 cases. This was accompanied by the need to minimise threats to the health of healthcare workers and the risk of transmission (WHO, 2020a). This response has seen a major disruption to healthcare delivery and uptake across the world. Puntland may not have been spared as it experienced a surge in the number of COVID-19 infections in the months of May-July.

Some of the hypothesised impact of COVID-19 pandemic on health include decreased overall hospital admissions, antenatal attendance, immunization, and hospital deliveries. The disease containment measures coupled with anxiety among the population is thought to have significantly disrupted essential health services. Increased risk for contracting COVID-19 may affect how the population access health facilities for general health care, maternal, new-born and child health services.

6.6 General health seeking during COVID-19 crisis

To assess the general health seeking behavior during COVID-19 pandemic, respondents were asked if they had a household member who had been sick during the crisis period and whether they sought treatment or not. A quarter of the households (26 percent) experienced sickness. Qardho had the highest number of households reporting disease episodes at 35 percent, followed by Galkayo at 25 percent and Garowe at 21 percent (Figure 6.7). About two thirds of households (70 percent) sought advice/ treatment at the health facility. Galkayo had the highest proportion of households that sought treatment for a sick member (84 percent) followed by Qardho at 74 percent. Garowe came distant last with 52 percent of households seeking treatment for sick members (Figure 6.8). Given Garowe had the highest number of COVID-19 cases, this results show of the lower hospital attendance might be an indicator if the impact of COVID-19 on general health care access.

Figure 6.7 Percentage distribution of respondents by households experiencing sickness during COVID-19 crisis

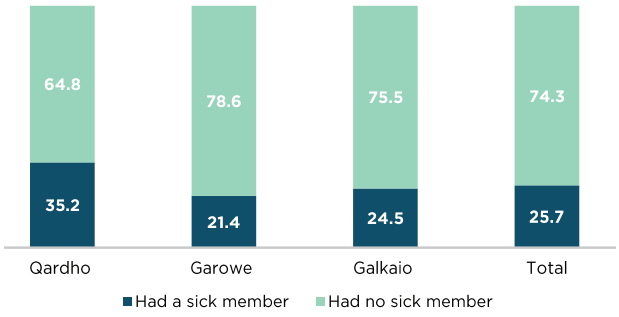
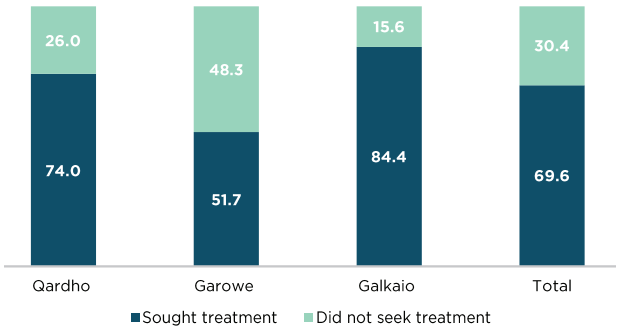


Figure 6.8 Percentage distribution of respondents by households seeking treatment for a sick member during COVID-19 crisis



6.7 Impact on health service delivery-MCH services

The impact of COVID-19 crisis on the maternal and child health seeking behavior was assessed by asking whether access to the children health services, ANC attendance or health care delivery services was interrupted by the crisis or not. Figure 6.9 shows that health care access for children was affected by COVID-19 crisis in a third of the households (33 percent). Galkayo town was most affected (48 percent), while Garowe town was the least affected (14 percent).

Figure 6.9 Percentage distribution of respondents by households whose healthcare access for children under 5 was affected during COVID-19 crisis

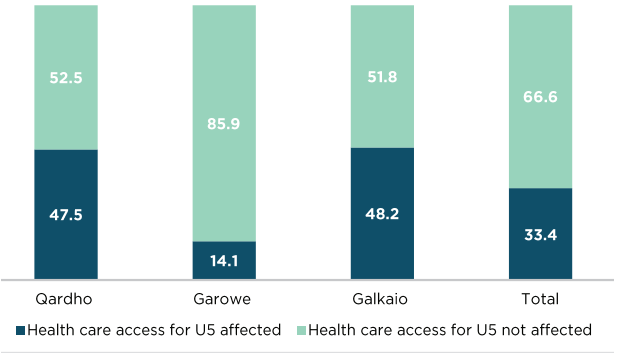
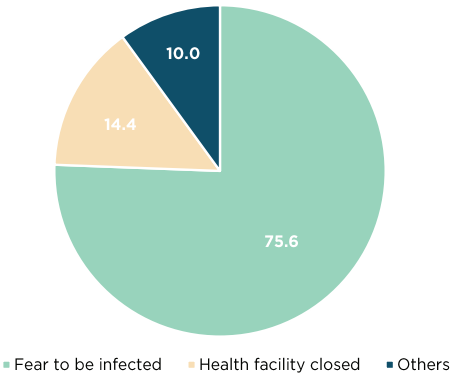


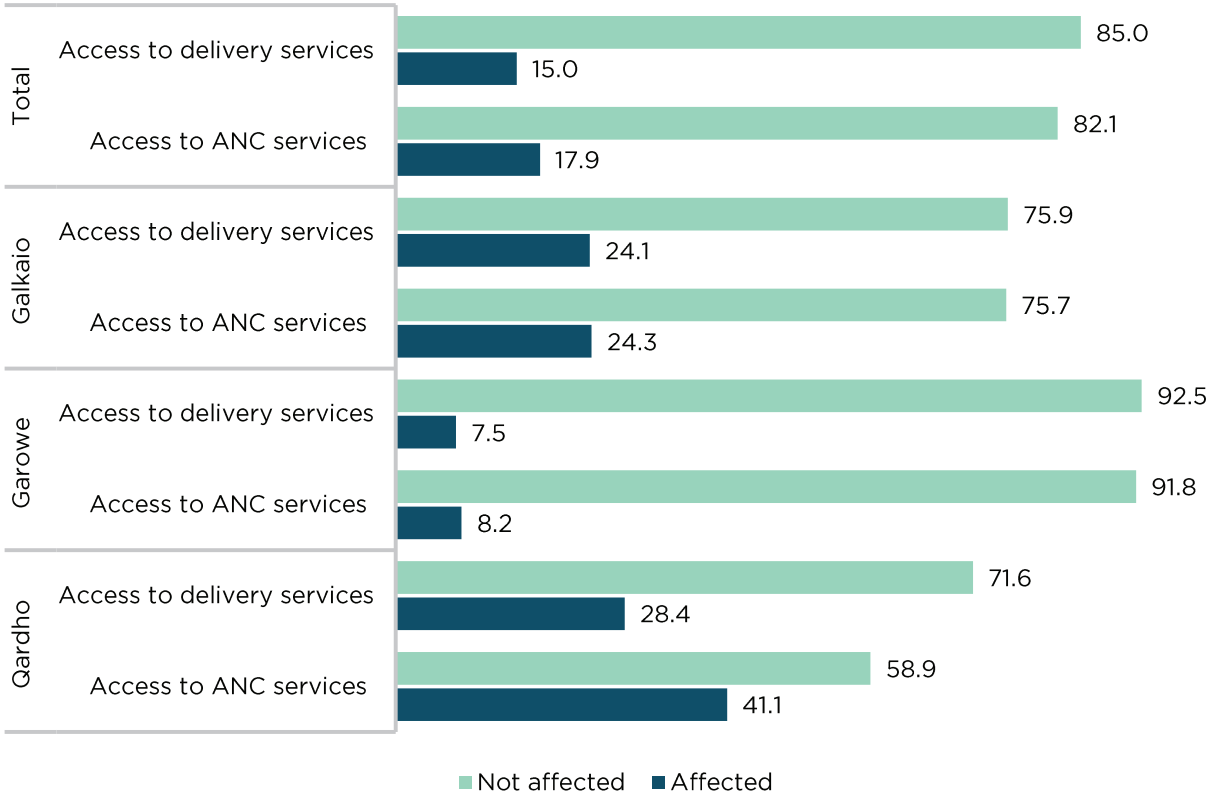
Figure 6.10 Percentage distribution of respondents by why under 5 access to health has been hampered during COVID-19 crisis



The main reason for reduced accessibility to child health services was fear of COVID-19 infection at the health facilities (76 percent). Closure of health facilities was cited by 14 percent of the respondents as a reason (Figure 6.10).

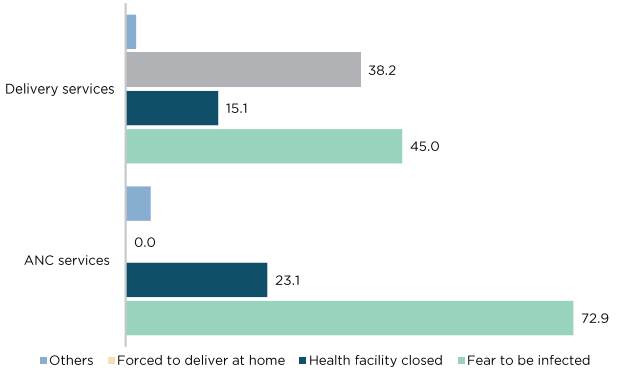
There has been a hypothesized reluctance of pregnant women to access health services for fear of COVID-19 infection. However, the findings show that only 18 percent and 15 percent of households with pregnant women whose access to ANC and delivery services was affected (Figure 6.11).

Figure 6.11 Percentage distribution of respondents from households whose access to Maternal Health services HAS BEEN affected BY COVID-19 crisis



The major reasons for not attending ANC services were fear of COVID-19 infection (73 percent) and closure of health facility (23 percent). Women could not deliver in the health facilities for fear of infection by COVID-19 virus (45 percent) and due to closure of health facility (15 percent). Four out of ten women (38 percent) were forced to deliver at home instead (Figure 6.12).

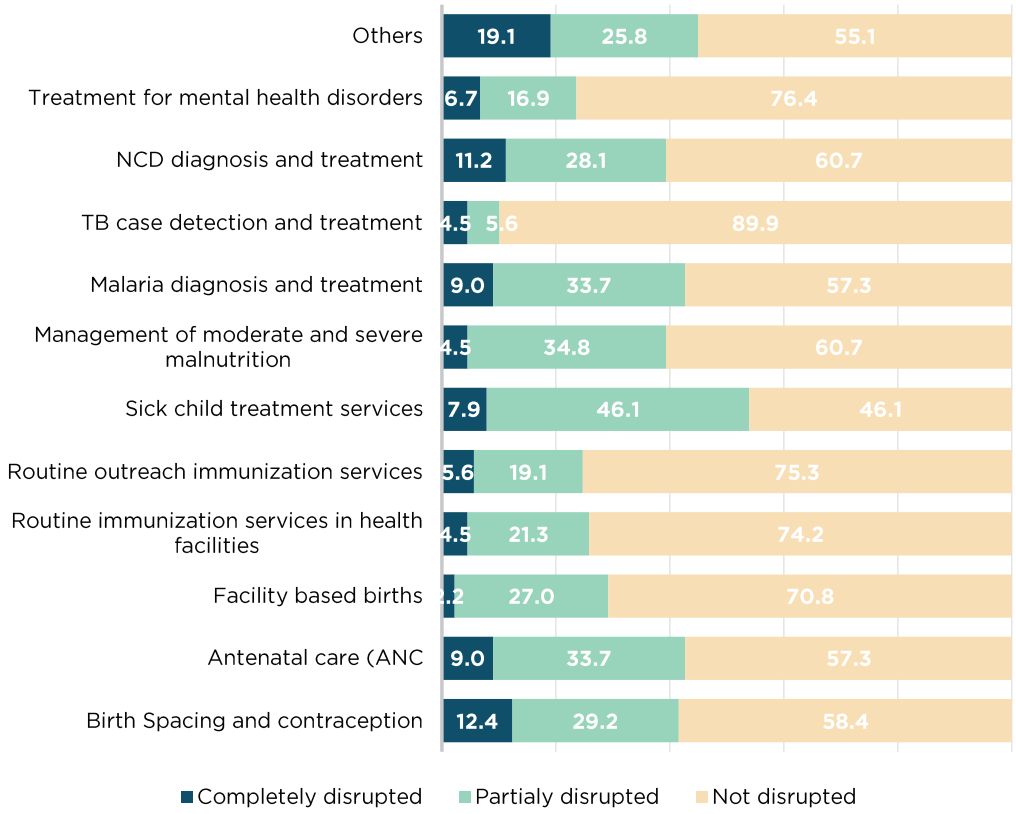
Figure 6.12 Percentage distribution of respondents from households whose access to maternal health services has been affected by COVID-19 crisis by reason why



6.8 Health facility services disruption

COVID-19 containment measures, fear of infection, interruption of the global supply chain, loss of jobs and businesses are some of the factors that may have contributed to disruption in the uptake of health services. Figure 6.13 shows the services offered at the health facility by level of disruption during the COVID-19 crisis. An analysis of the health facility services that were completely disrupted shows that birth spacing services and NCD diagnosis/treatment were most affected with 12 percent and 11 percent of the health facilities reporting complete disruption of the two services respectively. Health facility delivery services were only completely disrupted in 2 percent of the health facilities. Overall, treatment of sick children was the most affected with 54 percent of the health facilities experiencing complete or partial disruption. Treatment of mental health disorders and immunization services were the least affected with only about a quarter of the health facilities reporting disruption of the services.

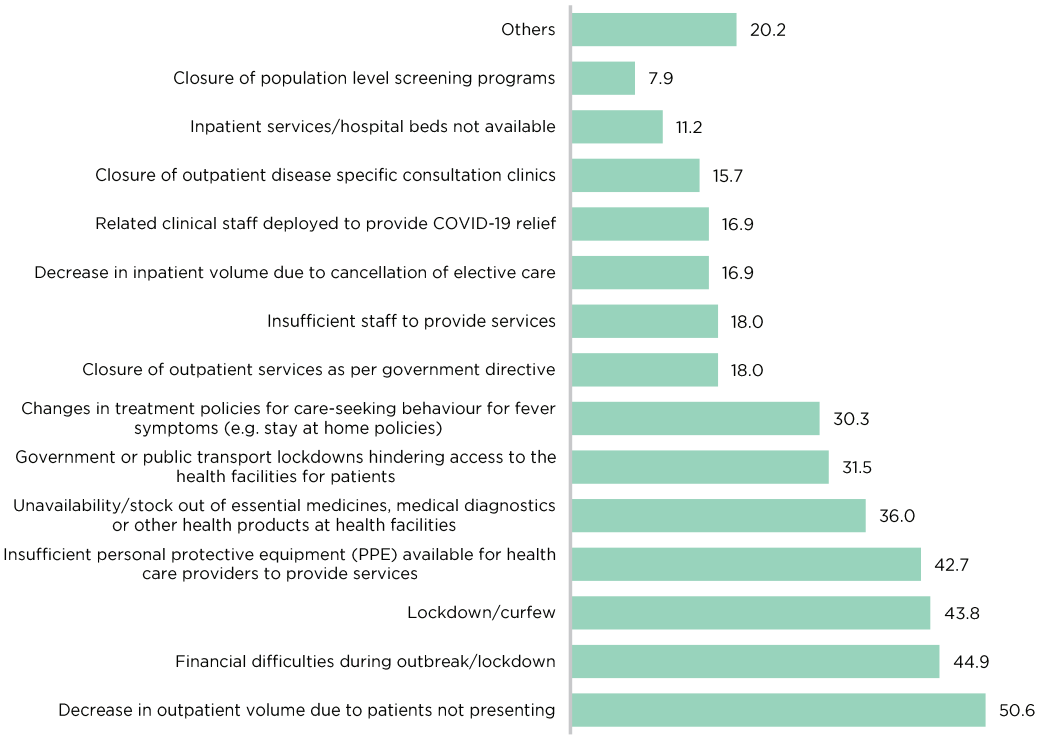
Figure 6.13 Percentage distribution of health facilities by service disruption during COVID-19 crisis



Health facility delivery services were only completely disrupted in 2 percent of the health facilities

The reasons for health facility service disruption are given in Figure 6.14 below. Decrease in outpatient volumes (51 percent), financial difficulties experienced during the pandemic (45 percent) and the lockdown to contain the spread of the virus (44 percent) were the most cited reasons for health facility service disruption.

Figure 6.14 Percentage distribution of health facilities by reason for service disruption during COVID-19 crisis



6.9 Background on mental health

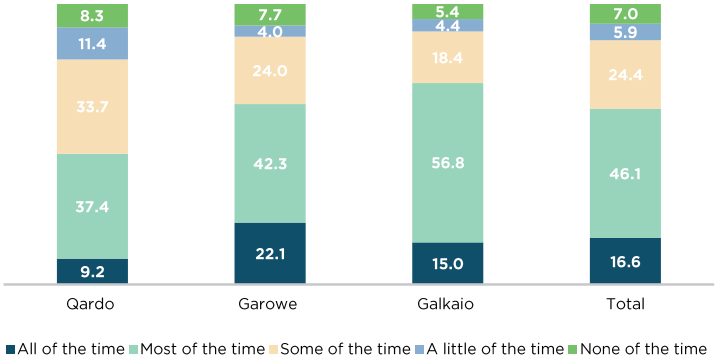
During this time of uncertainty, disruption, separation from friends and extended family, financial problems and constant news about COVID-19 illness and death, are generating feelings of uncertainty and hopelessness among people. Increased anxiety is common as people navigate through COVID-19 and the broad effects and impact it is bringing to their communities. It is a normal, natural response to have increased emotions during this time of uncertainty, including feelings such as anxiety, sadness, problems in self- control and self-management, disappointment, and confusion (Zvolensky et al., 2020).

Due to its high infectivity and fatality rates, COVID-19 has caused universal psychosocial impact by causing mass hysteria (coronaphobia), economic burden and financial losses. The health and socio-economic impact of COVID-19 pandemic comes with elevated levels of anxiety, stress and depression (Dubey, Biswas, Ghosh, & Chatterjee, 2020). In the absence of mental health services, families in Puntland will immensely suffer the psychosocial impact of the pandemic.

6.10 Impact of COVID-19 on mental health

Fear of getting the disease, anxiety about losing a loved one, and depression following the loss of a friend or family member are some of the health-related psychological impacts of COVID-19 crisis. Moreover, the loss of a job, loss of a source of livelihood or loss of a breadwinner are the secondary impacts of COVID-19 crisis. Figure 6.15 shows the household anxiety experience during the COVID-19 crisis. Nine out of ten households (93 percent) experienced some form of anxiety. Overall, 17 percent of households experienced anxiety all the time, 46 percent all the time, 24 percent some of the time, 6 percent a little of the time, while 7 percent did not experience any anxiety. Anxiety feelings were highest in Galkayo (95 percent) and lowest in Qardho and Garwoe (92 percent for each).

Figure 6.15 Percentage distribution of respondents/households by experience anxiety feelings during COVID-19 crisis



The reasons given for anxiety feelings as shown in the chart below were; loss of job (39 percent), afraid of being infected with COVID-19, reduced income (34 percent), business was not doing well (23 percent), afraid of school postponement (10 percent), lost a loved one (8 percent), other reason (8 percent). In Qardho, the main source of anxiety was reduced income (51 percent). In Garowe job loss (47 percent) and fear of infection (46 percent) were the main causes of anxiety. Galkayo households were anxious about the loss of a job (44 percent) due to COVID-19 pandemic (Figure 6.16).

Figure 6.16 Percentage distribution of respondents/households by reason for anxiety feelings during COVID-19 crisis

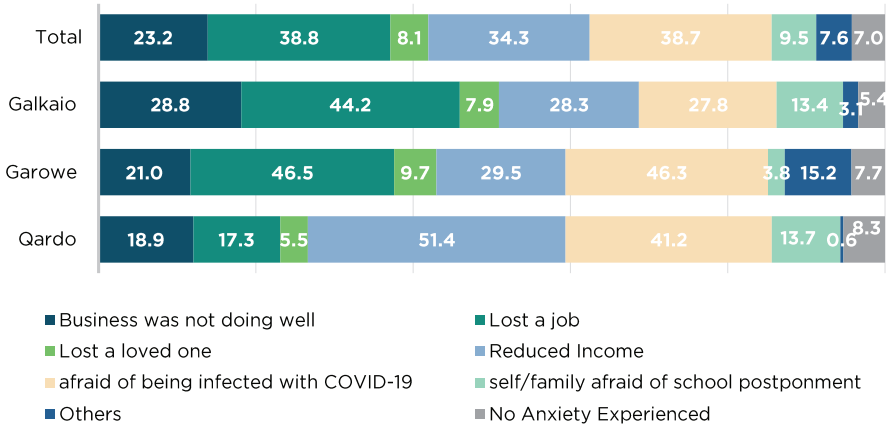
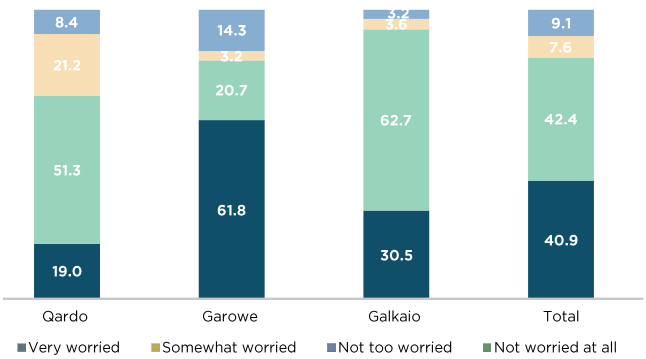


Figure 6.17 shows the extent of worry that a household member might become ill of COVID-19. Overall, 91 percent of households expressed some level of worry that a member could contract COVID-19. Forty one percent were very worried, while 42 percent were somewhat worried. An analysis of the towns shows the highest level worry in Garowe town where 62 percent of respondents admitted that they or other household members were very worried.

Figure 6.17 Percentage distribution of respondents by extend of worry that a household member might become ill from COVID 19

The frustrations resulting from loss of businesses, jobs and economic opportunities in general following



the COVID-19 crisis, is a potential source of conflict in the family.

Figure 6.18 reveals that two out of ten respondents (22 percent) confessed that the relationship between household members was somewhat affected by COVID-19 crisis. The least affected town was Garowe (14 percent), Qardho and Galkayo had 29 percent of cases.

Figure 6.18 Percentage distribution of respondents by household Members relationship affected by COVID 19 crisis

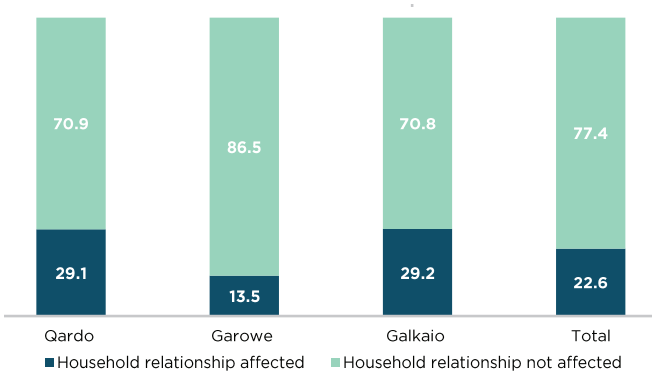
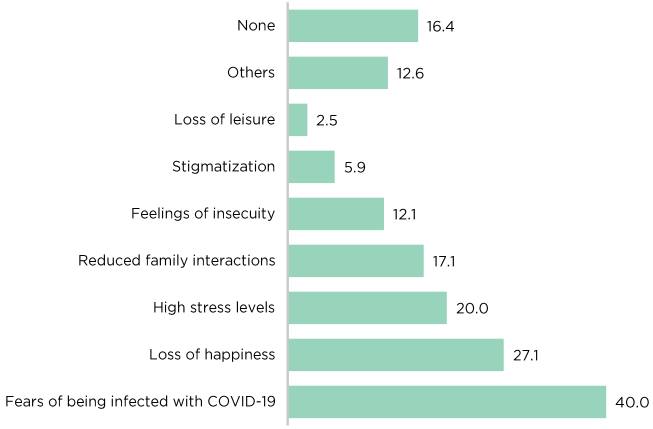


Figure 6.19 shows different types of psychological distress faced by household members as a result of COVID-19 crisis. Fear of being infected by the virus was the most common psychological distress experienced by 40 percent of households, followed by loss of happiness (27 percent) and high stress levels (20 percent). Other forms of distress were reduced family interactions (17 percent), feelings of insecurity (12 percent), stigmatization (6 percent) and loss of leisure (3 percent).

People need strategies to deal with stress, maintain their self-control and self-management

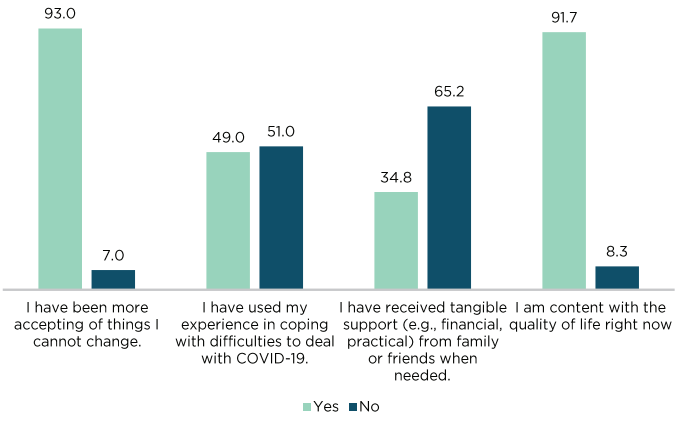
Figure 6.19 Percentage distribution of respondents by household type of distress faced by household members as a result of COVID 19



6.11 Coping strategies

People need strategies to deal with stress, maintain their self-control and self-management. Figure 6.20 shows the different coping mechanisms employed by people to manage COVID-19 crisis at personal/family level. The main coping strategies were accepting things that cannot be changed (93 percent) and being content with the quality of life (92 percent). Just about half of the households (49 percent) utilized their past experience in coping with difficulties, while 35 percent received support from family/friends.

Figure 6.20 Percentage distribution of respondents by their household resilience during COVID-19 crisis



7

Household Food Security & Resilience

7.1 Introduction- Background on food security in Puntland

Food security as defined by World Food Summit 1996, "food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life [thus food insecurity is the inverse of this" (McKinney, 2007).

The three distinct, but interrelated dimensions of food security are aggregate food availability, household food access, and individual food utilization. Household vulnerability is not only the exposure to shocks and stresses such as drought, conflict, extreme price fluctuations, and pandemics such as COVID-19—but also of underlying socioeconomic processes, which serve to reduce the capacity of households to cope with the shocks and stresses.

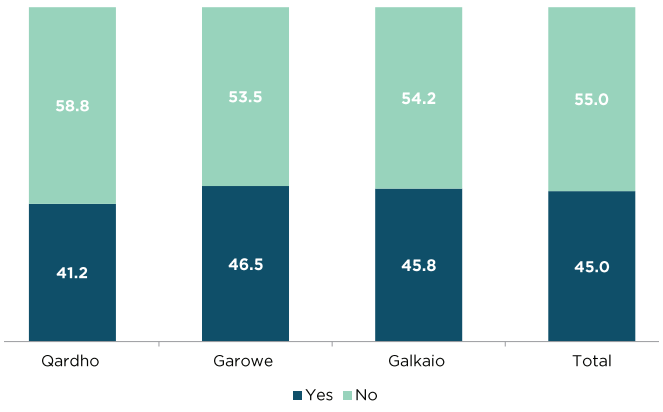
Food security in Puntland is largely dependent on climate conditions to sustain both agro-pastoral and riverine households. Puntland just like the other states and countries in the horn and East African region have in the recent years been affected by climate related shocks the most common being drought and floods. In the early part of 2019, food security in Puntland was affected by drought, in April and May, FEWS NET and FSNAU released two alerts and multiple analyses to the donor community detailing the poor start of the April-June 2019 Gu rainfall season and expected deterioration in food security conditions across the region. The October-December 2019 Deyr rains, improved the situation for both livestock and crop. However, the desert locust infestation has affected vegetation that in turn weakened the food security situation (FEWS NET & FSNAU, 2020).

7.2 Impact of COVID-19 on household food security

COVID-19 can affect household food security both directly, by disrupting food systems, and indirectly, through the impacts of lockdowns on household incomes and physical access to food. As was presented in Chapter 4, the main source of income for households in the sampled regions is business and salaried jobs. Less than 1 percent engaged in crop farming and aquaculture, while only 3 percent engaged in livestock farming. This means that these households purchase their food supply thus their food security depends on the stability of business and salaried jobs to be able to purchase food and on physical access to food. A disruption in the food supply chain because of a stress on household income or because food cannot get to the market or because households lack access to the markets is likely to cause food insecurity among the households in the sampled regions. This assessment did not measure physical access, but it measured household income.

The findings presented in Table 7.1 indicate that 45 percent of households worried about their food supply due to COVID-19. Nugaal had the highest percentage of households that had to worry about their food supply at 46 percent followed by Mudug at 45 percent and Bari had the least at 41 percent (Figure 7.1).

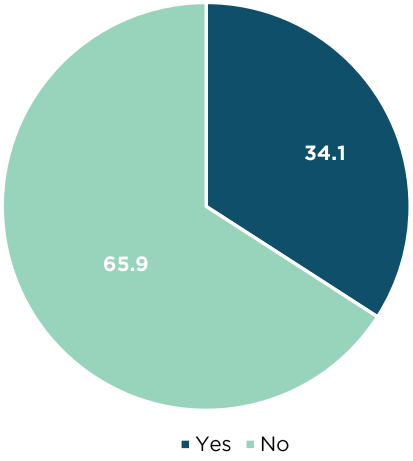
Figure 7.1 Percentage distribution of respondents expressing worry about household food supply due to impact of COVID



Across the three towns, 19 percent of households with at least one member that lost income indicated they worried about food supply during this COVID-19 pandemic period, 20 percent in Bari, 18 percent in Nugaal and 19 percent in Mudug (Figure 7.2). As presented in Figure 7.3 below, across the three towns, 34 percent of households with a secondary income worried about their household food supply during the COVID-19 pandemic period.

Figure 7.2 Occum soluptat autem volor sequibus simus maio.

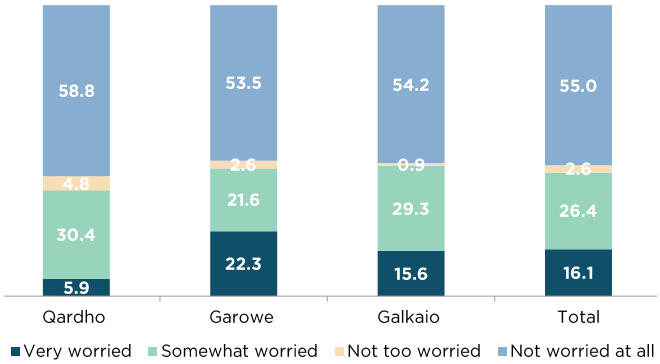
Figure 7.3 Households with a secondary income that worried about household food supply during the COVID-19 crisis



The extent of the problem of food supply is disturbing as only less than 3 percent of the total affected households in Puntland indicated they were not too worried (1 percent in Mudug, 3 percent in Nugaal and 5 percent in Baari. Among the households that worried about their food supply, 16 percent were very worried while 26 percent were somewhat worried (Figure 7.4).

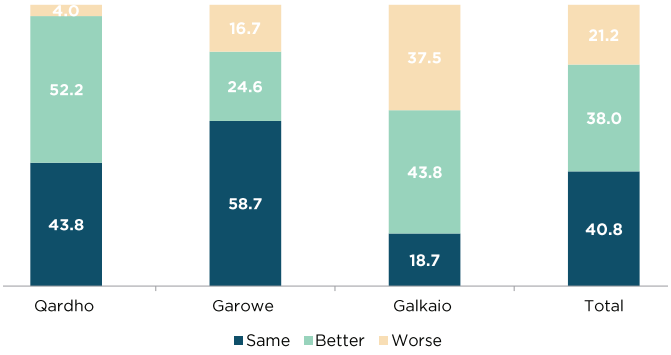
Strategies most adopted by households are accepting lower wages, selling assets and reducing food ration

Figure 7.4 Percentage distribution of respondents by extend of worry about household food supply due to impact of COVID-19 crisis



Across the three towns, 19 percent of households indicated their food security situation is worse in the COVID-19 pandemic period as compared to the pre-COVID-19 period, while 24 percent indicated that it is better (Table 7.5). The town with most affected households is Bari while Mudug has the least affected households.

Figure 7.5 Percentage distribution of respondents' current situation about household income due to impact of COVID-19 crisis



7.3 Household resilience

During shocks and stresses, households adopt different strategies to survive the situation. The strategies may be external or internal. In the three major towns in Puntland, to survive the COVID-19 crisis, households adjusted from within and they also got external assistance to cope with the crisis.

7.3.1 External assistance to households

To enable households cope with the COVID-19 situation, 16 percent of distressed households indicated that they received assistance (Figure 7.6). The type of assistance received by households is illustrated in Figure 7.7. Most assistance from government was provided in the form of non-food items reported by 50 percent, followed by cash at 52 percent and assistance in terms of food and shelter at 38 percent. It is evident that the pandemic has not only contributed to food insecurity but also to homelessness (Figure 7.8).

Figure 7.6 Household that worried about food security and status of assistance during COVID-19 crisis

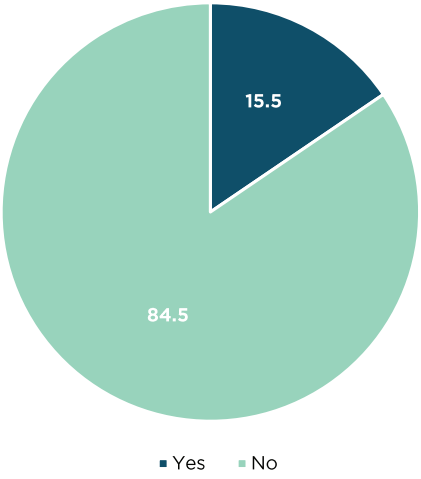
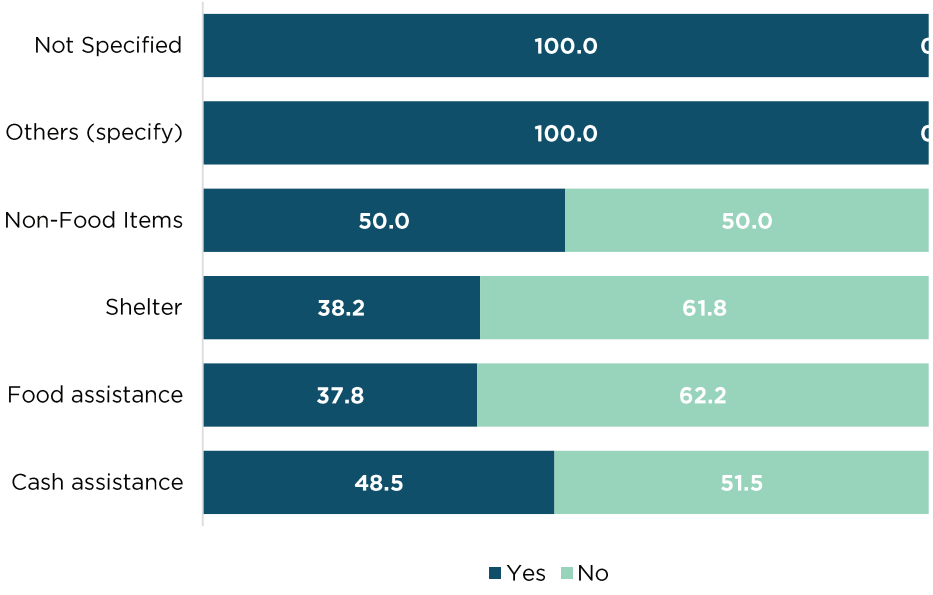
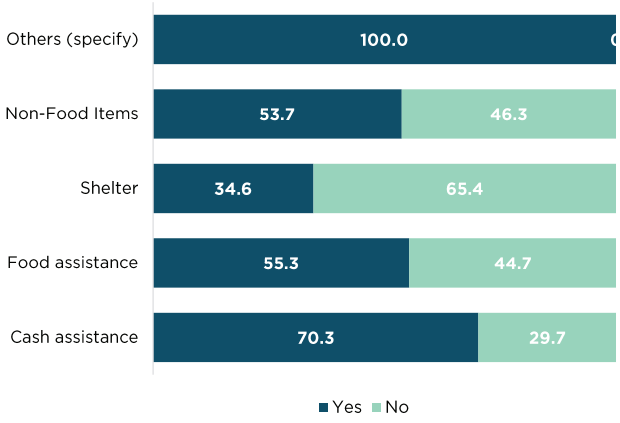


Figure 7.7 Assistance provided by government to households during COVID-19 crisis



Non-state actors also supported households during the COVID-19 pandemic period. Seventy percent of households received assistance from non-state actors in the form of cash, 55 percent food assistance, 54 percent non-food items and 35 percent were provided with shelter.

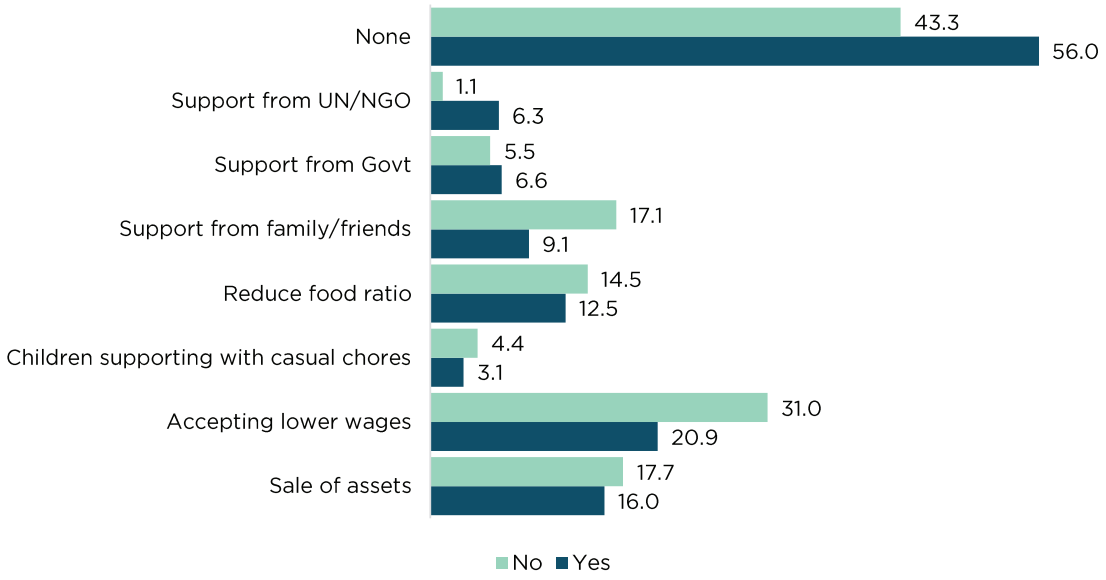
Figure 7.8 Assistance provided by non-state actors to households during COVID-19 crisis



7.3.2 Household coping strategies to shocks and stresses

To survive the pandemic period, more than half of the households across the three towns have had to adopt strategies to survive. Strategies most adopted by households are accepting lower wages reported by 21 percent, selling assets at 16 percent and reducing food ration adopted by 13 percent of the households.

Table 7.9 Coping strategies adopted by households to survive COVID-19 pandemic



8 Conclusions and Recommendations

Economic

The findings show that about one-third of the households' sources of income in the three towns are vulnerable to the COVID-19 pandemic. Business and paid jobs are the most vulnerable primary sources of income followed by remittance. Although a very small percentage of the urban household depend on livestock farming as their main source of income, the findings show that it is the most resilient to the COVID-19 pandemic. Given the effect on the pandemic on the global economy, remittances to household in Puntland were drastically affected.

The assessment revealed that the percentage of the urban households facing economic hardship is significant, more than half of the households indicated that they did not feel financially secure. The following recommendations could help to revitalize the household economies to enhance their recovery from COVID-19 pandemic:

- The authorities, international NGOs and other stakeholders should support small business development programmes and income generation projects particularly for the urban vulnerable including poor households. Whereas the assessment did not cover the rural, it would be encouraged to also support the rural small-holder ventures to cushion them as they directly or indirectly depend on the urban population either for markets of their produce or for their supplies.

- Provision for skills and entrepreneurship training to enable the small businesses to be able to among others, perform risk assessments and investment savings to make their businesses and livelihoods more resilient.

- The Puntland government in partnership with international donors and local investment banks should prepare investment options suitable for the poor.

- There is need for the government to encourage local employment in order to reduce to dependency on remittances from the diaspora.

Social

In about a third of households, children had not resumed school during the COVID-19 period. Lack of money was the main reason reported by most households as the reason why children had not resumed school. Fear of contracting the corona virus and child labor are also cited among reasons for low resumption in learning. Generally, there is an increase in early marriages, physical violence and strain in household relations.

From the above conclusions, the following recommendations can abet the social effects and impact of COVID-19, currently and build resilience of the social system to future shocks and stresses:

- There is need for the Puntland government and development partners to prioritize education, devise a strategy of investing in education that will ease the financial burden of education on parents.

- Puntland government, development partners, international and local NGO's need devise innovative culturally sensitive interventions to create awareness on girl-child education and early marriages.

- Investment in pro-poor policies, strategies and interventions.

- Pro-active policies, strategies and interventions that address gender-based violence and early marriages.

Health

The survey findings shed light to the fact that the COVID-19 outbreak in Puntland is likely to have long-lasting economic and social impacts stemming from the direct and indirect effects of illness, the preventive behaviors of people and the transmission control policies put in place by the state to contain the disease.

- There is need for the Ministry of Health to encourage and increase the testing for COVID-19 in order to have a clear picture of the extent of infections.

- There's need for targeted and prioritised actions to cushion against negative effects of the COVID-19 pandemic on the most vulnerable population.
- There's need for strategies that address the socioeconomic determinants of health due to high levels of socioeconomic deprivation.
- The current and future economic costs of the virus transmission control measures should be assessed carefully. The survey provides an indication there is significant economic and social costs of the outbreak in the future. Puntland authorities should therefore come up with policy interventions that can help mitigate such costs.
- There is an urgent need for innovative strategies to prevent the deterioration of health outcomes in an already strained health system.
- Strengthening community-based midwifery might provide a temporary measure to avoid unnecessary movements, decrease the burden on hospitals, and minimise the risk of COVID-19 infection among women and their new-borns.
- Toll free helpline numbers may be launched for alleviating psychological distress among the general public regarding COVID-19 pandemic. Mass media and social media can be used to educate people on transmission dynamics, symptoms of disease, and time when exact medical consultations are needed.
- Extend health care services to address COVID-19 to disadvantaged groups such as IDPs, refugees and rural and Nomadic areas.
- Adopt behavioural change education programme for COVID-19 pandemic prevention and protection.
- Enhance the capacity of health systems to be able quickly manage COVID-19 cases.

Household food security and resilience

COVID-19 pandemic has affected the household food security in addition to increasing their vulnerability in terms of managing to provide for their other household needs. Even households with a secondary source of income were not spared from food insecurity as a result of COVID-19.

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