

### Highlights

<b>692</b>	<b>33</b>	<b>390</b>	<b>18</b>	<b>10</b>	<b>14</b>
Tests done in Somalia	People in Quarantine	Confirmed Cases	Reported Fatalities	Recovered Cases	Isolation Facilities

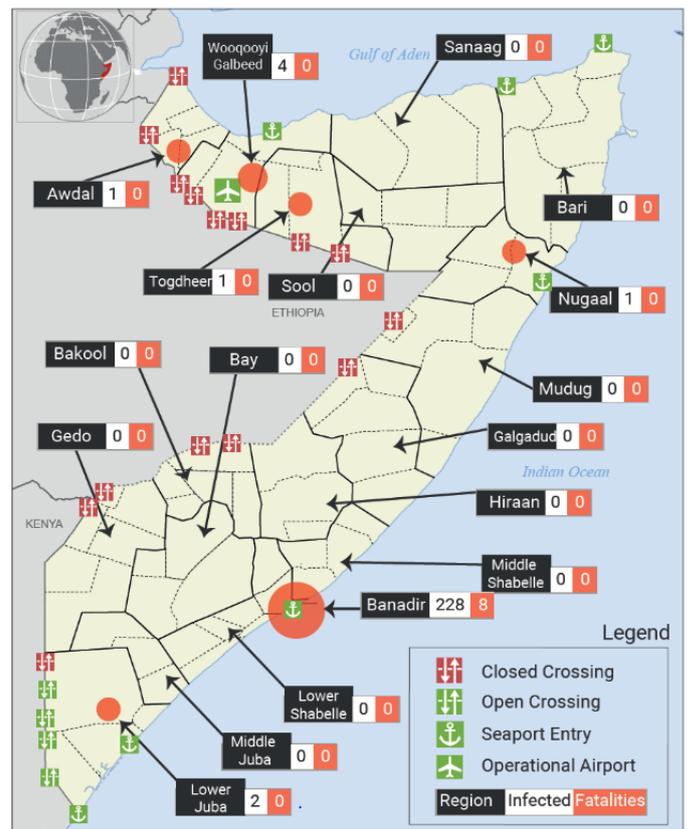
### Situation Overview

Since 13 April, the number of confirmed COVID-19 cases in Somalia has spiked rapidly from 25 to 390 (286 male, 104 female) as of 25 April. Eighteen people have died and 10 others recovered. Those affected include 15 health workers. After a handful of initial cases related to travel, community transmission now accounts for the vast majority of cases. Concerns remain over the possible spread of the virus to some 2,000 congested IDP settlements where social distancing is impossible and adherence to infection prevention control measures is challenging.

Banadir region is the most affected with 379 confirmed cases. Six cases have been reported in Somaliland – the first two in Berbera and Burao; one in Galmudug, one in Puntland and three in Jubaland. Apart from Mogadishu, Hargeisa and Garowe, there is no testing capacity, and there is a lack of isolation and treatment facilities, thus limiting the capacity to contact trace and test cases. All states have, however, announced various control measures such as closing borders, suspending flights, closing schools and banning large gatherings. The ability and willingness of the population to adhere to these directives remain mixed and the spread of community transmission is increasing.

In the last few weeks, humanitarian agencies reprioritized and reprogrammed activities to try and avert large-scale community transmission through enhanced risk communication, surveillance, rapid response and testing, training and deploying health workers with sufficient personal protective equipment (PPE), establishing isolation centres and escalating hygiene and WASH promotion.

Despite progress in scaling up preparedness and responses, significant gaps remain: lack of funding, limited numbers of skilled health workers, insufficient testing capacity, inadequate supplies of necessary equipment and limited isolation facilities. In addition, access to people living in hard-to-reach areas or areas controlled by non-state actors, which was already an issue, remains difficult.



Map of Somalia showing COVID-19 cases in various locations as of 23 April. Source: OCHA

## COVID-19 Impact

The coronavirus has disrupted the Somali economy and livelihoods. Prices of key imported commodities are rising due to the lock down of key supply markets, closure of borders, restrictions on domestic movements and panic buying. As in other countries, many workers have lost their sources of income with virtually no social safety nets in place. The slow down in business activity has hurt daily-wage earners, casual workers and their families.

Most importantly, remittances from the diaspora, a lifeline for an estimated 40 per cent<sup>1</sup> of Somali households, have dropped significantly as the Somali diaspora suffer economic hardship in the countries where they reside. Facing dwindling income from outside and the loss of economic opportunities inside the country, an increasing number of Somalis are finding it difficult to meet basic needs.

A recent survey by NRC<sup>2</sup> found that close to a third of respondents (32.9 per cent) identified issues relating to anticipated economic hardship, difficulties sustaining casual labour, inflation and inability to access basic needs as their principal concerns. Somalia is also grappling with flash flooding in various states, with the prospects of riverine flooding in the coming weeks, which could exacerbate cholera and acute watery diarrhoea. Additionally, a possible resurgence of the desert locust infestation is expected as the hatching period will occur in the same timeframe. Funding for the humanitarian interventions planned since the start of 2020 are currently funded at \$160 million, at 15 per cent of the requirement. What would have been a challenging year to start with has been compounded by the virus and necessary measures to prevent and control its spread.

## Government response to COVID-19

Since 16 March, a total of 42 COVID-19 related directives and statements have been issued relating to social distancing, closure of academic institutions and restrictions on population movement including international and domestic flights. Similar measures have been instituted by all states. In addition, 242 rapid response surveillance teams, community healthcare workers and volunteers are conducting active surveillance, contact tracing and case management. A Risk Communication and Community Engagement (RCCE) task force, led by the Federal Ministry of Health and Human Services, and comprising a wide range of actors including NGOs, UN agencies, Government entities, media partners (Radio ergo, Africa's Voices Foundation) and AMISOM, has reached over 150,000 Somalis as of 23 April.

With the support of WHO, the Federal Ministry of Health received testing equipment and has, as of 26 April, conducted 692 tests, including 11 in Garowe. Testing is being done in Mogadishu and Garowe and testing laboratory in Somaliland is expected to begin testing this week. Efforts are also underway to increase the number of ICUs and isolation centers, and ensure sufficient services are provided within them. The procurement of personal protective equipment, generators and ventilators is being expedited to boost response capacity. The overall COVID-19 preparedness and response is coordinated through the Office of the Prime Minister and Ministry of Health and Human Services.

## Humanitarian responses to COVID-19

The UN and partners launched the Somalia [COVID-19 Country Preparedness and Response Plan \(CPRP\)](#) on 23 April. The plan will support the Federal Government to mitigate the immediate humanitarian and socio-economic impact of COVID-19. The CPRP requires just over \$698 million and provides a six-to-nine-month framework for humanitarian and development agencies to adapt their programmes to the changing context as well as scale up interventions to mitigate the impact of COVID-19.

While the CPRP aims to maintain critical programmes and activities in the [2020 Somalia Human Response Plan \(HRP\)](#), it will develop specific COVID-19 related interventions and cushion the impact on livelihoods and resilience. The focus will be



### SOMALIA COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP) COVID-19

UN and partners' support towards the immediate humanitarian and socio-economic consequences of COVID-19  
April 2020



<sup>1</sup> COVID-19 Preparedness and Response Plan. April 2020.

<sup>2</sup> NRC Update. 21 April 2020.

on the 'nexus' between humanitarian, development and peacebuilding work. The plan will require \$232 million to realise the humanitarian interventions and \$457 million to address the immediate socio-economic impact of the coronavirus.

## Cluster responses to COVID-19



### Health Cluster

- WHO's early warning system (EWARN) now includes the case definition of COVID-19 and will be used to monitor severe acute respiratory infection trends in all health facilities, including generating early warning alerts for investigation and reporting.
- Under the guidance of WHO, UNICEF and the Federal Ministry of Health, cluster partners have scaled up RCCE activities across the country, reaching 150,000 people.
- WHO conducted assessments of isolation sites in all states and found that most had limited numbers of beds, oxygen machines and no trained medical persons to manage COVID-19 cases. As a result, WHO will speed up the training of medical and health professionals.
- 109 facilities throughout Somalia were selected for UNICEF's COVID-19 response: 88 for triage and referral and 19 for case management.



### Nutrition Cluster

- Infection prevention and control risk mitigation material disseminated to all implementing partners. The Cluster is producing RCCE materials with a nutrition lens.
- In collaboration with WFP and UNICEF, the Cluster held a three-day virtual training for nutrition partners in Somalia on wasting management, IYCF practices and infection, prevention and control of COVID-19 at community levels.
- Training partners on programme modification guidelines. Webinars have reached over 70 per cent of nutrition implementers and over 240 nutrition frontline workers.
- Guidelines modified for infant and young child feeding guidance briefs in the context of the COVID-19.



### Education Cluster

- Working with the Federal Ministry of Education to develop a distance learning programme to allow continued access to education through mass media.
- Based on WHO and FMOH guidelines, key messages developed targeting children are being aired on radio by partners.
- Efforts are underway to reach school children and families with COVID-19 prevention, control and treatment information through print, radio and online media.
- UNICEF provided community-based mental health and psychosocial support to over 4,400 children, parents and primary caregivers have been provided with community-based mental health and psychosocial support.



### WASH Cluster

- UNICEF provided emergency water supply to 44,046 people in 57 IDP settlements and 9,000 with hygiene kits in Baidoa. Also provided 82,500 bars of soap for 268 health facilities and 500 households in Somaliland and Puntland.
- IOM scaled up hygiene promotion activities reaching 68,016 individuals in Mogadishu, Baidoa, Afmadow district, Dollow, Luuq and Bardheere. Installed 70 hand washing points in IDP settlements at border points in Doble, Dollow, Luuq and Badheere.
- In Somaliland, UNICEF provided 25,000 bars of soap to the COVID-19 committee. An additional 7,500 soap items were donated to the Ministry of Health for distribution to 80 health facilities and 500 households. In Puntland, 188 health facilities received 50,000 bars of soap.



## Protection Cluster

- Gender-based violence (GBV) and COVID-19 messaging developed and dissemination ongoing through protection networks.
- Calling for a moratorium on evictions. This year, 48,200 people have been evicted from their shelters including 33,400 in Mogadishu. Established an eviction alert (hotline) with CCCM case management and service provision.
- Conducted a survey to assess child protection in the context of COVID-19 to inform COVID-19 response strategy.
- A guidance note on remote child protection case management was developed and shared widely to trained case workers/social workers on response efforts. A total of 102 frontline child protection caseworkers trained.

### Useful information on the COVID-19 pandemic is available at:

#### **Inter-Agency Standing Committee (IASC)**

- IASC-endorsed COVID-19 guidance – new materials: <https://interagencystandingcommittee.org/covid-19outbreak-readiness-and-response>
- Gender Alert for COVID-19 Outbreak: <https://interagencystandingcommittee.org/interim-guidance-gender-alert-covid-19-outbreak-developed-iasc-reference-group-gender-humanitarian>
- Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response: <https://interagencystandingcommittee.org/other/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19-response>
- Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>

#### **UN agencies and partners**

- Information, guidance, response plans, maps and resources on COVID-19 responses in Somalia: <https://covid19som-ochasom.hub.arcgis.com/>
- COVID-19 Response in Somalia: <https://www.humanitarianresponse.info/en/operations/somalia/covid-19>
- National Contingency Plan for Preparedness and Response to Coronavirus COVID-19: [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/national\\_contingency\\_plan\\_for\\_preparedness\\_and\\_response\\_to\\_coronavirus\\_covid-19-\\_somalia.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/national_contingency_plan_for_preparedness_and_response_to_coronavirus_covid-19-_somalia.pdf)
- Somalia Federal Ministry of Health: <http://moh.gov.so/en/>
- The latest information on COVID-19 from WHO: [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)
- WHO daily situation reports: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
- Global research on COVID-19: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/globalresearch-on-novel-coronavirus-2019-ncov>
- Consolidated information from ReliefWeb on COVID-19: <https://reliefweb.int/topics/covid-19>
- OCHA COVID-19 humanitarian icons, see: <https://www.unocha.org/story/ocha-releases-humanitarian-icons-help-covid-19-response>

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