HIGHLIGHTS

- The number of laboratory-confirmed cases of COVID-19 reached 140 as of 9 April. The authorities continue to systematically identify and test contacts through active tracing. MOH confirmed the first fatality by COVID-19 on 9 April.
- Testing capacity is available, a quarantine site has been established and two more are under preparation. A care center for severe cases has been set up in Arta, 40 km from the capital. Additional support is required to bring to scale preparedness and response capacity.
- Since 23 March the authorities imposed a general lockdown in the country, except for essential services. Traffic has been restricted to minimum, and only allowed with administrative authorization. It has now been extended to 16 April.
- All passenger movement (aircraft/railway/boat) continue to be suspended since 18 March. The Ministry of Foreign Affairs restricted military and humanitarian flights with personnel. Civil and military cargo movements continue.

SITUATION OVERVIEW

As of 9 April 2020, the Ministry of Health has confirmed 140 cases of COVID-19 in Djibouti (one already returned to his native country), as well as the first fatality of COVID-19 in Djibouti. In the Balbala suburb of Djibouti town, Al Rahma hospital became a new cluster on 5 April. The facility has been put in quarantine since by the Ministry of Health (MOH).
On 4 April the United Nations in Djibouti confirmed the first case of coronavirus disease (COVID-19) among its staff. The colleague entered Djibouti on March 16 with no symptoms, and prior to arrival in country, was confined in full quarantine. The staff is currently isolated in a designated public hospital and did not come into contact with any aid or assistance recipients. All contacts have been traced and were tested negative. The United Nations in Djibouti is closely monitoring the COVID-19 situation and has previously put in place significant restrictions to reduce the risks of transmission, ensure a safe environment, and protect the health and safety of the community.

In order to limit the risks of contamination, UN staff in Djibouti staff is still largely working remotely is being kept informed through weekly virtual townhalls. Only critical staff are required at the office.

The African Union NEPAD launched its COVID-19 multidimensional plan to mobilize the institution’s human capacity and necessary expertise to improve coverage and access to sustainable and resilient health services, while ensuring the protection of Africa's economic foundations.

IGAD contributed USD 700,000 towards the regional fight against the Corona Pandemic. A handover of USD 100,000 has been made to Djibouti, Somalia and Uganda on 6 April.

The UN Secretary-General (SG) remains deeply concerned that the coronavirus continues to spread at an alarming rate, including into countries where millions of people cannot easily access clean water, food, healthcare and shelter. Given the potentially devastating impact on some of the world’s most vulnerable countries, the UNSG stressed the need for a concerted, coordinated global response that encompasses communities such as refugees, migrants, stateless people, those who are internally displaced and others who may be on the margins. The UNSG urged national authorities to work closely with the UN system, under the UN Resident Coordinators leadership to enable the provision of humanitarian assistance by the United Nations and by national and international non-governmental organizations. In a reference to his repeated appeals for a ceasefire in conflicts around the world, to focus on the shared struggle to overcome the virus, the Secretary-General pointed out that violence is not confined to the battlefield, and that “for many women and girls, the threat looms largest where they should be safest: in their own homes”.

**PREPAREDNESS AND RESPONSE**

**HEALTH** – Since the beginning of the COVID-19 crisis, WHO led UN joint effort to support health authorities, under the MoH leadership, to draft the National preparedness and response plan to the epidemic. The plan is based on three scenarios (from sporadic cases to clusters of cases to extensive local transmission).

WHO continues to provide technical advice on the best response modalities based on the local context and the health systems capacities, in line with global guidance. In addition, WHO provided Personal Protective Equipment (PPE) to MoH, including 6,424 examination gloves; 200 Face masks FFP2; 50 N95 face masks; 6,000 Surgical masks; two 1L hand sprayers; 210 safety goggles and 1,220 heavy-duty gowns and aprons. WHO also availed USD 275,000 USD to respond to the urgent procurement of needed supplies. With the support of WHO, the testing capacity for COVID-19 has been doubled, thanks to the initiation of a second PCR Machine that was procured by WHO prior to this crisis and that was not operated due to lack of reagent and adequate maintenance. The procurement of 500 reaction tests via WHO logistics hub in Dubai increased the testing capacity while more tests were ordered with the support of the regional office.

UNICEF ordered for 50 artificial respirators to strengthen national capacity to manage severe cases of COVID-19 and reviewed of the work plan with the MoH to redirect some funds to respond to the epidemics.
UNDP, though Global fund resources, provided a total of 32,160 masks since the beginning of the COVID-19 response (4,560 masks last week to the TB program). UNDP is supporting MOH through the HIV, Tuberculosis and Malaria programmes for the adaptation of the national response to the COVID19, including online patient monitoring, support to health practitioners involved in online monitoring and automation of the workflow for the demand for tuberculosis, HIV and malaria drugs. UNDP has also supported MOH though the integration of the COVID-19 module into the web-based data management platform called "DHIS2". Detailed daily reports can now be shared among government officials involved in the COVID-19 response.

As part of the prevention and response to the COVID-19 pandemic, several health measures have been taken in refugee villages. UNHCR built the capacity of 33 health workers and community health workers (16 in Ali Addeh and 17 in Holl-Holl) in refugee and host community villages of Ali Addeh and Holl-Holl. Training focused on risk communication and community engagement, mental health and psychosocial support (MHPSS) approach and the hygiene promotion in the context of COVID-19. The trainees were provided with related documentation to the response to COVID-19, clinical case management and other topics covered during the training. In support of the MOH’s agents deployed in the refugee villages, UNHCR Health Coordinator helped in identifying isolation rooms for any suspected case in refugee and host community villages of Holl-Holl and Ali Addeh. UNHCR also provided tents which will be used as isolation rooms in two villages.

On 1-2 April, IOM Djibouti trained 57 medical practitioners on COVID-19 prevention and response in Dikhil and Ali Sabieh medical centres. The Organization also donated hygiene NFIs to the two medical centres. The total number of items distributed by IOM to hospitals and medical centres in Djibouti amounts to over 450 items. In addition, IOM donated a tent to officials in Obock to be used for quarantine needs in the region. IOM, in collaboration with MOH and Djibouti Red Crescent, carried out a training/awareness workshop in Dikhil and Ali Sabieh, for the benefit of the civil society. The main objectives were to train participants in preventive measures to counter the spread of the COVID-19, in particular through spraying and disinfection actions in order to sterilize the most frequented areas of the city; to convey key prevention messages against COVID-19 to the population (main symptoms, transmission modes, prevention, etc.).

WASH – UNICEF supported the municipality of Djibouti-city for the set-up of handwashing stations in public places. It also provided technical support to the Ministry of Decentralization for the elaboration of the WASH response plan for COVID-19, together with WASH partners (UN and others).

FOOD / FOOD SECURITY – The Government has put in place measures to support vulnerable families who have lost their daily source of income. To date, the Ministry of Social Affairs and Solidarity (MASS) distributed food and cash assistance to 15,000 households in the capital and in the regions. The authorities sought support to complement government funding to scale up food/cash distribution to meet the growing needs of vulnerable households and all those who have lost their jobs, especially micro enterprises and informal sector.

WFP, in partnership with MASS, started a new phase of distribution of vouchers to vulnerable populations affected by the November 2019 floods, for a value of 10,000 FDJ/household to 4,500 households in Djibouti city. WFP and MASS staff finalised the voucher distribution on 1 April, providing the vouchers door to door to 4,500 beneficiaries in order to prevent any risk of contagion of COVID-19. To date, these households received their vouchers to be redeemed at the retailer site to receive food in the various neighbourhoods of Djibouti city. In addition, UNHCR, ONARS and MASS concluded an agreement to include refugees in the cash assistance program.

In the first week of April WFP started the delivery of two months of food in the framework of the Food for Asset creation activities covering the food needs of 6,400 beneficiaries in the five regions of Djibouti. In addition, WFP, in collaboration with the Ministry of Agriculture and FAO will provide food
assistance to the 1,400 families affected by the locust infestation as part of the asset creation programme in the coming two weeks in all regions of the country, respecting COVID-19 prevention conditions.

WFP will continue to provide general food assistance to 2,500 rural households in 67 localities in areas of high food insecurity in all regions of the country. In April, WFP will provide a double month ration as well of wheat, pulses, sugar and vegetable oil, in order to decrease the risks of COVID contagion.

UNHCR and WFP, in coordination with ONARS, completed March and April’s food distributions to 19,700 refugees located in the Ali Addeh, Hol Hol and Markazi refugee settlements. In compliance to prevention measures dictated by the COVID-19 pandemic, the distribution in Ali Addeh took 10 days instead of 4 days, as it used to be in the past. Throughout the process community leaders actively participated in sensitization and awareness raising of the refugee and host populations on the COVID19. Overall, distribution went well thanks to the joint work all the communities and all the partners involved.

**PROTECTION** - The RC, along with the representatives of IOM, UNHCR and UNICEF, met with the Minister of Interior to discuss about the establishment of the quarantine site for land travelers and ‘people on the move’ in Ali Sabieh. The site has been identified and the design elaborated considering COVID-19 requirements. In response to an official request, agencies committed to support according to their respective capabilities and available funding.

**EDUCATION** - The Ministry of Education and Ministry of higher education is developing scenarios for the remaining exams and courses in case of extension of the general lockdown.

**LOGISTICS** – WFP continues to organize meetings with the UNCT, and logistics units of the humanitarian partners involved in this response to understand their needs and pipelines. WFP Supply Chain established a Medical Demand Planning working group and is coordinating get visibility over pipeline for the response. WFP is working on confirming with MoH/WHO the volume of medical needs. WFP drafted the Concept of Operations for Djibouti’s Supply Chain COVID-19 Response and shared it with the UNCT and interested partners with the objective of optimising the modus operandi to support the supply chain component of the COVID19 response.

**ADVOCACY** – A virtual conference on COVID-19 was organized by UNRCO on 9 April, with the participation of the Minister of Foreign Affairs & Government Spokesperson; Minister of Economy and Finance; Religious leaders, the UN Resident Coordinator and the WHO representative. The conference addressed multiple aspects of the Government and UN responses, the need to dispel rumors, and promote good practices. All UN entities in Djibouti with a social media presence continue to advocate to promote critical prevention measures and address rumors. Four blogs have been submitted to UNICEF Voices of Youth, describing young Djiboutian coping mechanism and how they are learning new skills and their support to frontline health workers by staying at home using the hashtag #RESTEZCHEZVOUS.

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