A behavioral approach to Covid-19 mitigation measures in Somalia
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A behavioral approach to COVID-19 mitigation measures in Somalia

Generally, the majority of Somalis are aware of the existence of COVID-19 in their communities, as well as the recommended mitigation measures. Despite this, adherence to these measures is relatively low. Based on research done in Somalia and Somaliland in 2020, this report highlights the structural and behavioral barriers to the adherence of COVID-19 measures, it explores the behavioral and contextual factors important to consider when addressing them, and examines the crucial behavioral and contextual factors to consider when addressing these barriers.

Structural Barriers
- Social distancing is difficult to implement in IDP camps due to overcrowding
- There is a need to leave the safety of homes to earn an income
- 52% of the population in Somalia has access to a basic water supply
- Few people can afford to buy masks

Behavioral Barriers
- Handshaking and social interactions are of great cultural importance thus social distancing is less welcome
- COVID-19 Stigma - fear of being excluded from community leads to lack of following measures and visiting hospital if symptoms occur
- Misinformation and rumours about the severity of COVID-19
- Religion - belief that prayer will provide protection

5 overall intervention concepts that can be implemented and scaled by Save the Children to limit the spread of COVID-19 are outlined including

1. A relevance and perception campaign
2. Interventions for mask wearing
3. Interventions for handwashing
4. Interventions targeting safety in mosques
5. Interventions for children

All intervention concepts include several sub-elements and materials, as well as an implementation and community engagement strategy.
Background and context

As on December 11th, the number of COVID-19 cases in Somalia had reached 4,579 with 121 deaths. Like many other crises, women and children around the world bear the biggest impact of COVID-19, with many communities being gravely affected socially, economically, and psychologically. Furthermore, a significant increase in child rights violations has already been seen in Somalia as a result of COVID-19.

With a fragile healthcare system, ranked at 194/195 on the Global Health Security Index 2019, Somalia is extremely vulnerable to COVID-19. The country has limited capacity to detect, isolate and treat COVID-19 patients. Somalia is also experiencing its worst locust invasion in 25 years, the impact of which is so severe that the government had to declare a national emergency in February. The heavy floods that created an ideal breeding ground for these locusts also displaced half a million people, adding to the millions already displaced by various phenomena including terrorist groups, who control large parts of rural areas.

Despite the situation and capacity limitation, the Somali government has taken swift action to mitigate the spread of COVID-19. This included blocking all international flights, closing schools and major public spaces. Still, many essential recommendations from WHO present significant challenges for large populations with limited access to soap and water, highly congested and inadequate shelter as well as a reliance on daily wage labour to meet basic needs. As a result of this, prevention measures such as social distancing, washing hands with soap and water regularly, avoiding public gatherings and wearing masks are not being followed by the majority of Somalis, which can accelerate the spread of COVID-19 in an already fragile country.

Objectives for research
This research seeks to explore which barriers exist that prevent the adherence to COVID-19 mitigation measures in Somalia and what behaviorally-informed interventions can break down these barriers, leading to behavior change.

The ultimate goal is to develop interventions that can be implemented and scaled by Save the Children in order to limit the spread of COVID-19 in Somalia.

Research Questions

• What barriers are preventing the Somali population from adopting COVID-19 mitigation measures, including handwashing, mask wearing and social distancing?

• Which behavioral and contextual factors are important to consider when breaking down some of these barriers?
The Socio-Ecological Model

To guide the diagnosis and development of interventions we used Save the Children’s Socio-Ecological Model (SEM) for behavior change. According to the model, individuals’ behavioral change is driven by five factors: **information, ability to act, habits, motivation, and norms.**

These factors can help identify barriers and levers and develop interventions that either increase awareness, motivation, and ability, change social norms or habits, or target more factors simultaneously. However, for interventions to be effective they need to target key audiences differently and take into account the context where the behavior change is needed.

**Busara** has:

- Developed a qualitative instrument focusing on Save the Children barrier analysis questions, and the **individual behavioural change drivers**, to identify barriers to adopt COVID-19 mitigation measures on an individual level.
- Identified **key informants** that have given us insights on interpersonal, community, and service provider level. They include community elders, religious leaders, community health workers and Save the Children staff working with children.
- Conducted interviews in 3 different types of settings including **rural, urban and IDP settings** to capture differences in **resilience** and barriers (both structural and behavioural) for adoption of COVID-19 mitigation measures.
- The analysis focused on the individual drivers of behavioral change to identify key barriers to target with behaviorally informed interventions.

**Research methods**

<table>
<thead>
<tr>
<th>Key Informant Interviews</th>
<th>Desk research sources</th>
<th>Interviews with professionals working in Somalia</th>
<th>Co-Design Workshop &amp; Intervention Design</th>
<th>Pre-testing of interventions with end users</th>
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<tbody>
<tr>
<td>The main data collection method for this project was key informant interviews with 5 religious leaders, 9 staff working for Save the Children, 4 Community health workers, and 5 community elders.</td>
<td>The findings from these interviews were augmented through desk research on materials from Save the Children, Somalia RCCE Taskforce, African Voices, Nexus, Somalia Response Innovation lab, Norwegian Refugee Council, WHO, among others.</td>
<td>Staff from Somalia Response Innovation lab, Devex East Africa, and Somalia Cash Consortium helped to shed light on the COVID-19 situation as well as socio-political contexts in Somalia.</td>
<td>Generate and prioritise intervention ideas to address barriers to uptake COVID measures.</td>
<td>Pre-testing of interventions with end users using both qualitative and quantitative methods.</td>
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**Respondents overview**

<table>
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<th>Respondents</th>
<th>Professionals working in Somalia</th>
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<tr>
<td>23</td>
<td>(13 Men, 10 Women)</td>
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<tr>
<td>4</td>
<td>(2 Men, 2 Women)</td>
</tr>
</tbody>
</table>

- Garowe, Puntland (6 men, 2 women)
- Hargeisa, Somaliland (3 men)
- Baidoa, Southern State (4 men, 5 women)
- Mogadishu, Benadir (3 men)
- 1 person from Somalia Response Innovation lab
- 1 Journalist from Devex East Africa
- 2 Staff of Somalia Cash Consortium, based in Mogadishu
Research findings

The findings presented in the coming sections are based on existing research on the topic, complemented by data we have collected from interviews with key informants and professionals working in Somalia. Most data sources confirm the same overall picture of the situation, making the conclusions stronger.

What are the general sentiments towards COVID-19?

STC staff
"COVID-19 has changed everything. People have become bankrupt and families are not meeting livelihood especially the rural and poor communities. Markets were closed, there were no imports and exports."
Female, 23 years, Baidoa

Religious leader
"I believe that there is no conflict of interest between our religion and corona virus preventative measures. The religion motivates most of the measures, but social and cultural norms, people's behaviors are hard to change"
Male, 51 years, Garowe

Community elder
"I think the major factor is poverty. Majority of people are struggling with basic needs and maintaining COVID-19 restrictions during hunger is difficult. Do you think a hungry stomach would stay at home or go outside to fetch something to eat?"
Male, 50 years, Garowe

Community Health Worker
"The leading causes of COVID-19 in the community include the gathering of people such as ceremonies, mosques, education centers. So, this gathering in these locations is the leading cause of COVID19."
Male, 26 years, Hargeisa
Information

This section explores the level of information that the Somali population have about COVID-19 mitigation measures and what channels this information is disseminated through. If people are not aware what behaviours would be desired, it is very difficult for them to change their behaviors.

Insights from key informants

**STC staff**

"The level of COVID-19 awareness in my community is very low, despite the major awareness campaign that the ministry of health and other humanitarian sector undertake the community is yet to believe the existence of this virus."

Male, 27 years, Baidoa

**Religious leader**

"The awareness level in the community is low. The myth and misconceptions of COVID-19 are there, so I believe awareness is not enough among the community."

Male, 35 years, Hargeisa

**Community elder**

"Awareness level is low and also the people do not believe that the pandemic exists. If there were a lot of awareness campaigns in the community, then more would have understood the situation."

Male, 33 years, Baidoa

**Community Health Worker**

"The people in this community are well aware of the disease and they are doing social distance to protect themselves. And when you tell them to do something they will follow. Community mobilisers who are working have persuaded them of existence of the diseases."

Male, 26 years, Hargeisa
Current level and reach of information about COVID-19

Extensive communication has led to overall awareness: The findings from key informants were varied, with some respondents indicating that people are aware of the recommended preventative measures, and some respondents reporting low awareness of the pandemic and preventive measures. It is unclear why some people perceive the level of awareness to be low, yet the RCCE report by Save the Children Somalia reveals that as a result of comprehensive communication initiatives, more than 90% of the population in Somalia and Somaliland have heard about COVID-19 and the recommended prevention measures.

“The level of COVID-19 awareness in my community is very low, despite the major awareness campaign that the minister of health and other humanitarian sector undertake the community is yet to believe the existence of this virus, people are avoiding COVID-19 test fearing they will be stigmatized by other community and they don’t properly follow the directives and it still continues to affect family and community members,”

Save the Children Staff, Male 27, Baidoa

“I think people are aware of the disease and the current trends, though previously both federal level and state level, ministries used to brief the current tolls,”

Religious leader, Male 50, Garowe

The reach of COVID-19 information has been wide: every person with a phone listens to a COVID-19 message before they can make a phone call. However, according to the Somalia Research Innovation Lab (RIL), this also means that most people begin to experience fatigue listening to COVID-19 information. Some organisations and community leaders have been putting amplifiers on top of cars and driving through IDP camps with COVID-19 messages to make sure they also reach people without access to internet, radio, TV etc. According to the Somalia Cash Consortium, due to a large focus on IDPs, these are potentially areas with the highest reach for COVID-19 information, because of a large focus on these areas. In very rural areas where most people don’t have phones and the signal is bad, there might be a knowledge gap. However, those are also areas where the population is more isolated and therefore less exposed to the disease.

Communication channels and COVID-19 initiatives

Radio is the most trusted source of information: Save the Children’s COVID-19 assessment survey report reveals that the most trusted sources of information for COVID-19 are: Radio 70%; TV 18%; family members 17%; community health workers 16%, social media excluding WhatsApp 11%; community leaders by 10%; Religious leaders 10%; and friends by 9%. These findings are supported by the KII reporting that people get information about COVID-19 from radio, TV, social media, religious leaders, and mobile phone voice messages when they make calls. All our data sources pointed to Radio Ergo and BBC Somalia in particular as popular and trusted communication channels.

“Most of the community get information regarding COVID-19 from their personal telephone ringtone in which major companies have settled a voice message for awareness of this virus”

Save the Children Staff, Male 27 years, Baidoa

Past COVID-19 initiatives been communicated through many different channels: Past and existing COVID-19 messages have been communicated through videos, interactive radio shows, mass media and TV broadcast, door-to-door visits, printed educational materials and public broadcasts. Somalia RIL has been one of the main actors in COVID-19 communication and has focused on simple and contextualised animation videos in local language and video series specifically targeted to children. Some respondents from the KII expressed concerns about the information in the media being more tailored to literate people thus excluding illiterate people. To enhance the effectiveness of COVID-19 messages, some respondents suggested the use of more interactive messages involving opinion leaders such as religious leaders and use of drama because Somali people like to watch and to listen.

“I think our community likes to watch and listen, it is better to use drama showing the benefit and bad consequences of COVID-19 in a drama form,”

Religious leader Male 27, Baidoa
Misinformation about COVID-19

Misinformation related to prevention: Misinformation includes a lot of rejection and resentment but also misunderstanding the cause and treatment of the virus. Some people in Somalia think that eating ginger, garlic and other spices will prevent you from getting COVID-19. This misinformation was highlighted by some respondents as an impediment in curbing COVID-19 because some people view it as a disease for non-Somalis and/or non-Muslims:

“Majority of people believe that this disease does not affect Muslims,”
Community elder, Male 51, Garowe

“Some of the population believe some taboos like this is a disease of non-Muslims and can not affect black people and can be a barrier for hindering the adoption of recommended measures,”
Religious Leader, 57, Mogadishu

Misinformation related to treatment: According to Somalia RIL, rumours and misinformation also include what happens if you get infected with COVID-19. Some people think that you would get arrested if you get the virus, or that you would die if you went to the hospital because the government was killing people infected with the virus.

Misinformation is more pronounced in some geographical settings: Despite the extensive focus on IDP areas, research from Africa’s Voices indicates that recently displaced people were significantly more likely to express such thoughts than those who were not. In Banadir, recently displaced were twice more likely than host communities to express rumour, stigma or misinformation. Respondents from Puntland were significantly more likely to speak about factual aspects of coronavirus.
Ability to act

This section explores the Somali population’s ability to act on COVID-19 mitigation measures and change their behaviour. This included access to protective equipment such as mask, skills, and self-efficacy. If people do not have the ability to act, it’s very difficult to change behaviour even if they have the right information and want to act on it. Making it simpler for individuals to act increases the likelihood of them doing so.

Insights from key informants

STC staff
*“Some of them (children) don’t even wash their hands while eating so hand washing measure is a nearly impossible measure to curb the disease for the children”*
Male, 27 years, Baidoa

Religious leader
*“Social distancing cannot be performed in the mosque as there are a lot of people praying”*
Male, 52 years, Mogadishu

Community elder
*“If I get the virus, where will I be isolated and where will my children go?”*
Male, 48 years, Garowe

Community Health Worker
*“So far I do not know a big danger to the people from these measures, but you can see people in the community saying that we cannot breathe when we wear masks, so this is a small danger that I have seen”*
Male, 26 years, Hargeisa
Ability to practice social distancing

Social distancing is difficult for most people in Somalia. It is especially difficult for the 2.6 million Somalis in IDP camps because of overcrowding, close proximity of makeshift houses, and the communal nature of daily life, where displaced people share toilets and gathering areas. Somali families tend to be large and multi-generational, with many children, in which members of the nuclear family live in the same compound with grandparents (Lewis, 2009) and with relatives visiting grandparents regularly. This presents unique challenges in case one member of the family gets COVID-19, because old people (50+ years) are at the highest risk of infection and death due to complications of the coronavirus.

Most key informants supported these findings by revealing that social distancing is difficult to practice. According to the respondents, this is both because most people do not perceive COVID-19 as severe and because the Somali culture encourage social interactions.

“The people in our community do not care about social distancing as a measure to curb the spread of the disease.”

Religious Leader, Male 57, Mogadishu

Social distancing is also difficult because people are continuing to gather in mosques to pray. According to Somalia RIL, closing mosques could lead to Al-shabab claiming that COVID-19 is being used as a cover story for Western propaganda. This would exacerbate existing terror-related unrest in the country.

Ability to wash hands and wear a mask

Access to water and soap is very limited in Somalia: Only 52% of the population in Somalia have access to a basic water supply and, in IDP settings and rural areas, most people can not afford or do not prioritize to buy soap. This makes it difficult for a large part of the population to follow the recommendation of increased hand washing practices. Humanitarian organizations have partnered under the Water Sanitation Hygiene (WASH) program to provide water and hygiene promotion kits to the Somali population, but this not enough for the whole country.

“Many of the those who lack access to basic handwashing live in overcrowded, desperately poor conditions like IDPs. Even before the pandemic, children and families faced barriers to accessing health and hygiene services. Now the grave risk of COVID-19 threatens further suffering and spread of this deadly disease.”

Elder, Female 45, Baidoa

Most people in Somalia have limited access to masks: Both primary and secondary research indicates that most people do not wear masks because they are expensive, they don’t know where to buy them, and they fear being viewed as already infected with COVID-19. Some community health workers reported seeing a few people with masks, but most of the people who wore masks do not wear them correctly. For children, the inability to follow the recommended measures is mainly because they follow what adults in their communities do, but some respondents reported that they do not want children to wear the masks out of fear of them suffocating.

“It’s a new thing to them so they might be interested in it more than the other preventative measures but since the adults don’t use them themselves or provide the children masks, they are not used.”

STC Staff, Female 33, Garowe
Habits

This sections explores what current habits, routines, and practices the Somali population has that are relevant for COVID-19 mitigation measures as well as the ease of adapting new habits.

Insights from key informants

**STC staff**
*“When the school closed during the period of COVID-19, most of the children became free especially boys, and you can find them in the street playing football with shaking hand without considering the existence of COVID-19 disease.”*
Female, 32 years, Garowe

**Religious leader**
*“It (shaking hands) is our tradition and people don’t have problem with shaking hands.”*
Male, 50 years, Garowe

**Community elder**
*“Culturally, we love shaking hands because it is good to greet people with your hand. Some people stopped, but for me I still do it, but mostly I wash my hands”*
Male, 48 years, Garowe

**Community Health Worker**
*“We know that shaking hands is normal practice and social customs people used to adopt. Sometimes you may find people are shaking hands while this disease is spreading and community belief that hand shaking is normal,”*
Female, 29 years, Garowe
Habits and routines relevant for COVID-19

Social distancing is difficult due to cultural traditions: Somalia is a very communal society where people interact a lot and help each other if someone is sick. Therefore, according to professionals working in Somalia, it’s very difficult to isolate people, not only from a practical point of view but also because of cultural traditions and routines. Most key informants reported still hugging and shaking hands because of cultural appropriateness during social interaction with each other. Currently, most people are still going to the mosques for prayers and people are not social distancing while in other public places.

“The people in our community do not care about social distancing as a measure to curb the spread of the disease.”
Religious Leader, Male 57, Mogadishu

Most people in Somalia have existing routines for washing their hands before prayers: This includes washing hands 3 times with quite a lot of water for around 30 seconds, but without soap. This could result in people not seeing the need for increased handwashing practices because they already think they wash their hands regularly, but it could also work as a lever.

“Especially the mature and older people this [hand washing] was the most usable measures in the community. In the first place. When the disease [COVID-19] started every one has been practicing the handwashing practice including the children. However, hand washing is part of our religious during ablution before every prayer.”
Religious Leader, Male 52, Mogadishu

Most people have existing routines for covering the head and face: Almost all women in Somalia wear niqab or hijab as requirements under Islamic laws and Somali culture. Many Somali men also wear a scarf on their head to protect themselves against sun and dust. Although there are no routines for wearing a mask, many Somalis already have existing habits for covering their face or head with a cloth. However, findings from key informants indicate that most people view masks as expensive and fear they can’t breathe properly or think that the hijab will work as a mask.

“Wearing a mask was the most difficult practice on prevention of COVID-19 in our community. The greatest challenge was people can’t buy it as they are dealing with their basic daily life challenges. Also, some of the parents believe that the mask may cause blockage of air in the respiratory tract and also in our community there is no suitable mask that children can wear.”
Religious Leader, Male 57, Garowe

“People believe that it is odd to wear masks as women wear veils. The women do not want to wear the masks as they think the veil is enough.”
Community Health Worker, 29, Barwaqo

Hand shaking is an integral part of Somali culture: This can be a habit that is difficult to change, especially for the older population. According to Somalia Cash Consortium, some young people have started to greet each other in alternative ways. However, this finding is not confirmed by the key informant interviews.

“At the beginning people were not shaking hands but now they are hugging and shaking hands.”
Community Health Worker, Male 26, Hargeisa

Although hand washing is easy to do, it is important to note handwashing might not be possible for every person due to scarcity of water and soap.
Motivation

This section explores people’s motivation, attitudes and beliefs (including religious beliefs) towards COVID-19 mitigation measures. People could be unmotivated to change their behavior for a variety of reasons: they could consider the behavior unimportant, wrong, low priority or as very unlikely to happen.

Insights from key informants

**STC staff**

“The mitigations are easy to do and practice. In addition to that the measures are put in place to protect us from being infected with the virus.”

Female, 48 years, Baidoa

**Religious leader**

“The people in our community do not care about social distancing as a measure to curb the spread of the disease.”

Male, 57 years, Mogadishu

**Community elder**

“People should be able to move freely everywhere, even in public places, even if they are dying. People cannot stay at home if they do not have enough food to feed themselves.”

Male, 48 years, Garowe

**Community Health Worker**

“At the beginning people were not shaking hands but now they are hugging and shaking hands.”

Male, 26 years, Hargeisa
What are the perceptions toward COVID-19 in Somalia?

There are different perceptions of COVID-19 among the Somali population: Existing research and findings from the interviews show that people in Somalia can be divided into four groups when it comes to the perception of COVID-19, which affects motivation to act on prevention measures:

People who take COVID-19 seriously, listen to facts and want to follow the prevention measures. This used to be mostly young people, but this group is increasing.

“Although it was difficult in the beginning, people adopted [social distancing] later. They have approved it, they did social distancing inside the mosque, also we closed the toilets and other water sources of the mosque so that people cannot gather there”

Religious leader, Male 45, Garowe

People who think COVID-19 is there and can be dangerous, but it’s not their highest priority because they already struggle with stress and cognitive overload from food insecurity and safety. These are especially represented by IDPs.

“People are less supportive as they do not believe the severity of the virus”

Community elder, Male 48, Garowe

People who think of COVID-19 from a religious point of view and rely on religion to keep them safe rather than following mitigation measures. These are mostly elderly people and this group is gradually decreasing as people get more information and know what to do.

“Majority disapprove implementing the measures, they believe that the disease will only affect them if Allah wants it to”

Community elder, Male 48, Southern State

People who do not think COVID-19 is real.

“Biggest issue is people not believing the pandemic exists, and so they do not see the need to follow certain measures”

Community Elder, Hargeisa

What factors influence the motivation to adopt mitigation measures?

Most people experience competing priorities when it comes to COVID-19: Many people in Somalia are facing daily challenges that are more prominent and present with more long term consequences than COVID-19. This includes locust invasion, drought, flooding, food security, displacement, and risk of terror, road bombs and explosions. As a consequence, COVID-19 mitigation measures are not the first priority for most people, especially because it can be expensive and difficult to follow, and requires commitment and energy. In general as resilience has gone down over the past years, it’s more difficult to get health information to people and make them act on it because they are already overwhelmed and have other more present priorities. This was supported by most key informants who indicated that following the recommended measures such as social distancing was difficult for most people in their communities who have to go out in search of income to sustain their families.

“The social distancing was difficult to adopt in our community. Most of our community relies on daily work activities. Strictly adhering the preventive measures of COVID-19 was not their priority”

Save the Children Staff, Male 27, Baidoa

Children learn from adults: The staff working with children reported that children would follow the recommended measures if they were assisted to do so, were clearly informed about the importance of following the measures, and if the adults living with them followed the measures.

“Most are supportive, if you install hand washing equipment at every entrance, children are bound to wash their hands regularly. If you tell them to wear a mask when going to the mosque, they will, but take it off inside”

Save the Children Staff, Female 31, Garowe
Norms

This section explores what norms, including socio-cultural norms and gender norms in Somalia can affect the adoption of COVID-19 prevention measures. This is crucial for behaviour change because people have a tendency to be affected by other people’s behavior and follow the norm in their country, community, or family.

Insights from key informants

**STC staff**

“In the community there is a lot of stigma regarding COVID-19 whenever people hear about someone who is infected with the disease”

Female, 24 years, Baidoa

**Religious leader**

“The virus is a punishment from Allah, and if we want it to go away, we have to pray to him”

Male, 33 years, Hargeisa

**Community elder**

“Muslims are hygienic as they wash their hands before praying, 5 times a day Muslims do not have to come to the mosque and pray, they can pray at home”

Female, 35 years, Mogadishu

**Community Health Worker**

“People have good faith in shaking hands. They also believe that shaking hands is a social ritual. But as a matter of COVID-19, I think few people have adopted not shaking hands”

Female, 32 years, Garowe
Cultural norms in Somalia

Cultural norms play an important role in the adoption of mitigation measures: Washing and shaking hands are integral elements of Somali culture. The findings also reveal that people wash hands regularly during prayers and when eating and that this is expected of them under Somali culture and Islamic traditions.

“The people in our community find it easier to follow the handwashing practices because it is part of their religion,”
Religious leader, male 57, Mogadishu

Most key informants also reported that most people in their communities shake hands regularly during interactions.

“Shaking of hands is a cultural practice, brief greeting or parting tradition in which two people grasp one of each other’s hands, in most cases accompanied by a brief up-and down motion of the grasped hands.”
Female, 35 years, Mogadishu

“I think people still do it [shake hands] and it is part of our Islamic culture. Somalis also practice it a lot so it is difficult to stop. People think or believe that it is one of the best ways to greet someone so they stopped a few days in the beginning when COVID-19 was new but people started again so it is difficult to stop it,”
Religious Leader, Male 35, Hargeisa

Stigma and rumours linked to COVID-19

Stigma and rumours related to COVID-19 are a major problem in Somalia: Stigma is present in various situations that can affect the adoption of mitigation measures:

- People getting COVID-19 risk being excluded from their community. This can result in people hiding symptoms and not going to the doctor because they fear they will be told they have COVID-19.
- Some people also view COVID-19 as only for non-believers or non-Muslims. Therefore people getting COVID-19 can be viewed as being non-believers and can again risk being excluded from their society.
- A majority of Somalis think that wearing a mask is associated with having COVID-19 and wearing a mask is therefore associated with stigma that can again result in exclusion from society and people wanting to stay away from you and not talk to you. Even at the peak of COVID-19, no one was wearing masks in Mogadishu.
- Stigma is separated by economic class and people getting COVID-19 will be associated with being poor and unhygienic. There is little understanding that everyone can get infected.
- Communal life is so important in Somalia that it is a big threat to be disassociated with the community. In addition to this, when people have symptoms and are excluded from the society they will move to a new society and spread the disease.

The findings are supported by most key informants, who reported the existence of stigma associated with COVID-19, and that people diagnosed with COVID-19 were being discriminated against.

“In the community there is a lot of stigma and discrimination regarding COVID-19, stigma also make people more likely to hide symptoms or illness and even to avoid testing fearing that they will be stigmatized”
STC Staff Male 27, Southern State
A behavioral approach to COVID-19 mitigation measures in Somalia

General barriers

- **People do not prioritize COVID-19 mitigation measures due to other threats and cognitive overload:** Most Somalis consider food, livelihood insecurity, and other health issues as a greater immediate threat than COVID-19. People are facing trade-offs in terms of being able to take steps to protect themselves against COVID-19 and being able to meet their immediate food and household economic needs. The disease burden is already high and people are experiencing cognitive overload due to financial stress.

- **People experience behavioural fatigue:** The COVID-19 pandemic has been ongoing for some months now and it is possible that people are tired of complying with the recommended measures. They may also develop a careless attitude as a coping strategy to deal with the uncertainties brought about by the pandemic.

- **Consequences of not following mitigation measures are not visible:** COVID-19 is spreading slowly and it is not possible to see that COVID-19 exists and how it spreads unless you know someone that has been effected or even died from COVID-19. This is amplified by the fact that few people are being tested.

- **Misinformation, rumours and stigma is associated with COVID-19:** Misinformation includes what COVID-19 is, if it exists, how it spreads, who it affects, and how it is prevented and treated. In addition to this, being infected with COVID-19 is associated with stigma and people avoid reporting symptoms and follow prevention measures out of fear of being excluded from their communities.

- **Misperceptions that COVID-19 is only affecting non-believers:** Some Somalis, especially the elders, think about COVID-19 from a religious point of view rather than following facts and recommended prevention measures. They think that COVID-19 is a lesson from God and will only affect non-believers and that they can protect themselves by prayers and going to the mosque.

- **Lack of parental guidance:** Children generally follow their parents, if the parents are not following measures, the children will follow.

Summary of barriers
Barriers for doing social distancing

- **Somali culture encourages social interactions**: People often gather in larger groups at mosques, markets, when doing business or when visiting each other. There is also a strong culture of helping each other when someone is sick.

- **People are heavily reliant on their communities**: Due to lack of governmental structures, social connections and networks are key to communal organisation, initiatives and corporations.

- **People continue to gather in mosques**: Going to the mosque to pray and get information from religious leaders is a crucial part of Somalis’ everyday lives. It is difficult to close mosques, due to the risk of Al-Shahab claiming that COVID-19 is western propaganda.

- **Children are staying at home and find it difficult to practice social distancing**: With schools closed, children are made to stay at home. Children do not understand the concept and like to play and be around other people, so they feel trapped when they are forced to stay at home, and so retaliate.

- **Social distancing is not the norm in most communities**: When most people are not practicing social distancing, this becomes the norm.

- **People do not prioritize social distancing because of cognitive load and stress**: Most Somalis face more present challenges such as securing food and cannot prioritize to do social distancing, or do not have the cognitive capacity to do so.

Barriers for not shaking hands

- **Not shaking hands is a violation of cultural norms**: Hand shaking and physical contact are common in greetings, and people feel rude if they do not shake someone’s hand upon greeting them. It is a habit that people are used to and it is difficult to change, especially for the older population.

- **Behavioral fatigue makes people less cautious with greetings**: After a while people are not as cautious with prevention measures and return to old habits and routines; especially if they do not see any positive effect or consequences of their behaviours.

- **People do not know about alternative ways of greeting each other**: Some young people have taken up alternative ways of greeting each other, such as foot shaking or using their elbow. However, the older population might continue to shake hands due to lack of known and acceptable alternatives.

- **People have resistance to change**: It takes time for new ideas and ways of doing things to be adopted. For people to adopt new ways of shaking hands, they must perceive the new ways as better than existing ones, compatible with their belief system, and something that they can try with relative ease.

- **People are not aware that shaking hands is a way of transferring the disease**: Most people might have heard about mitigation measures such as washing hands, not gathering in groups, and wearing masks, but might not make the connection to hand shaking or to washing hands after hand shaking.

Structural barriers

**Housing and family sizes**: IDPs have very small shelters (4 meters squared) with 8-9 people. Most Somali households are typically crowded with more generations living in the same house and most areas are densely populated.

**Economic consequences**: Most Somali families can not afford staying at home from work as their lives depend on daily wages.

**Access to necessities**: Most Somali families needs to leave their house regularly for water, food, and sanitary.

**No structural barriers**: There are no structural barriers preventing people from finding other ways of greeting each other.
Barriers for washing hands

- **Lack of habits and routines for washing hands according to WHO guidelines:** Due to a lack of access to facilities such as soap, most people have not washed their hands according to the WHO guidelines prior to COVID-19 and have to pick up new routines. This means that even if people are used to washing their hands, few are used to washing hands with soap.

  People forget to wash their hands at crucial times:
  - Germs are invisible and without visibly dirty hands there is no natural prompt to wash hands.
  - It is especially difficult for children to remember to wash their hands if they are not reminded often.
  - Handwashing stations are not salient.
  - Cognitive overload and stress can make people forget to perform intended behaviours.

- **Lack of immediate feedback from not washing hands makes COVID looks less severe:** Consequences of not washing hands, as well as the link between increased hand washing and reducing the risk of COVID-19, are not salient because COVID-19 symptoms do not appear immediately.

- **Handwashing stations are too far away:** If hand washing stations are far away it requires too much determination to get there.

Barriers for wearing a mask

- **Masks are associated with stigma:** People do not wear masks because it is associated with having COVID-19. This stigma result in a risk of being excluded from the society. Masks might also be associated with being a foreign concept, and that they are not necessary because of COVID-19 only affecting non-believers.

- **Masks are uncomfortable and it can be difficult to breathe properly:** Some people are experiencing breathing problems and fear that their children might suffocate. Masks are also uncomfortable to wear in Somalia due to hot weather. This results in people either not wearing masks or not wearing them correctly (not covering nose or mouth).

- **Some women think that a hijab is as good as a mask:** Women in Somalia are covering their face with a veil/hijab and do not see the point of wearing a mask as well. It might also be difficult to wear both, due to the ears being covered by the hijab.

- **There is no social norm in the communities to wear masks:** If the majority are not wearing masks, people do not want to look different and be the only one. Also, if most people are not wearing a mask, people might think it is not important to wear masks.

- **Lack of clear guidelines from the government:** Wearing masks are not required by the government and no places such as mosques or markets require you to wear a mask to enter. This can result in people thinking it is not important, or that since there is no consequences from not wearing a mask, it is not worth the hassle.

Structural barriers

- **Lack of access to facilities:** Many Somalis, especially IDPs, lack access to basic hand washing facilities such as water and soap. Even before the pandemic, they faced barriers accessing sanitation, but now the risk of COVID-19 threatens further suffering. Those who do not have access to water and/or soap use ash, sand or only water.

- **Affordability:**
  - Most people view masks as expensive and can not afford them.

- **Availability:**
  - Masks are not readily available in some areas - some people do not know where to get them.
A behavioral approach to COVID-19 mitigation measures in Somalia

How to break barriers
Interventions must first focus on people’s perception of COVID-19 relevance through two main channels

In order for Somalis to adopt preventive measures, it is important that people believe in the reasons for these measures.

Therefore, the first set of potential interventions are suggested to not just increase awareness, but increase personal perceptions of relevance of the measures.

We propose to do this through two channels.

**Family values:**
Utilizing the strong communal coherence in Somalia to relate the risks directly to elders in one’s personal social circles.

**Religious beliefs:**
Communicate mitigation measures in correspondence with religious values about taking care of and protecting other believers.
We propose creating a campaign to increase the perception of relevance and importance of Covid-19 preventive measures

The campaign's main focus is for the audience to:

- Understand what it means to be at high risk
- Reflect on who in their social circles are at high risk
- Seeing the protection of people at risk as coherent with religious beliefs.

The messages of the campaign will be disseminated through a mixed methods approach including both online and offline venues for information sharing.

- Interactive radio spots and programs
- Working with local social media influencers to share the info
- Creating animated versions of the posters to be shared
- Creating a flipbook to be used in community engagement
- Posters and billboards accessible offline and for low literacy levels

This campaign aims to increase general acknowledgement of the relevance and importance of COVID-19 mitigation measures.

Behavioral Barriers to address

- People experience behavioural fatigue: Which may lead people to develop a careless attitude - this campaign aims to address this by reminding people that Covid-19 is still relevant and even if not directly dangerous to oneself, it can be very dangerous for people we love.

- People do not prioritize COVID-19 mitigation measures due to other threats and cognitive overload: Again, this burden leads people to take the prevention measures less seriously, as the threat of Covid-19 may seem less relevant.

- Misperceptions that COVID-19 is only affecting non-believers: The campaign targets this misperception by illustrating a religious leader wearing a mask along with a quote from a religious leader in Hargeisa.

- Misinformation, rumours and stigma is associated with COVID-19: The specific information this campaign aims to communicate is who is at increased risk for severe illness. It is expected that once people reflect on which community members at risk (on informed ground), the motivation to adhere to preventive measures will be higher.
Social media

Use of local influencers on social media
We recommend working with local influencers on social media to share campaign material, post their own videos and encourage others to share videos and thoughts which can be posted at the influencer’s page.

Animated versions of posters
Due to literacy issues, animated versions of the messages from the posters could be created and shared on social media. However, simple posters with limited text might be better to reach populations without access to social media.

Flipbook

Flipbook and community engagement
To engage the community, messages around relevance and who is at higher risk will be part of a multipurpose flipbook that community leaders, community volunteers, community health workers etc., can use to initiate and guide a conversation with community members. These discussions can be elicited during community meetings, youth meetings or house-to-house visits. The flipbook will contain various information about COVID-19, preventive measures and discussion prompts that community mobilizers can follow to start discussions with the target community. This will help to meet the varying needs of different target audiences based on their level of education and knowledge about COVID-19 measures.

To engage community leaders etc. to use the flipbook and initiate conversations with their communities, STC with work with their communication team to reach people on the ground to train them and bring them onboard.

Click here to access the STC Intervention flipbook.

Posters and billboards

Visuals
As a supplement to the social media campaign and the flipbook that makes people familiar with the messages, we recommend having visual material such as posters and billboards. Posters will be set up in more densely populated areas, and focus should in particular be places where they are most likely to be seen such as markets, bus stations, mosques, health clinics, schools, central parts of Mogadishu and Hargeisa. Posters are recommended in billboard size when set up outside and A2 size when set up inside.
Implementation and community engagement

Radio spots

There are two types of radio spots. Radio spot 1 is an announcement that comes in instead of an advertisement. Radio programme 2 focus on community engagement and encourage the audience to dial in and engage in the script.

Work with STC communications team and local radio stations

Radio Ergo and BBC would be ideal radio channels for implementation given their credibility in the country. They would also know when the most ideal time would be to reach different target audiences. To develop a full radio scripts with more episodes related to COVID-19, Save the Children can work with their communication team and SBC colleagues. The show could discuss different aspects of the pandemic and encourage people to adhere to mitigation measures and last around 30 minutes to one hour.

Advertisement

We recommend that the radio show becomes a smaller part of already existing an popular radio programs with a high number of listeners. However, to ensure that people know about the program it can be advertised both at other times in the radio, on TV, social media or even through house-to-house visits. Community volunteers could also visit households after the program to follow up and discuss the content of the different episodes.

Incentives to listen and engage in the radio program

To make sure that people have incentives to call in and engage in the program. Financial barriers needs to be address. This could be done by recharging airtime when you call in or by having a free hotline that directs the call to the radio station. STC already have hotlines that could potentially be used for this.
Interventions:
Mask wearing

We propose two mask interventions to be implemented concurrently

The campaign’s main focus is for the audience to:

- Change their perception of why we wear masks
- Use the mask to signal strong religious beliefs
- Have a clear understanding of the level of protection a mask gives vs. niqabs/hijabs.

Message:
We propose creating masks which are carrying religious messages such as Islamic proverbs. These masks should eventually be created for people to either receive or buy. The purpose is to take control of the message the masks send.

Safety:
Using visual interventions such as posters, and images to be shared on social media, we will compare the “sneeze cloud” depending on whether you are wearing just a niqab or a mask/thicker layers of fabric under the niqab or with the hijab.
Implementation and community engagement

Masks with messages

Engage communities to develop messages
To finalise messages for masks, STC needs to bring in smaller groups from communities in different regions of Somalia and Somaliland to brainstorm on appropriate messages in their communities. Messages needs to resonate with the local population so engaging each communities in the design process is crucial. Messages can be adjusted later as the situation evolves. Fx once a vaccine is available, messages can also focus on that. STC can also work with their colleagues on the ground to mobilise communities and contextualise messages.

Tap into existing STC skill training programs to develop messages and produce masks
Another way to engage communities in mask production is to tap into existing STC skill training programs. These programs are already providing communities with sewing machines and training them on how to sew. Groups from these programs (including youth and women) can help develop messages as well as producing the masks. This will give a feeling of agency and increase the motivation to wear masks. In addition to STC skills programs, schools can also be engaged to develop messages and produce masks together with children.

Implementation and community engagement

Masks with messages

Local production of masks
Another potential link between community based creation of mask messages and production, can be adding a point of contact directly to the producer. This will allow individuals to order custom made masks fitting the exact message people want to send. In terms of producing masks, we recommend engaging local organisations such as Tayo Uniforms and Manufacturing (tayounif@gmail.com), is a female owned and operated business, or Dheeman Fashion and Tailor (Qani_87@gmail.com). These are both Somaliland based.

Mask distribution strategy
To address structural barriers around accessibility a strategy for mask distribution needs to be put in place by Save the Children. Distribution should be timely along with message dissemination.
Implementation and community engagement

Mask safety

Flipbook and house-to-house visits
Similarly to the relevance messages we suggest to disseminate messages around mask safety as part of a bigger flipbook concept. This will give community leaders, community volunteers and community health workers an opportunity to start and direct a conversation around COVID-19 and prevention measures. Community leaders, community volunteers and community health workers can bring the flipbook for house-to-house visits or start conversations at other places where people gather.

Visuals
As an addition to the flipbook, we recommend to also print the messages on posters to reinforce the conversation from the flipbook. Similar to previous posters, we recommend printing these as large as possible for outside areas. The poster with the comparison of mask safety should be hung indoors in places that specifically are visited by women and at places where it is necessary to wear a mask such as mosques, public transportation and markets.

Video Animation
Although the poster is simple to understand even with a low literacy level, an additional way of demonstrating the difference in droplet containment would be creating a short animation video. This video should demonstrate a woman sneezing or coughing through the veil with and without masks similar to the poster. Furthermore, the video can show different men - particularly religious leaders wearing the masks, explaining how to wear the mask correctly, how to clean the mask and how to dispose of it.
Taking control of mask messaging

Behavioral Barriers to address

- **Masks are associated with stigma:** Our research found that people oppose wearing masks due to common perceptions of 'only sick people wear masks' or that you are not strong enough in your faith if you need the mask. By directly putting different messages on the masks in a very visible manner, we aim to broaden the message a mask can send; whether it is a religious message, a patriotic message or simply showing an image you like.

- **There is no social norm in the communities to wear masks:** By ensuring all of the people depicted on our intervention material wear masks, we aim to signal wearing masks as a norm.

Comparison of mask safety

Behavioral Barriers to address

- **Some women think that a hijab is as good as a mask:** Women in Somalia are covering their face with a veil/hijab and do not see the point of wearing a mask as well. It might also be difficult to wear both, due to the ears being covered by the hijab.

  To clarify the misunderstanding of the veil protecting as well as the mask, we have created a simple illustration depicting droplets flying through a veil with and without a mask. We have furthermore created designs of feminine masks which are tied behind the head rather than around the ears to make it easier to wear with a veil.

- **Availability:** Masks are not readily available in some areas to address this barrier, we propose to work with local tailors to create a high supply of personalised masks carrying messages which the community members can relate to.
Interventions: Handwashing

To increase handwashing we propose an intervention which does not mention Covid-19

The campaign’s main focus is for the audience to:

- Be reminded to wash their hands even when they don’t look dirty by focus on germs being invisible.

And importantly, do disassociate hand washing with Covid-19 as hand washing can prevent many other diseases as well.
Shed light on invisible germs and the need of washing hands even when not visibly dirty

Behavioral Barriers to address

People forget to wash their hands at crucial times:

- Germs are invisible and without visibly dirty hands there is no natural prompt to wash hands.
- It is especially difficult for children to remember to wash their hands if they are not reminded often.

Implementation and community engagement

Handwashing

Visuals
Similar to previous posters, we recommend printing these as large as possible and set them up in public areas such as marketplaces, transportation, restaurants, mosques as well as schools. Posters should be close to handwashing stations so send the message where behavioural change is needed and possible. Posters could also be set up in IDP camps, since these populations are difficult to reach on social media or radio.

Animated videos
The same message can also be made into an animated video that can be disseminated through social media and in schools.

Flipbook and house-to-house visits
Messages from the poster will also be part of a bigger flipbook that community health workers or community leaders can use to explain communities how to wash hands correct. This interactive approach can bring focus on hand washing in the household and can reach people in IDP camps as well. We recommend not only to focus on COVID-19, but also that hand washing can prevent other diseases.

Nudging
The message on the poster could be supplemented by small nudges that leads people to handwashing stations. This could include arrows on the floor from toilets to hand washing stations at public toilets or toilets at schools.
Interventions: Mitigation measures in mosques

Most mosques in Somalia have been open throughout the whole pandemic. Although people gathering in mosques can lead to a higher risk of spreading COVID-19 it has been shown difficult to close mosque or prevent people from going there. This is both due to the risk of Al-Shahab claiming that COVID-19 is western propaganda and because religion is such an important part of Somali culture.

Therefore, interventions should be focusing on increasing safety for worshippers when going to the mosque rather than closing mosques.

We propose mitigation measures at mosques to include the following elements:

- Remove praying mats and make people to bring their own
- Social distancing marks in the mosque (circles, squares, etc)
- Limited number of people and/or shielding of elders
- Distribution of soap and hand sanitizer before Wudhu
- Wear a mask to enter the mosque (including the imam)
Implementation and community engagement

Mosque safety

Visuals
Guidelines for mosque safety (bring own prayer mat, wear mask to enter mosque and use soap before performing Wudhu) will be printed as large posters and set up at the entrance to the mosque and where Wudhu is performed. It is crucial that the message is given at the moment where behaviour change needs to happen.

Soap distribution
In order to use soap before performing Wudhu, soap needs to be provided to break down any structural barriers. STC has been done previously in other health programs, and since there are less mosques than health facilities, this should be feasible both in terms of budget and logistics.

Engage imams for implementation
It is crucial to get Imams and people who work at the mosque onboard. If they are not convinced, they will not be willing to roll out the interventions (setup posters, make social distancing marks on the floor in the mosque, or disseminate the messages). Imams are key influencers in Somalia and most people trust and listen to them. Therefore it is important that STC uses messages that are targeting imams and community leaders so they can disseminate the messages. This potentially have to be done mosque by mosque or community by community as imams and communities differs.

Imams as messengers
Once Imams are onboard it would be effective if they can also share the same messages verbally during services in the mosques and in small videos that can be shared on social media. Imams are key influencers and can disseminate messages about mosque safety and that mitigation measures not being in conflict with religion.

Mitigation measures in mosques
(max number of people, circles in mosques, bring your own mat, distribution of soap)

Behavioral Barriers to address

People continue to gather in mosques: Going to the mosque to pray and get information from religious leaders is a crucial part of Somalis everyday lives. It is difficult to close mosques, due to the risk of Al-Shahab claiming that COVID-19 is western propaganda.

Therefore, we are not trying to make people stay at home. Rather we aim to support people in going to the mosque in a safe manner.
Interventions: Children

To increase safety among children, we propose a COVID-19 curriculum that teachers can use when children return to school

Most children in Somalia are still home from school and find it difficult to understand COVID-19 and to follow the mitigation measures.

It is important to teach children about COVID-19 and encourage them to follow mitigation measures without creating fear. Most parents are currently struggling and might not be following mitigation measures themselves. This means that children do not have role models at home that leads the way.

As children return to school, teachers can fill this role and help children stay safe without creating fear. However, they need tools to do so. Therefore, we propose a COVID-19 curriculum for teachers to use:

• Children to come up with fun and innovative ways to greet each other from a distance.

• Ideas for games that children can play while maintaining social distance such as hide and seek.

• Children to paint or write messages on masks that they like. The masks can be used by themselves and their families.

• Children to make cartoons about them protecting people they care about such as their grandparents.

• Build on and incorporate RIL video series for children where they turn into superheroes to protect the community.
Implementation and community engagement

Teachers guide

Introduce the guide in schools and existing STC programs
In previous similar programs STC has used School Health Clubs to introduce teacher guides and child friendly activities for health education. STC has also worked with different countries Ministry of Education to encourage schools to take part in the programs. Somalia might not have similar School Health Clubs, but the guide can be used in other classes at school and STC staff can use them in existing STC programs with children.

Teachers training
There will be a need to demonstrate the activities to teachers and guide them on how to do them with children. Although the guide is simple to understand and has clear action point, training is crucial to ensure that the guide is actually been used. STC has already worked with a consultant in a similar program in Nigeria, India, and Pakistan who that can with implementation.

Peer-to-peer focus
Activities should also focus on elements that children can teach others children. This could include games, songs, stories, hand washing rules etc.

Distribution of soap and other resources
To address any structural barriers to follow COVID-19 mitigation measures, STC should provide soap and other required resources to schools.

Interventions for children: How to encourage children to follow preventive measures without creating fear

Behavioral Barriers to address

- **Children do not understand the concept of social distancing:**
  The interventions in the teacher’s guide aim to provide teachers or other people who work with children with a set of activities teaching them about.

- **Children can be a medium for positive messaging to parents**
  so ensuring children have an understanding of the importance of social distancing and other preventive measures can have a multiplier effect in communities.

[Click here](#) to access the childrens intervention pdf document “Teachers Guide: activities for children”.
Appendix 1

Prototypes

Materials: Relevance and perception campaign
A behavioral approach to COVID-19 mitigation measures in Somalia

Relevance campaign messages;
Female doctor and older man being protected.

Relevance campaign messages;
Male doctor and older man being protected.

Relevance campaign messages;
Female doctor and person with pre-existing conditions being protected.

Relevance campaign messages;
Male doctor and person with pre-existing conditions being protected.

Relevance campaign messages;
Female doctor and a person at risk due to overweight being protected.

Relevance campaign messages;
Male doctor and a person at risk due to overweight being protected.

Relevance campaign messages;
Religious leader
A behavioral approach to COVID-19 mitigation measures in Somalia

Relevance campaign messages;
Pamphlet for distribution (female doctor)

Relevance campaign radio version
Introduce the guide in schools and existing STC programs

Script 1 (Radio spot)

We can all get sick from Covid-19, but some people are at higher risk for severe illness than others. Do you know what determines who’s at higher risk? Every person who’s older than 60, any person who is overweight or has pre-existing diseases are at risk. More than 1 million people have died from Covid-19 this year.

Who do you know, who is at risk for severe illness, if they get Covid-19? Take a moment to think of a loved one who may be at increased risk if they get sick. (Short pause) It is important we do our best to keep the people we love safe by calling them on the phone instead of going to their homes.

To keep Covid-19 away and get back to our social lives, we need to keep our distance now, wash our hands regularly and wear a mask.

Please note that Covid-19 does not only affect non-muslims, anyone can get it. Do not stigmatize those infected with Covid-19 or even their families.
Relevance campaign radio version

Target audience is younger people

Script 2 (Interactive program)

We can all get sick from Covid-19, but some people are at higher risk for severe illness than others. Do you know what determines who's at higher risk? Every person who's older than 60, any person who is overweight or has pre-existing diseases are at risk. More than 1 million people have died from Covid-19 this year.

Who do you know, who is at risk for severe illness, if they get Covid-19? Take a moment to think of a loved one who may be at increased risk if they get sick. (Short pause)

It is important we do our best to keep the people we love safe by calling them on the phone instead of going to their homes.

To keep Covid-19 away and get back to our social lives, we need to keep our distance now, wash our hands regularly and wear a mask.

Call this number and let me and our listeners know who you are making sure to protect from the virus!

Relevance campaign radio version

Target audience is older people

Script 1 (Radio spot)

We can all get sick from Covid-19, but some people are at higher risk for severe illness than others. Do you know what determines who's at higher risk? Every person who's older than 60, any person who is overweight or has pre-existing diseases are at risk.

Are you or someone you know, at increased risk for severe illness if contracting Covid-19? Take a moment to think of a loved one who may be at increased risk if they get sick. (Short pause)

It is important we do our best to keep ourselves and the people we love safe by staying in touch over the phone instead of leaving our homes.

To keep Covid-19 away, we need to keep our distance now, wash our hands regularly and wear a mask.
Relevance campaign radio version

Target audience is older people

Script 2 (Interactive program)

We can all get sick from Covid-19, but some people are at higher risk for severe illness than others. Do you know what determines who’s at higher risk? Every person who’s older than 60, any person who is overweight or has pre-existing diseases are at risk.

Are you or someone you know, at increased risk for severe illness if contracting Covid-19? Take a moment to think of a loved one who may be at increased risk if they get sick. (Short pause)

It is important we do our best to keep ourselves and the people we love safe by staying in touch over the phone instead of leaving our homes.

To keep Covid-19 away, we need to keep our distance now, wash our hands regularly and wear a mask.

Call this number and let me and our listeners know how you are protecting yourself and the people you care about!
Examples of mask messages

Feminine masks that are easier to wear with a niqab or hijab
A behavioral approach to COVID-19 mitigation measures in Somalia

Materials:
Hand washing

YOUR HANDS CARRY GERMS YOU CAN’T SEE
WASH YOUR HANDS. PROTECT YOURSELF AND YOUR COMMUNITY.

campaign message:
Hand washing poster
Materials: Mitigation measures in mosques

- Campaign materials; Wear a mask to enter (soft message)
- Campaign materials; Wear a mask to enter (hard message)
- Campaign materials; Please bring your own prayer mat
- Campaign materials; Please use soap before performing Wudhu and take care of your community
- Campaign materials; Use soap for Wudhu
A behavioral approach to COVID-19 mitigation measures in Somalia

Example of social distancing marks in mosque

Materials:
Children
Appendix 2

Expert interviews
The Somali Cash Consortium, led by Concern Worldwide, has distributed emergency funding to over 7,000 displaced people who have been forced to leave their homes in the region due to the continuing drought. The Consortium has activated its emergency cash response in the southern Somalia city of Baidoa to assist 1,225 vulnerable Somali families. It also transferred $73,500 of emergency response cash to the mobile phones of people who were displaced or at risk of displacement due to drought. The cash enables recipients to purchase food as well as basic supplies such as portable solar lamps, kitchen sets, corrugated galvanized iron for shelters, blankets, floor mats and hygiene items. In previous responses, 99% of participants reported that the cash assistance had improved their access to food. Somali Cash Consortium (SCC) was established in March 2015 with the aims of promoting a more effective MPCA response through harmonisation, operational coordination, and by expanding geographic reach. Using an evidence-based vulnerability targeting model, the CCI has to date provided one-off and multi-month cash transfers to over 75,000 households, or approximately 450,000 people.

The Somali Response Innovation Lab (SomRIL) is an inter-agency partnership. It seeks to create and apply effective innovations to enhance the impact of humanitarian and development interventions to improve the resilience of the Somali people. This is achieved through providing a supportive and safe environment where NGOs, the private sector, UN agencies, government and academia can share specific challenges they face when delivering humanitarian and resilience programming, and identify innovative solutions which can be brought to scale. SomRIL is part of the Global Response Innovation Lab partnership whose founding members include World Vision, Save the Children, Oxfam, George Washington University and Civic.

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Appendix 3

Intervention matrix for COVID-19 mitigation interventions in Somalia

Intervention area: COVID-19 relevance

Main messages

- COVID-19 is still in Somalia.
- Protect your loved ones and your community by following mitigation measures.
- People who are old, overweight or have pre-existing conditions are more at risk.
- Mitigation measures are not in conflict with religion.

Target Audience

- Youth; Elders; General community.

Desired behaviours/actions

- Wearing masks and doing social distancing to protect elders, yourself and your communities.

Barriers to address

- The belief that COVID-19 is not in Somalia.
- The belief that COVID-19 only affects non-believers or certain populations.
- Lack of motivation to follow mitigation measures.

Motivating factors/behavioural triggers

- Authority bias where people attribute greater accuracy to the opinion of an authority figure (Imam / doctor) and be more influenced by that opinion.
- The weight people will put on taking up measures will depend on their reaction to the messenger source. This messenger effect can be leveraged through imams.
- By framing prevention measures as an act of altruism, we tap into incentives that are already in place in communities.

Trusted community, mass, and digital media channels, support materials

- Flip book; Posters; Video animations; Radio scripts.
### Intervention area: Mask wearing

#### Main messages
- Wear a mask to protect your community.
- Wearing a mask does not mean that you are sick or not strong enough in your belief.

#### Target Audience
- Youth (and general community).

#### Desired behaviours/actions
- Use of masks become common and is a sign of protection.
- Making mask wearing a trend and socially acceptable.

#### Barriers to address
- Stigma associated with mask wearing.
- Wearing a mask is associated with having COVID-19 or being a non-believer.

#### Motivating factors/behavioural triggers
- Taking control over mask messaging by:-
  - Framing wearing mask as an act of altruism.
  - Social proof/norms: People who they identify with (same context, relatable, peer group) use or take proactive steps and are shown to be successful.

#### Trusted community, mass, and digital media channels, support materials
- Production and distribution of masks with statements.

### Intervention area: Mask safety

#### Main messages
- Viruses such as COVID-19 can be carried in droplets and transmitted through sneezing and coughing.
- Wearing a veil is not stopping droplets from being transmitted. Therefore you need to wear a proper mask.

#### Target Audience
- Youth and women.

#### Desired behaviours/actions
- Provide social support and praise responsible behaviours in protecting the community.
- Wearing a proper mask to protect yourself and others.

#### Barriers to address
- The belief that wearing a veil is as good as wearing a medical mask when it comes to stopping transmission of virus.

#### Motivating factors/behavioural triggers
- Appealing to their sense of altruism particularly towards their family and those vulnerable around them will be perceived as ways to not only protect themselves but also for others they care for.
- Through the mirroring effect women reflect who they are through others they aspire/look up to. This can be leveraged when those women see other women in the community using the niqb as a form of mask wearing.

#### Trusted community, mass, and digital media channels, support materials
- Flip book; Posters; Video animations.
Intervention area: Handwashing

Main messages

- Germs are invisible and can lead to disease if you don’t wash your hands (even when not visibly dirty).
- Handwashing is not only relevant to stop COVID-19, it also protects against other diseases.

Target Audience

- General community.

Desired behaviours/actions

- Wash hands regularly even when not visibly dirty.

Barriers to address

- No prompt for hand washing when not visibly dirty.
- Forgetfulness.

Motivating factors/behavioural triggers

- Salience: Handwashing messages are set up in places with handwashing stations to prompt people to wash their hands.
- Social proof/norms: People who they identify with (same context, relatable, peer group) use or take proactive steps and are shown to be successful.

Trusted community, mass, and digital media channels, support materials

- Posters (Potentially combined with salience nudges).

Intervention area: Mosque safety

Main messages

- A mosque is a place where many people gather and there is a higher risk for COVID-19 to be transmitted if prevention measures are not followed. Therefore:
  - Wear a mask to enter the mosque.
  - Please bring your own praying mat.
  - Use soap before performing wudu.
  - Arrange the mosque to encourage social distancing.

Target Audience

- Imams; General community.

Desired behaviours/actions

- Worshippers perform social distancing when they go to the mosque, wear a mask, bring their own matt and wash their hands with soap before Whudhu.

Barriers to address

- Mosques are still open and many people gather in mosques with the risk of transmitting the disease to others in their community.

Motivating factors/behavioural triggers

- Salience: Marks on floor makes it easy to see what the desired behavior is. Posters at entrance and at wudhu works as prompts for behaviour change.
- Social proof/norms: People who they identify with (same context, relatable, peer group) are following the requirements successfully.
- Altruism: protect your imam and your community.

Trusted community, mass, and digital media channels, support materials

- Flip book; Marks in mosque; Messages disseminated by the imam in the mosque (and potentially video clips) Posters at entrance to mosque.
## Interventions for children

### Main messages
- Children can help protect their communities by following mitigation measures.
- Children can teach their parents and peers about mitigation measures.

### Target Audience
- Teachers; Children; Save the Children staff.

### Desired behaviours/actions
- Children are seen to take protective measures which gets picked up by family members.
- Children help disseminate news related to COVID mitigations.
- Children help reduce stigma related to follow mitigation measures.

### Barriers to address
- Children do not understand the concept of social distancing and find it hard to follow.
- Children do not have role models in their parents when it comes to COVID-19 mitigation measures.

### Motivating factors/behavioural triggers
- By making children come up with their own ideas, draw on their own masks etc we leverage endowment effects, which mean that people value things that are their own and they have invented or built higher than things they have bought or got from others.
- Social norms among children encouraging each other to follow mitigation measures.
- Gamification of measures - introducing an element of play and creativity for children to uptake measures.

### Trusted community, mass, and digital media channels, support materials
- Teachers guide (including training of teachers) used in schools and STC children’s programs.