



Reporting Period: 10 April – 24 April 2020

# Somalia

## COVID-19

### Situation Report No. 2

## Highlights

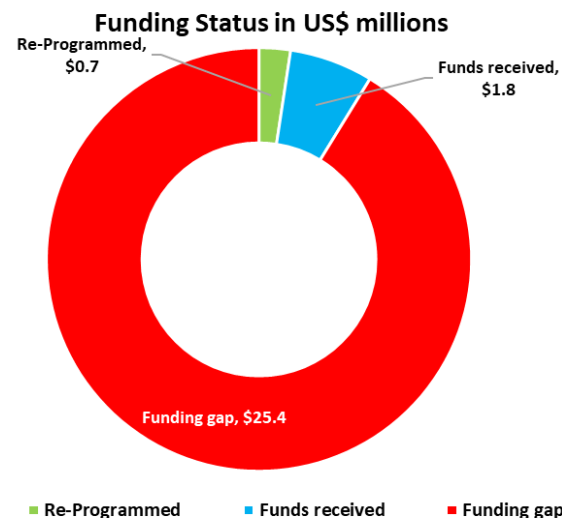
- In Somalia, 328 confirmed cases have been reported as of 23 April 2020. The first positive case was announced on 16 March, with the first fatality reported on 9 April 2020. On 23 April, the Ministry of Health reported 42 new cases in just one day.
- The Government of Somalia continues to implement a range of preventive measures. This includes a curfew from 6 pm to 6 am, a ban on travel between states, with some exemptions, such as emergency, humanitarian and essential services. All non-essential services remain closed, and public sector offices remain on reduced working hours.
- Over 142,000 people were reached with critical WASH supplies and services, including hygiene items and safe water supply through water trucking. 90,000 people in Bay, Lower Juba, Lower Shabelle, Banadir regions, and Somaliland received hygiene kits.
- Approximately 814,000 school children have been affected by school closure. UNICEF continues working with partners for the provision of radio education materials to ensure continuity of education. During the reporting period, 23,500 children (9,400 girls) were reached through distance/home-based learning.
- Spots were broadcast on 26 radio stations throughout the country targeting an estimated population of 8 million people.
- Delivery of lifesaving essential health services across Somalia remains UNICEF's priority. During the reporting period, 50,139 children and women received essential healthcare services.
- During the reporting period, 990 children, parents and primary caregivers were provided with community-based Mental Health and Psychosocial Support.

### Situation in Numbers

**328** Confirmed cases in Somalia

**9** Deaths  
(Ministry of Health, 23 April 2020)

**US \$ 27.8 Million** needed to implement UNICEF's response



## Funding Overview

As of 24 March 2020, UNICEF's COVID-19 appeal shows a funding gap of 91 per cent from the required \$27.8 Million. Existing funds have been reprogrammed, addressing 0.7% of the funding gap. Discussions are presently taking place with OFDA, CERF Secretariat, DFID, ECHO, Global Affairs Canada, and KFW (Germany) towards new contributions and/or reprogramming of existing grants.

As needs continue to grow, UNICEF Somalia welcomes predictable and flexible funding to respond effectively and efficiently to the COVID-19 crisis and ensure lifesaving programmes for the ongoing humanity's needs.

## Situation Overview & Humanitarian Need

As UNICEF continues to contribute to the overall national COVID-19 preparedness and response in Somalia, the specific country context poses considerable challenges. This includes: a fragile health system lacking sufficient personnel, infrastructure and existing essential equipment, insufficient water and sanitation infrastructure, challenges accessing certain areas including due to ongoing hostilities. COVID-19 has exacerbated the challenge for aid workers to move freely to support and implement humanitarian programmes due to preventive measures including border restrictions and posed challenges in procuring essential supplies including due to border restrictions and competition for local supplies.

Currently, Somalia is unable to contain the COVID-19 pandemic and manage the cases without external support. There is a likelihood the health infrastructure will collapse. The virus is spreading rapidly; the consequences of this transmission, if it continues with the current pace, would be catastrophic in a country already struggling with conflict, risk of famine, soaring malnutrition, and cholera.

## Coordination and Partnerships

UNICEF continues to contribute to the overall UN leadership in the COVID-19 response through existing platforms such as the UN Country Management Team, Humanitarian Country Team, Security Management Team. UNICEF is also using its cluster leadership role as a platform to enhance coordination in key intervention areas relevant to both COVID-19 preparedness and response. UNICEF is actively participating in the coordination meetings led by the Ministries of Health with support from WHO, as well as the UN COVID-19 Task Force and Working Groups.

## Summary Analysis of Programme Response

### Risk Communication and Community Engagement

UNICEF supported the COVID-19 response with a combination of media and interpersonal communication channels focusing on prevention messaging. Spots were broadcast on 26 radio stations throughout the country targeting an estimated population of 8 million people. Other activities included: over 10,000 posters and flyers were disseminated; 30 billboards have been displayed; TV spots and scrolling messages continued to be broadcast and sound trucks were deployed in urban and rural areas; 118,300 COVID-19 SMS messages sent. Through 200 community mobilizers who were trained and deployed to enhance the COVID-19 preventive message dissemination, 110,683 people were reached through house to house visits; 729 people were reached through community meetings while 110 community leaders were oriented on COVID-19 prevention mechanisms. 8 COVID-19 related rumours were tracked. Specific sectors are also continuing to work collaboratively with partners on risk communication and community engagement.

### Infection Prevention and Control (IPC) and WASH

During the reporting period, 142,900 people were reached with critical WASH supplies and services including hygiene items and safe water supply through water trucking. Of these, over 48,000 people in Banadir and Lower Shabelle regions were reached with water trucking. This is in addition to 44,000 in Baidoa who continue to receive emergency water since last month.

Another 90,000 people in Bay, Lower Juba, Lower Shabelle, Banadir regions (48,000) and Somaliland (42,000) were reached with distribution of hygiene kits. In addition, 7 health facilities in Bay, Hiraan and Lower Shabelle regions were provided with WASH services including water supply and sanitation to benefit 4,900 people.

### Provision of Healthcare and Nutrition Services

UNICEF continued supporting the delivery of essential health and nutrition services by adapting various mechanisms to ensure continuity of services while preventing spread of COVID-19. During the reporting

period, Rapid Pro, an open source software that allows one to build and scale mobile based applications, facilitating development and humanitarian partners to connect, engage and collaborate and ensuring the most marginalized communities are reached with nutrition programming, has been initiated. Delivery of nutrition treatment services also continued, and UNICEF has secured the required nutrition supplies enough to address the 2020 Sever Acute Malnutrition Treatment targets.

UNICEF, jointly with WHO, trained four State Ministries of Health in Jubaland, Hirshabelle, South-West and Galmudug on COVID-19 case management, and 20 MoH participants from those State Ministries were trained virtually on how to conduct ToTs. An online webinar was provided to 53 NGO partners on Community Health Workers, COVID-19 case management and infection control, and the continuity of essential health services.

UNICEF ordered PPE, medicines, IPC supplies and tents for triage & isolation to enable future service provision and Covid-19 case management. UNICEF also provided Jowhar Regional Hospital (Middle Shabelle) with tents and Deva Hospital (Mogadishu) with 2 Pre-Fabs for isolation, and essential medicines for case management to De Martini Hospital (Mogadishu).

## Access to Continuous Education and Child Protection Services

Over the reporting period, UNICEF was able to launch distance/home-based learning with its partners, reaching 23,500 children (9,400 girls). 990 children, parents and primary caregivers have been provided with community based Mental Health and Psychosocial Support. 524 UNICEF personnel and partners have completed training on GBV risk mitigation.

## Human Interest Stories and External Media

Social media activity continued to amplify UNICEF's work for children in Somalia and the crucial support of donors and partners. Messaging linked to key prevention measures for COVID-19 was highlighted and featured widely through all channels.

### Annex A

#### Summary of Programme Results

Sector/COVID 19 Response Pillar	Overall needs	UNICEF and IPs		Cluster/AoR Response	
		2020 Target	Total Results	2020 Target	Total Results
<b>Risk Communication and Community Engagement including social science</b>					
Number of people reached on COVID-19 through messaging on prevention and access to services"		6 Million	2 Million		
<b>WASH</b>					
Number of people reached with critical WASH supplies (including hygiene items) and services		300,000	142,900 (43753G  43244B  299811W  25922M)	1.2 M	459,083 (137725G 160679B  82635W 78044M)
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)		2,000	-	3,000	-
<b>Health</b>					
Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)		720	-		
Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases including among children, pregnant and breastfeeding women		370	53		

Number of children and women receiving essential healthcare services, including immunization, prenatal and postnatal care, HIV care and Gender-Based Violence (GBV) response care in UNICEF supported facilities.	478,899	50,139 (16850G  16016 B  17273 W)		
<b>Nutrition</b>				
Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms.	650,000	2,629		
<b>Education</b>				
Number of children supported with distance/home-based learning	360,000	23,500 (9400G  14100B		
Number of schools implementing safe school protocols (COVID-19 prevention and control)	450	-		
<b>Child Protection</b>				
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	100,000	990 (265G  345B  214 W  166M)		
Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors, including for sexual exploitation and abuse	300	524 (224W/300M)		

## Annex B Funding Status

COVID-19 UNICEF Somalia Appeal Specific Requirements and Funding Levels					
Appeal Sector	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Reprogrammed	US\$	%
Objective 1 - Limit Transmission (integrated health, WASH, C4D prevention)	8,610,000	578,011	663,671	7,368,318	86%
Objective 2 - Minimize Mortality and Morbidity (Health Response)	5,335,000	0	0	5,335,000	100%
Objective 3 - Prevent Secondary Impacts					
Health	3,855,528	0	0	3,855,528	100%
Nutrition	7,457,403	0	0	7,457,403	100%
Education	1,051,950	924,793	0	127,157	12%
Child Protection	1,521,919	267,610	0	1,254,309	82%
<b>Total</b>	<b>27,831,800</b>	<b>1,770,414</b>	<b>663,671</b>	<b>25,397,715</b>	<b>91%</b>

Next SitRep: 15 May 2020

UNICEF Somalia Crisis: <https://www.unicef.org/somalia/>

UNICEF Somalia Humanitarian Action for Children Appeal: <http://www.unicef.org/appeals/somalia.html>

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