

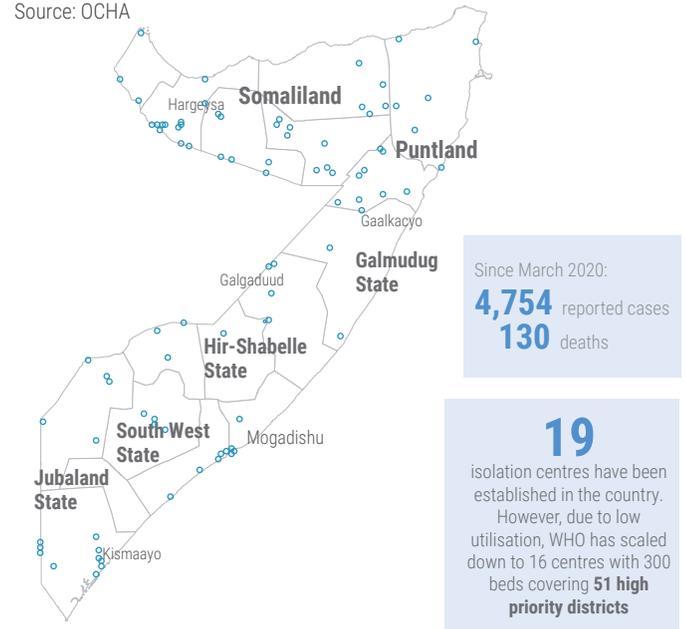


This report on the Country Preparedness & Response Plan (CPRP) for COVID-19 in Somalia is produced monthly by OCHA and the Integrated Office in collaboration with partners. It contains updates on the response to the humanitarian and socio-economic impact of COVID-19 in November. The report for December will be issued in early February.

Highlights

- The cumulative positivity rate since the start of the COVID-19 outbreak in Somalia has declined gradually to 7 per cent while the cumulative case fatality rate stands at 2.6 per cent. Nearly 4,580 cases have been confirmed.
- During the reporting period, confirmed cases increased in Somaliland and Puntland. WHO continues to support four biosafety level 2 PCR testing laboratories located in Mogadishu, Hargeysa and Garowe.
- Some 51 out of Somalia's 118 districts (43 per cent) are considered priority districts, and were visited by community surveillance teams in November 2020 for active case searching, contact tracing and awareness raising.
- Responses to COVID-19 continue to be scaled up; community rapid response teams reached 2,043,57 individuals in 9,840 settlements with COVID-19 preventative messages in November, including 43,225 in IDP settlements.

Locations of functional triage and referral sites
Source: OCHA



Situation overview



COVID-19 CASES

Over 4,754 confirmed cases since 16 March 2020, 4,754 including 130 deaths. Positivity rate: 7 per cent declined since the start of the outbreak. Case fatality rate: 2.6 per cent (Source: WHO, Health cluster)



TESTING ESCALATED

Testing has been escalated with additional laboratories in Puntland and Somaliland linked to suspected behavioral factors: not wearing masks, keeping social (physical) distancing. The demand for healthcare remains low.



SURVEILLANCE SYSTEM

Strengthened surveillance systems including community surveillance, through community engagement teams jointly supported by MoH, WHO and UNICEF. Only 17 "silent" districts remain unreachable.



PRIORITY DISTRICTS

51 out of Somalia's 118 districts (43 per cent) are considered priority districts and were visited by community surveillance teams for active case searching, contact tracing and awareness raising in November.



REGIONS GAP

During the reporting period, an increase in confirmed cases was reported in Somaliland and Puntland while a decline was reported in Banadir, Hirshabelle, Jubaland and Galmudug, according to the national Health Cluster.

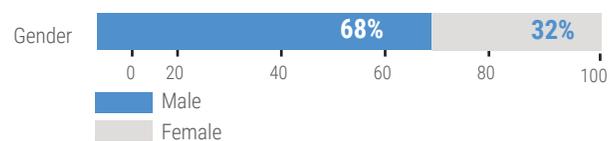


GENDER GAP

Since the first case of COVID-19 in March 2020¹ Somalia has faced a widening gap between men and women in some aspects of health, economic opportunities and well-being. Available data shows that twice as many men as women were tested for COVID-19.

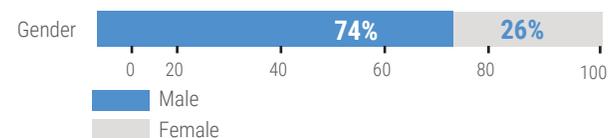
Samples tested by gender (out of 23,932)

Source: MoH, WHO



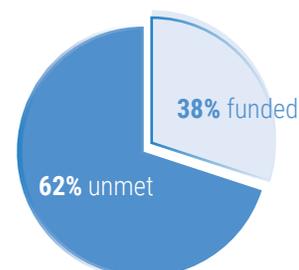
Confirmed positive cases by gender

Source: MoH, WHO



CPRP funding still shows significant underfunding

Source: OCHA



¹ COVID-19 in Somalia: the gender gap: <http://www.emro.who.int/images/stories/somalia/documents/covid-19-information-note-8.pdf?ua=>

Responses to COVID-19

1. HEALTH FIRST

Emergency support to the COVID-19 related health response

Risk Communication and Community Engagement (RCCE)

- A total of 426,696 households were reached in November by the integrated community rapid response teams with key health messages containing basic information on COVID-19 symptoms, transmission, testing and prevention measures, including the importance of using face masks.
- In Somaliland, over 400 students were reached with prevention messages following reported cases from two boarding schools.
- Partners developed, printed and distributed COVID-19 prevention Information Education Communication (IEC) Materials (posters, brochures, and billboards etc.) to health facilities in the states.

Surveillance, rapid response and case investigation

- A total of 925 community rapid response teams were deployed in 51 districts and the community level in 51 priority districts.
- Community rapid response teams reached 2,043,57 individuals in 9,840 settlements. These included 166,038 households in urban areas, 172,242 in rural areas, 43,225 in IDP settlements and 39,192 in nomadic settlements.
- Some 2,995 alerts of COVID-19 were notified by integrated community rapid response teams. Out of these, 254 alerts were verified and investigated by the DRRTs.
- DRRTs visited 561 health facilities to strengthen healthcare worker sensitization, carry out case searches and provide supportive supervision to EWARN surveillance activities.
- During the visit, 1,032 healthcare workers were sensitized on COVID-19 case definition, testing and reporting.
- A total of 19,485 suspected COVID-19 cases were detected, investigated and tested, of which 350 were confirmed positive.

Points of Entry (POEs)

Response

- POE partner mapping was completed. Currently, there are six partners providing various support at various POEs.
- IEC materials, including roll-ups, posters and flyers, on COVID-19 are currently being printed to be distributed to various POEs.
- Continued screening of travellers, awareness creation for people living in congested IDP settlements, and distribution of PPE, including masks and hand sanitizers, in all the points of entry remains underway.
- 32 workers from Jubaland Ministry of Health (Kismayo, Doolow, Dhobley) and South West State (Baidoa and Xudur) incentivised by IOM to offer health screening at PoEs.
- Three thermal scanners to be situated in key POEs to enhance health screening are under procurement.
- Additional PPEs to be distributed to key POEs are also being procured.



Gaps & Constraints

- Many cases from Puntland enter Sool region without screening due to a lack of support for Tukaraq POE.
- Lack of incentives for POE frontline health workers/health screeners. There is need to recruit extra personnel to be deployed at all formal and informal entry points along the Kenya-Somalia border.
- Active surveillance, including health screening, Integrated Food Security Phase Classification (IPC) measures (provision of health information, hygiene infrastructure and equipment), referrals and data collection are needed at all PoEs in all states.
- Need for simplified, translated posters on COVID-19 prevention messages at POEs.
- Lack of sufficient PPEs and IPC materials supplies for POEs.
- Lack of isolation rooms for suspected cases as they await transportation to COVID-19 referral hospitals or centres.
- Need to have standby health services at all PoEs, particularly airports and seaports, that are fully equipped with enough staff, equipment and reporting tools. This will ensure strict surveillance is maintained not only for COVID-19 but any other internationally notifiable diseases.

National laboratories

- In November, with support from WHO, a total of 15,076 samples were tested.
- In addition, three international virologists continued to provide on-the-job training and mentoring to build the capacity of Somali staff in PCR testing laboratories.
- WHO continued to procure and deliver consumable laboratory items and equipment to the above-mentioned four PCR laboratories. Laboratory consumable items and equipment were distributed to the four PCR testing laboratories in Mogadishu, Hargeysa and Garowe.
- WHO continues to support these laboratories by covering operational costs, as well as salary support to 11 laboratory technicians.

Case management

- 66 oxygen concentrators were distributed to identified regional hospitals to support COVID-19 case management and critical patient care.
- Supportive supervision to isolation centres and on-the-job training to healthcare workers continued.
- 11 new cases were admitted to isolation centres throughout the country during the reporting period.
- Since the beginning of the outbreak response, 768 cases have been managed in isolation centres across Somalia.
- 32 health and community workers received refresher training in Belet Weyne, Hirshabelle State on COVID-19 prevention and case management guidelines.

Psychosocial Care

Situation Overview on Mental Distress

- Increased psychological distress is brought about by the immediate impact of the pandemic (such as fear of the new disease, infection, death or loss of loved ones and consequences of physical distancing) and other consequences like loss of livelihoods, being separated from families and caregivers, restriction of movements and access to basic services. Vulnerable groups are more at risk of distress, such as frontline healthcare workers, first responders, older adults and people with pre-existing health conditions or those who have been infected by the virus, children and adolescents, and women.

Response

- 18 persons who are experiencing distress (14 females, 4 males aged 20-49 years) were assisted to access support services (e.g. psychological first aid, counselling, caregiver and family support).
- 50 COVID-19 Frontline Responders (19 females, 31 males) from Gaalkacyo were trained on the following topics: IASC Guide on Basic Psychosocial Skills and Psychological First Aid adapted for COVID-19 pandemic context).
- Community Health Workers were supported to disseminate key messages promoting well-being during the pandemic, such as managing fear and anxiety, and addressing social stigma related to COVID-19. In addition, 9,532 individuals were reached with Mental Health and Psychosocial Support (MHPSS) key messages at supported health facilities and communities.
- There is ongoing provision of integrated basic PSS skills to patients and their caregivers in both health and non-health facilities.



Gaps & Constraints

- MHPSS responses are challenged by existing security-related access constraints in the country. This was further aggravated during the onset of COVID-19 along with ongoing displacement and violence, poverty, unemployment and substance abuse. Mental health and psychosocial support services in Somalia are already insufficient in terms of facilities and geographical coverage.
- MHPSS continues to be not only an underfunded but also a neglected sector in Somalia. Little research and insufficient funds have been allocated by donors communities as well as by the public health authorities. This is largely associated with the nature of the protracted crisis, donor fatigue through the years and the needs arising from the current pandemic.
- Human resource availability, education, performance, supervision and monitoring are other areas of concern for delivery of quality and equitable MHPSS services, not only in facilities but also in communities.
- There is a very poor understanding of mental health by the general public which results in isolation and stigmatization. Persons experiencing mental health challenges are stigmatized, discriminated and socially isolated.

2. PROTECTING PEOPLE

Camp Coordination and Camp Management (CCCM)

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> • RCCE resources are outdated and require revision to fit the current context in which COVID-19 is the new normal. New methods for presenting key messages are needed, such as theatrical performances and circulating audio/visual content. • Support from Government ministries is vital to encourage people to use face masks. At the moment, it is difficult to prompt mask behaviour change when such messages are not being provided from Government authorities. 	<ul style="list-style-type: none"> • CCCM partners have reached 921 IDP sites out of 2,344 sites nationally, covering 1,091,009 persons (42 per cent out of total IDP population) in November. Partners continue to distribute COVID-19 information leaflets to communities and to hold information sessions with members of the IDP community. CCCM partners aim to target 1,000 IDP sites throughout Somalia with COVID-19 RCCE activities every month • Continued engagement of Camp Management Committee members and religious leaders in IDP sites that are receiving RCCE support. • During November, CCCM partners directly and indirectly reached 399,584 IDPs through active RCCE campaigns. 	<ul style="list-style-type: none"> • There is a need for service providers to target 508 IDP sites that are critically at risk of widespread COVID-19 transmission due to overcrowding, gaps in water access and lack of exposure to humanitarian information. • Funding constraints exist with 1,423 IDP sites experiencing gaps in CCCM partner-led RCCE activities, focusing on site leader/religious leader engagement, small-group information sessions and door-to-door awareness. • The CCCM Cluster's COVID-19 budget requirement remains 68 per cent unfunded.

Education

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> • At least 900,000 children were targeted with various education interventions under the COVID-19 response in Somalia between April and December 2020. • There is a need to fast track responses to ensure all school children return to school and have access to a safe learning environment through re-opening messaging awareness, the provision of psychosocial support, improved hygiene and sanitation, and COVID-19 supplies such as face masks. 	<ul style="list-style-type: none"> • In November, Education partners reached at least 102,770 of whom 50,380 were girls with Education in Emergency (EiE) assistance, bringing the total number of children reached with EiE to 651,587 (302,373 girls). • A total of 27,412 children (12,837 girls) were provided with teaching and learning materials, while 60,181 (28,962 girls) were supported with access to mixture of emergency school feeding, grants and home rations across the country. This will ensure that the most vulnerable children have access to food and will minimize the risk of learners dropping out of school. • In addition, 36,266 (17,472 girls) children are being supported with safe drinking water. The education partners have constructed and rehabilitated 72 learning spaces. 	<ul style="list-style-type: none"> • Cyclone Gati damaged 13 schools in Bari region, mainly in Hafuun village where an estimated 3,841 students and 78 teachers need urgent assistance to resume normalcy and learning. WASH facilities in schools were also severely damaged. There are insufficient EiE interventions in the areas heavily affected by Cyclone Gati. • A nationwide shortage of PPE for school children and teachers remains. As per WHO and UNICEF guidelines, children aged 12 years and above are required to use face masks.

Logistics

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> • The Logistics Cluster has been facilitating dedicated cargo airlifts on behalf of the Government and key humanitarian partners, upon request. This includes transportation of passengers, medical teams and supplies, blood samples and provision of storage facilities. 	<ul style="list-style-type: none"> • In November, the cluster facilitated the transportation of 26 metric tonnes of COVID-19-related supplies. • Additionally, jointly with WFP's Humanitarian Air Service (UNHAS), the cluster supported the transportation of MoH medical teams, blood samples and COVID-19 medical supplies to key locations across Somalia. • In November, WFP's Humanitarian Air Service (UNHAS) transported 2.3 MT of COVID-19 related supplies to key locations across Somalia, including PCR laboratory reagents, PPE kits and testing equipment. • To provide additional storage capacity for MoH, the cluster loaned and installed a mobile storage unit, which was set up in Mogadishu Airport (AAIA). • The cluster supported the MoH and the Office of the Prime Minister with the development of an easy-to-use cargo tracking tool for COVID-19 donations, stocks and dispatches. This was handed over to the MoH in July. 	<ul style="list-style-type: none"> • Previous access challenges as a result of COVID-19 restrictions, such as closures of airports, included a lack of available commercial transport options. Airways have since opened up and airports within Somalia are now operational, including the full basecamp lockdown of Mogadishu airport (AAIA) which was lifted on 1 November. • Flooding can cause road access challenges during certain periods of the year rendering some key roads inaccessible. The Cluster has published an updated Flood-Affected Roads Map (as of 9 November) and continues to monitor the situation and inform partners accordingly. • So far, these challenges have made no significant impact on the cluster's ability

26

metric tonnes of COVID-19-related supplies transportation facilitated by the cluster in November

2.3MT

of COVID-19 related supplies transported by UNHAS to key locations across Somalia

COVID-19 restrictions like: closures of airports, lack of available commercial transport options, and flooding remain the major access challenges in transportation of supplies.

to provide multiple common logistics common service options.

- Cluster partners reported challenges in the transportation of humanitarian cargo into and within Somalia, due to delays in tax exemption approvals. The delays particularly impacted the dispatch of urgent health items as rapidly as needed.

Nutrition



Needs

- The median Global Acute Malnutrition (GAM) prevalence has remained Serious (10–14.9 per cent) for the past four consecutive seasons (11.8 per cent in Gu 2020, 13.1 per cent in 2019/20 Deyr, 13.8 per cent in 2019 Gu and 12.6 per cent in 2018/19 Deyr).

FSNAU Post Gu 2020 Survey Result.

681,461

of boys and girls aged 6-59 months reached by Nutrition Cluster partners between January and November 2020



Response

- Between January and November 2020, Nutrition Cluster partners reached 320,287 boys and 361,174 girls aged 6-59 months, representing 85 per cent of the target in the 2020 Humanitarian Response Plan (HRP). Out of these, 236,168 were severely acute malnourished children, 445,293 moderately acute malnourished, and 133,109 pregnant and lactating women were admitted.
- Nearly 82,563 mothers and caretakers received individual infant and young child feeding counselling, bringing the total of those reached since January to 1,039,589.

# of people who received specialized nutritious foods for the prevention and treatment of malnutrition	Total to date		November	
	Q2 (April-June)	Q3 (July-Sept)	Targets	Actual
Pregnant & lactating mothers	30,448	36,249	16,865	12,610
Children (6-59 months)	169,383	191,907	66,751	58,212

Protection



Needs

- Mental distress is exacerbated during the COVID-19 pandemic as vulnerable individuals, including older persons and persons with disabilities, may be separated from their caregivers due to quarantine and isolation requirements.

160

individuals reached with MHPSS services by Protection Cluster partners



Response

- In November 2020, Protection Cluster partners provided COVID-19-related mental health and psychosocial support activities (MHPSS) to 160 individuals (80 women and 80 men) in Banadir and Woqooyi Galbeed.
- Provision of protection-oriented support to people with specific needs or heightened vulnerability to 7,800 (1,716 girls, 1,560 boys, 2,496 women, 2,028 men) in Burco-Togdheer.



Gaps & Constraints

- Mental health services in Somalia are insufficient, in terms of availability, quality and geographical coverage. WHO² estimates that the prevalence of mental health conditions in Somalia is higher than in other low-income and war-torn countries. One person out of three is or has been affected by mental illness. There are determinants that explain the high rate: overall insecurity caused by factors such as displacement, exposure to violence and conflict, poverty, unemployment and substance abuse.

Housing, land and property



Needs

- Forced evictions continue to disproportionately affect IDPs and returning refugees. Forced evictions exacerbate existing IDP vulnerabilities such as marginalization, discrimination and social exclusion, particularly for IDPs who belong to minority groups, or who have lost clan protection because they fled to areas where their clan is absent or weak. Girls and female-headed households are among the most vulnerable and face the greatest risk of gender-based violence.



Response

- In November 2020, the HLP Area of Responsibility (AoR) reached 9,556 individuals (60 per cent female) with HLP services in Somalia. Activities included the provision of cash to cope with evictions and the protection of IDPs from forced evictions through preventive engagements such as information sessions, awareness campaigns, trainings and legal aid service provision.
- In addition to this, the HLP AoR responded to 10,000 forced evictions and HLP AoR members and partners conducted eight eviction assessments that informed the response.



Gaps & Constraints

- Limited funding and capacity to respond to the increasing number of forced evictions, specifically in inaccessible areas, remains challenging.
- Lack of clarity between lawful and unlawful evictions.

² A Situation Analysis of Mental Health in Somalia, World Health Organization (WHO), October 2010

Child Protection



Needs

• The impact of COVID-19, restriction measures taken to control the pandemic as well as seasonal floods and conflict have had a devastating impact on child protection and may have long-lasting consequences. Violence against children, both inside and outside the home, has reportedly increased³ as families have been in a confined space, with limited resources and heightened stress. Furthermore, due to limited access to school and child protection facilities, children have limited access to many avenues through which to report abuse and seek adequate assistance, such as teachers and child protection staff.

101,041

children reached by Child Protection AoR partners with various child protection services



2,290 (51.5% girls) children and adolescents received psychosocial support and structured psychosocial sessions adapted to COVID-19



Response

- In November 2020, the Child Protection AoR partners reached 177,409 people including 101,041 children with various child protection services including messaging, psychosocial support services, case management, family tracing and reunification, alternative care and reintegration of children associated with armed forces and groups.
- 2,290 (51.5 per cent girls) children, adolescents and parents/caregivers received psychosocial support in the form of structured psychosocial sessions adapted to the COVID-19 situation.
- Child Protection AoR partners' staff and volunteers continued to conduct outreach to children and community members to raise awareness on child protection and COVID-19 risks through household visits, individual and group counselling and discussions with community leaders. In November, 159,818 individuals (54.9 per cent children) were reached with child-friendly awareness-raising sessions, positive parenting messages, and flyers on child protection and COVID-19 risks.
- Case Management services provided to 1,382 children (73.5 per cent girls) in November, either directly through daily field presence of caseworkers or remotely.
- Child Protection AoR partners continued the identification of children with disabilities to ensure their protection needs are met during the COVID-19 pandemic. A total of 1,090 children with disabilities were reached with child protection services.



Gaps & Constraints

- Difficulty in conducting children's activities safely as it is not easy for staff to enforce physical distancing with children when they are together.
- The low internet penetration in Somalia makes it difficult to plan and execute online virtual activities with community-level facilitators/volunteers, parents and children.
- Child protection partners faced significant challenges from the onset of the COVID-19 pandemic, as critical services were limited to case management. This required a rapid adaptation of new modalities to ensure structured psychosocial support for girls and boys, and differentiated procedures to address low, medium, and high-risk cases, with volunteers addressing the low and medium risk cases.
- Child protection AoR is severely underfunded, operating with less than 20 per cent of caseworkers required to ensure the provision of quality case management services for 41,634 children.

1,090

children with disabilities were reached with child protection services.

Gender Based Violence



Needs

• There continues to be a need to broaden services to remote locations with high burdens and reporting for GBV. Limited presence of specialized GBV service providers in these locations is reported. Lack of valid data and stronger legal framework for the protection of women and girls from violence is also a hindrance to proper targeting for GBV programming and service provision.



745 persons (321 girls, 10 boys, 411 women and 3 men) received material items including dignity kits, and 149 persons received livelihoods support



Response

- A total of 13,557 persons gained information, accessed GBV services or received capacity enhancement for GBV. Specifically, 11,159 persons (1,942 girls, 1,075 boys, 6,186 women, 1,956 men) gained information and knowledge on GBV prevention, response and mitigation while 66 religious leaders were mobilised and provided orientation to undertake advocacy for the abandonment of FGM.
- A total of 745 persons (321 girls, 10 boys, 411 women and 3 men) received material items including dignity kits, while 149 persons received livelihoods support. A further 1,189 persons (266 girls, 17 boys, 866 women and 40 men) received rape services, treatment for physical injuries due to GBV, legal support and psycho-social support and counselling.
- A total of 60 case workers were trained to deliver cultural and gender responsive case management services while 57 humanitarian and government actors gained skills to deliver GBV services and programming using the GBV survivor-centred approach.



Gaps & Constraints

- Limited shelter provision for women and girls seeking protection from violence.
- Limited cash and voucher assistance
- Lack of strong legal framework to protect women and girls from violence.
- Limited specialized service providers to cover existing needs.

13,557

persons gained information, accessed GBV services or received capacity enhancement for GBV

³ Child Protection in the context of COVID -19. Survey report -April/May 2020

Shelter



Needs

- Cluster partners have reported that due to overcrowding, at least 237 IDP sites in different regions are at high-risk for COVID-19 transmission and require decongestion both at shelter and settlement levels. Decongestion measures include basic site planning and provision of NFI and emergency shelter. Over 580,000 individuals live in these sites and need shelter, NFI and infrastructure support.
- Partners considered several factors, including the distance between shelters, shelter type, availability of potable water source and access to health facilities in determining the high-risk sites.



Response

- A total of 16,564 individuals have received shelter assistance and 36,496 individuals have received NFI assistance in high risk IDP sites. In November, 2,100 individuals were reached with NFI support.
- In November, cluster partners constructed 600 shelters in Sir Magabe IDP site in Kahda district to support decongestion.

16,554

of people have received shelter assistance and **36,496** individuals have received NFI assistance in high risk IDP sites



Gaps & Constraints

- Partners have reported a lack/limited availability of land adjacent to the existing IDP sites for expansion of the sites.
- There is a need to increase provision of emergency shelters to the affected population.
- As of 21 December, the Shelter Cluster is only 35 per cent funded, which continues to affect the implementation of planned activities to reduce overcrowding.

Water, Sanitation and Hygiene (WASH)



Needs

- Partners continue to provide life-saving WASH assistance. In November, partners sustained the continuity of critical activities focusing on rehabilitation/development of key WASH infrastructure in crisis-affected areas but also maintained the scale-up of essential hygiene supplies and water trucking to avert diarrhoea/cholera outbreaks.
- The WASH Cluster aims to reach 2.7 million people in need of assistance with emergency WASH services, including improved access to sufficient water and sanitation, and improve critical hygiene practices through awareness raising and distribution of key hygiene items. In November, the WASH Cluster reached 1.6 million people (59 per cent of the target) with hygiene kits and hygiene promotion, 43 per cent with temporary water supply, 30 per cent with sanitation and 55 per cent with sustained access to safe water.
- Drought-like conditions are being experienced in Somaliland, Mudug and Galgaduud regions where people are facing acute water shortages leading to displacement. In Galgaduud, the situation is likely to deteriorate from January onwards leading to a spike in diarrhoea cases due to limited access to sufficient safe water.



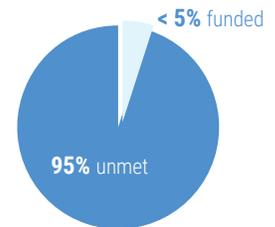
Response

- In November, 83,106 people (24,931 girls, 29,087 boys, 14,960 women and 14,128 men) were reached with WASH services.
- 128 health staff were trained on COVID-19 infection, prevention and control in Mogadishu, Walaweyn, Marka and Afgooye districts, while 13 health facilities in Gedo, Bay and Lower Shabelle regions have improved sanitation through the construction of latrines and hand washing stations.
- RCCE activities reached 1,763,106 people with COVID-19 prevention messages through door-to-door visits complemented by radio messaging and IEC materials.



Gaps & Constraints

- Over 1 million people in need of WASH assistance are yet to be reached, largely due to a lack of funding for WASH partners



WASH Cluster COVID-19 is underfunded

	Total to date		November	
	Q2 (April-June)	Q3 (July-Sept)	Targets	Actual
# of people reached with critical WASH supplies (including hygiene items) and services 1.6 M	# girls 328,709 # boys 349,426 # women 229,250 # men 203,690	# girls 110,020 # boys 110,308 # women 63,514 # men 60,866	#girls 67,500 #boys 78,750 #women 40,500 #men 38,250	#girls 24,931 #boys 29,087 #women 14,960 #men 14,128

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