UNICEF Somalia
COVID-19 Preparedness and Response Progress Update
March - August 2020
Context and COVID-19 Situation

Somalia reported its first confirmed COVID-19 case on 16 March 2020. As of 31 August, 3,310 COVID-19 cases were reported in Somalia. The death rate was below 3 per cent with 93 fatalities. The recovered cases were at 3,607.

Most cases represented 20 to 60-year-old adults. Women represented 26 per cent of the total confirmed cases, men 74 per cent and children less than 4.7 per cent.

The cumulative number of tests increased to 14,798 while the cumulative positive testing rate declined across the country.

Many of the COVID-19 related restrictions have been lifted across the country, international flights have been resumed, schools have started re-opening, and public service centres are open.

Estimates indicate that the impact of COVID-19 on Somalia’s economy has been lower than initially anticipated. The World Bank estimates that the gross domestic product for Somalia is projected to decline by 1.5 per cent in September 2020 (an improvement from the June estimates of a 2.5 per cent decline).
Risk Communication & Community Engagement

- Four million people were reached through house to house and health facility visits, community meetings, mosque announcements, SMS messages, and information, education and communication (IEC) material distribution. Radio spots were aired throughout Somalia.

- Radio/TV spots highlighted COVID-19 prevention measures, targeting an estimated 11 million people.

- IEC materials for mass media engagement and social media channels were also used to convey messaging across the country.

Health

- 506,060 children and women received essential healthcare services, including first out-patient clinic (OPD) consultations, measles immunizations and antenatal care.

- 258 NGO staff and 66 health cluster partners received a TOT training on COVID-19 triage, referral and basic case management as well as the continuation of essential health services during the pandemic. All frontline health staff were trained on COVID-19 awareness, protection and case detection as well as the infection prevention and control (IPC) protocols.

- 2,152 health workers received cascade trainings on COVID-19 detection, referrals and case management as well as the continuation of essential health services.

- 481 health workers received gowns and face shields for case management.

- 817 community health workers received gloves and masks for triage and referral.

KEY RESULTS:

- 4 million people reached with messaging
- 11 million people targeted via Radio/TV spots

Essential Health Services Received between March-August 2020

- 230,099 women
- 143,089 girls
- 13,272 boys
KEY RESULTS:

WASH

- 840 health staff, especially focal points, were trained on disinfection and waste disposal protocols.
- WASH IPC materials were procured and delivered to 103 health facilities.
- A total of 838,934 people received critical WASH services. 249,834 of the people, including IDPs and vulnerable communities in high risk areas, accessed a safe water supply and 589,100 people received hygiene kits (incl. soap, water containers and water purification products).
- The upgrade, rehabilitation and provision of handwashing facilities, as well as hygiene promotion, was completed in 21 schools in high risk areas.

Education

- The Ministry of Education and other education actors were supported to produce primary education lessons to be broadcast on radio and television and other distance learning platforms. 141,816 students (incl. 59,387 girls and 82,429 boys) were reached with these lessons.
- UNICEF supported the Ministry of Education to develop the COVID-19 response plan and the school re-opening plan. The overall goal of the two plans is to mitigate the transmission of COVID-19, ensure both the continuation of learning and the safe return to quality learning for teachers, learners and school communities.
**Child Protection**

Number of children, parents and primary caregivers reached with community-based mental health and psychosocial support

- 400 children affected by COVID-19 accessed alternative care arrangements and protection services.
- 25,827 children and primary caregivers were provided with mental health and psychosocial support, counselling and rehabilitation support.
- 300 child protection caseworkers were trained on the impact of COVID-19 on children in preparation for cases in isolation or treatment.
- 2,263 UNICEF personnel and partners completed training on gender-based violence (GBV) risk mitigation and referrals for survivors, including for sexual exploitation and abuse.

**Nutrition**

- More than 180,000 children were treated for severe acute malnutrition (SAM).
- 372 implementing partners were provided with technical guidance on integrated management of acute malnutrition (IMAM) and infant and young child feeding (IYCF) programmes.
- Over 1 million MUAC tapes were procured and distributed to cover more than 500,000 households.
- More than 2,400 frontline health workers, across Somalia (incl. 1,486 in south and central regions of Somalia, 636 in Puntland and 300 in Somaliland), were trained in IYCF and wasting programming adaptations to support the continuation of essential nutrition services.
Financing the response to date

| COVID-19 UNICEF Somalia Appeal Specific Requirements and Funding Levels |
|------------------|------------------|------------------|------------------|------------------|
| Appeal Sector    | Requirements*    | Funds available** | Funding gap      |
|                  |                  | Funds Received   | Reprogrammed    | US$ | %    |
|                  |                  | CurrentYear      |                  |     |      |
| Objective 1 - Limit Transmission (integrated health, WASH, C4D prevention) | 11,994,472 | 9,267,161 | 2,154,549 | 572,763 | 5% |
| Objective 2 - Minimize Mortality and Morbidity (Health Response) | 3,761,400 | 2,057,608 | 0 | 1,703,792 | 45% |
| Objective 3 - Prevent Secondary Impacts | | | | |
| Health           | 10,444,128       | 4,268,347        | 0               | 6,175,781 | 59% |
| Nutrition        | 600,000          | 450,000          | 0               | 150,000 | 25% |
| Education        | 6,400,000        | 2,385,793        | 265,760         | 3,748,447 | 59% |
| Child Protection | 1,800,000        | 1,221,418        | 0               | 578,582 | 32% |
| Total            | 35,000,000       | 19,650,327       | 2,420,309       | 12,929,364 | 37% |

Challenges

- Somalia is facing a triple threat of COVID-19, flooding and desert locusts. This has resulted in the shortage of key resources to address the non-COVID-19 emergency needs.
- The procurement of key supplies was a challenge due to shortages in global markets due to unprecedented demand as well as transportation restrictions on flights into and around the country. This impacted project implementation and led to supply pipeline breaks.
- Precautionary measures to prevent COVID-19, such as physical distancing, closure of child friendly services and schools, impacted the delivery of child protection services (including psychological first aid, GBV case management, verification of grave violations and community-based follow up).
- A significant proportion of children do not have access to the technology required to access the distance learning modalities. In many rural communities there is no or limited access to the Internet.
- Due to the reduced number of staff in the country, teleworking modalities were established across multiple time zones.

Best Practices

- Integrated programming, through multi-sectoral contingency program documents, encouraged a holistic provision of critical services in the areas of need.
- Utilizing the Risk Communication and Community Engagement (RCCE) approach ensured a wider reach and integrated critical messaging on social distancing, use of masks and handwashing.
- Flexibility of key donors (e.g. CERF, DFID, OFDA, DGIS, KfW and ECHO) allowed re-programming of funds or provided additional funding in a timely manner. CERF rolled out the pilot Anticipatory Action project and injected funds for the response.
- The UNICEF COVID-19 response plan was shared shortly after the onset of the response. This enabled UNICEF to position itself for funding.
- Child protection section, in collaboration with relevant government institutions, engaged student social workers from universities to conduct case management for children and women in need of critical protection services.
- The education sector adopted the use of low technology via phone, radio and TV to disseminate lesson plans widely in Somalia.
Lessons learned

- Continued advocacy and resource mobilization measures helped to address the significant humanitarian needs created by the consequences of the flooding, desert locust outbreak and the COVID-19 pandemic.

- Despite the high cost, charter flights were a quick alternative for the delivery of supplies.

- Prepositioning and prioritization of release orders of supplies at zonal level warehouses strengthened the timely and effective emergency response. This practice should be continued.

- The integrated program delivery approach ensured convergence and resulted in better outcomes.

- Strengthening of local institutions and structures significantly contributed towards ensuring basic social services provision.

- Contingency program documents should be prepared, approved and ready for activation before emergencies arise.

- Strengthening coordination with the government and other humanitarian actors should to be continued for sustainable and efficient emergency response.

- UNICEF partners on the ground supported the continuity of services and the well-established cluster coordination mechanism supported a timely and coordinated response.

- The availability of emergency funds to support RCCE interventions enabled social mobilization networks and third-party partners to respond in a timely manner.