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

Introduction and Scope

The Somalia COVID-19 Country Preparedness and Response Plan (CPRP) is a joint effort by UN agencies and cluster partners, including NGOs, to respond to the direct public health and indirect immediate humanitarian (component 1) and socio-economic (component 2) consequences of COVID-19. This CPRP does not yet cover new programming designed to "build back better" and to support specific recovery goals in the future. Rather, it provides a six-to-nine-month framework for the humanitarian, development and political workstreams of the UN to adapt existing programmes to the changing context and accelerate and/or scale up interventions that will mitigate the impact of COVID-19. In this sense it focuses on the 'nexus' between humanitarian, development and peacebuilding work. Together, the two components of the CPRP reflect the priorities in Windows 1 and 2 in the Secretary General's UN Response and Recovery Fund.

The plan is aligned and includes support to key interventions within the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19, launched on 27 March 2020. Objective 1 of the humanitarian component of the CPRP is in direct support to the Ministry of Health and Human Services' National Preparedness and Response Plan to COVID-19, which was launched on 26 March 2020.

Table 1. CPRP Components and Objectives

HUMANITARIAN COMPONENT		**SOCIO ECONOMIC COMPONENT**
Objective 1: Direct support to the Ministry of Health and Human Services' National Preparedness and Response Plan to COVID-19	Objective 2: Support to the indirect but immediate humanitarian consequences of the pandemic, particularly continuity of critical interventions identified within the Somalia HRP for 2020 over the next six months.	Objective 3: Reduce Social Impact and Promote Economic Response. In Somalia the immediate focus is on: • Preserving government-led systems • Safeguarding access to basic services • Cushioning the impact on livelihoods and resilience

Table 2. Overall CPRP Financial Requirements

HUMANITARIAN COMPONENT	**SOCIO-ECONOMIC COMPONENT**	**TOTAL**
$231,957,089	**$269,328,337**	**$501,285,426**

In recognition of the evolving and shifting situation, the CPRP remains a living document and will be reviewed and updated on a regular basis.

CORONA VIRUS - COVID-19
COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)
Component 1: Humanitarian

Impact of COVID-19

Direct health impact on people and systems

Somalia confirmed its first case of the novel coronavirus (COVID-19) in Mogadishu 16 March. As of 22 April, there are 286 confirmed cases, including at least 15 health workers with eight reported deaths and four recoveries. Majority of the cases are now clustered community transmissions. Somalia's capacities to prevent, detect and respond to any global health security threat scored six out of 100 as measured by the Health Emergency Preparedness Index in 2016. There are two healthcare workers per 100,000 people, compared to the global standard of 25 per 100,000. Disease outbreaks such as cholera – with a current outbreak ongoing since December 2017— strain the country's health systems. Less than 20 per cent of the limited health facilities have the required equipment and supplies to manage epidemics

Indirect impacts on people and systems (livelihoods, education, travel, mobility and protection)

The Somali economy is heavily reliant on imports. The lock down of key supply markets , the closure of borders and restrictions on domestic movements are beginning to have an impact. As retailers begin to stockpile, in particular in the lead up to Ramadan, rising prices on key imported commodities are impacting low-income earners, particularly IDPs and rural communities. Moreover, reports indicate that remittances, received by an estimated 40 per cent of Somali households, have dropped by as much as 50 per cent.

With the Federal Government of Somalia (FGS) projecting an 11 per cent decline in nominal GDP through 2020 , an economic slowdown threatens to impact negatively on access to livelihoods and income generating activities across Somalia, and to place additional pressures on households trying to meet basic needs. Somalia is currently experiencing a desert locust upsurge that could have significant consequences for food security and livelihoods. The country also experiences seasonal floods, with riverine and flash flooding expected in the current Gu rains.

Eviction is one of the most prevalent protection challenges in Somalia and will, in the context of a COVID-19 outbreak and attendant rise in economic hardship, expose already vulnerable populations to greater risk of infection. This year alone, 48,000 persons have been evicted from their homes (268,000 in 2019) in response to which a moratorium on evictions is being strongly advocated. In addition, protection related risks associated with family separation due to infection within households; increased gender based violence (including domestic violence), particularly against women and girl; neglect and exploitation of children and vulnerable households, as well as stigmatization and targeting against specific communities, particularly marginalized groups, migrants and refugees remain high. People with disability may also be particular exposed to violence and neglect, as well as denied access to healthcare.

School children are also directly affected. In March, school closures have left approximately 1 million students without any access to education.

Most affected and at-risk population groups

Somalia has 2.6 million internally displaced persons (IDPs) who have limited access to quality essential healthcare, water and sanitation services and live in more than 2,000 sites in crowded living conditions in urban and semi-urban areas. The elderly – approximately 2.7 per cent of the population – and the urban poor are also considered vulnerable groups who could be worst affected by COVID-19.

Summary of Covid-19 response priorities

Ongoing response

OOn 26 March, the Office of the Prime Minister launched a National Preparedness & Response Plan for COVID-19, aligned with WHO's ten pillars and seeking $57m for six months. This Plan is integrated into the FGS Comprehensive Socio-Economic Impact and Response Plan for COVID-19, which was circulated on 27 March and focuses on fiscal implications. The FGS have an overall financial requirement of $503.5 million and committed an initial $5 million to the COVID-19 response.

The FGS established a COVID-19 National Coordination Committee, led by the Prime Minister. COVID-19 task force committee meetings led by the respective Ministries of Health at the sub-national level. A multisectoral committee between the UN and National Coordination Committee to coordinate response activities has been established. The FMoH and WHO activated the incident management support team (IMST) for COVID-19 response. The FGS and the FMS continue to take necessary measures to mitigate the spread and impact of COVID-19 in Somalia. From 16 March to 22 April 2020, a total of 35 COVID-19 related directives / statements have been issued, either in writing or verbally, providing for curfews, closure of institutions, social distancing, suspensions of international and domestic passenger flights. A tax exemption has also been enforced on basic commodities aimed at mitigating the economic impact experienced.

Existing humanitarian systems and tools are being used for surveillance, preparedness and health response to COVID-19. 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 alerts for investigation and reporting. 242 Rapid Response Teams (RRTs), comprised of surveillance officers, community healthcare workers and volunteers have been mobilized to conduct active surveillance, contact tracing and management. By the end of April, three testing labs will be in place in Mogadishu, Somaliland and Puntland, respectively. A Risk Communication and Community Engagement (RCCE) Task Force, led by the Federal Ministry of Health and Human Services (FMoH) and including UN Agencies, partners and donors was established and reached over 150,000 Somalis.

Response gaps and challenges

Despite the efforts and progress made the national coordination committee to institute preparedness, there are still significant gaps in the health sector in Somalia, particularly in terms of surveillance, laboratory testing and personal protective equipment supply, to enable quick identification, diagnosis and tracing of all suspected cases. Similarly, although hygiene response is being scaled up to limit the spread of the virus through risk management and infection prevention and control (IPC) both at community and facility levels, there is a need to scale up WASH support. Two hundred and thirty-seven high risk IDP sites need to be decongested, covering more than 98,000 households. However, access constraints could limit the ability to reach people who are living in hard-to-reach areas and areas controlled by non-State actors.

The impact of the COVID 19 on people can also be exacerbated by the response if protection and health standards are not mainstreamed in activities. Limited access, aggravated by the health-related restrictions on movements for humanitarian personnel, can leave communities exposed to exclusion from humanitarian assistance, sexual exploitation and abuse. Also, registration or distributions, if not complying with adequate security and health safety standards, can also expose beneficiaries to violence or to heightened risk of contamination, or exclude vulnerable groups.

Objectives

The humanitarian component of the Somalia COVID-19 country preparedness and response plan (CPRP) is a joint initiative between key UN agencies, the Inter-Cluster Coordination Group (ICCG) and cluster partners. Aligned with the Global COVID-19 Humanitarian Response Plan and Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19, the CPRP outlines measures to be taken at the country level to contain the spread of the virus. The plan also conforms with the WHO "Operational Planning Guidelines to Support Country Preparedness and Response" .

Activities and funding requirements outlined in the CPRP are based on scenario 2 and 3:

Scenario 1: One or a few more cases are identified in Somalia, are isolated quickly and control measures are put in place.

Scenario 2 (current): Somalia experiences cases that in time increase as a result of geographic location and/or common exposure (cluster of cases)

Scenario 3: Somalia experiences larger outbreaks of community transmission causing direct and indirect impact on humanitarian operations.

Therefore, the CPRP aims to fulfil **two key objectives** over the next six to nine months:

1. Direct support to the Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19.
2. Support to the indirect but immediate humanitarian consequences of the pandemic, particularly continuity of critical interventions identified within the 2020 Somalia HRP over the next six months.

Preparedness and Response Pillars and Strategic Areas of Interventions

The response approach remains guided by humanitarian principles as well as by inclusivity, gender, protection and community engagement principles. Engagement with and support to local organizations is key to ensuring delivery of responses outlined in the CPRP, with due acknowledgment of the limited mobility and access constraints facing international actors.

As the situation evolves, the CPRP will continue to be reviewed and updated.

Objective 1: Direct support to the Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19.

WHO is leading the health response, including support to the national plans of the Federal Government of Somalia (FGS). A UN-wide technical task force has been formed from the Agencies, Funds and Programmes (AFP) to support the Government. The Health Cluster is working closely with the Federal Ministry of Health (FMH), along with WHO in support of COVID-19 preparedness, planning and response and is focusing on the following 10 strategic response areas: 1. Country-level coordination, planning and monitoring; 2. Risk Communication and Community Engagement; 3. Surveillance, rapid response teams and case investigation: 4. Points of Entry; 5. National laboratories; 6. Infection, prevention and control; 7. Case management; 8. Operational Support and Logistics; 9. Essential health services; 10. Psychological care.

While acknowledging the importance of securing long-term support towards health infrastructure in Somalia, the humanitarian component is short-term and focuses on life-saving and emergency interventions in light of COVID-19. Currently, priority and funding is focused on limiting the spread of the virus through supporting risk management and infection prevention and control (IPC) measures both in the community and at the facility level. In addition, surveillance, rapid response teams, and laboratory testing are being prioritized to enable quick identification, diagnosis and tracing of all suspected cases. Furthermore, efforts are underway to increase the number of ICUs and isolation centers, and ensure sufficient services are provided within them. Procurement of PPEs, generators and ventilators have also been expedited in order to increase overall capacity to respond.

STRATEGIC RESPONSE AREAS	MINISTRY OF HEALTH AND HUMAN SERVICES, FGS FINANCIAL REQUIREMENTS FOR STRATEGIC RESPONSE AREAS AMOUNT (USD)	UN AND PARTNER FUNDING REQUIREMENTS [6]TO MEET STRATEGIC RESPONSE AREAS OUTLINED IN THE FGS MINISTRY OF HEALTH AND HUMAN SERVICES COVID19 NATIONAL PLAN AMOUNT (USD)
1.Country-level coordination, planning and monitoring	3,610,000	3,637,485
2.Risk communication and community engagement	6,140,000	4,533,506
3.Surveillance, rapid response teams and case investigation	4,012,500	10,677,146
4.Points of entry	3,130,000	3,303,625
5. National laboratories	2,187,500	2,333,480
6. Infection prevention and control	4,850,000	12,529,802
7. Case management, including nutrition and food assistance	14,237,800	17,284,463
8.Operational support and logistics	1,024,000	6,202,468
9. Essential health services	7,420,000	8,893,740
10.Psychosocial care	1,820,000	1,685,820
TOTAL	**$57,647,800**	**$71,081,535**

Table: Overview of Financial Requirements to support objective one: Direct support to the Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19.

Objective 2: Support to the indirect, but immediate humanitarian consequences of the pandemic, particularly continuity of critical interventions identified within the 2020 Somalia HRP over the next six months.

The COVID-19 pandemic is generating new humanitarian needs. At the same time, the impact of this pandemic has the potential to affect the humanitarian outcomes of 3 million people already targeted in the HRP, particularly the 2.6 million people living in highly congested IDP sites, by exposing them to additional risk and exhausting coping capacities.

In terms of humanitarian impact on ongoing operations as prioritized in the 2020 HRP, clusters have carried out an extensive review of their operations and identified interventions for scale up, reduction and adjustment in light of COVID-19. Specifically, large-scale distributions and school feeding programmes have been suspended, face-to-face-services and in-person monitoring have been minimized or suspended. Many clusters have highlighted the need for frontloading of supplies in case access is further hampered and to ensure continuation of critical support to vulnerable populations. In addition, all clusters are exploring ways to communicate to communities about risks and ways to prevent and control the spread of infection.

Acknowledging challenges in identifying flashpoints and clustered areas of possible outbreaks, the analysis factored in the following:

1. Maintaining the response for people targeted in the current HRP and the modalities used to deliver it. For instance, some clusters like WASH and Health will be required to scale up the routine hygiene activities which they are already undertaking.
2. A COVID specific response primarily targeting 2.6 million IDPs in IDP sites, to ensure vulnerable groups at heightened risk are targeted in the response.

The table below outlines specific activities per cluster already outlined in the HRP that will be adjusted or scaled up to support COVID-19 related responses; new COVID-19 interventions; and, the operational modalities that will be employed to maintain services that may be further disrupted due to an outbreak. Risk communication and community engagement will be mainstreamed through all partner (UN and NGO) regular programmes, mainly through the distribution of IEC material and hygiene promotion and awareness.

Cluster specific COVID-19-related activities and modes of delivery

CLUSTER	ONGOING HRP ACTIVITES IN SUPPORT OF COVID-19	NEW INTERVENTIONS	MODES OF DELIVERY
CCCM	• Service and site monitoring at the site-level, scaling up information sharing campaigns related to COVID- 19 and other sector responses • Update and broadcast referral pathways at site-level • Continuation of site-level coordination among all stakeholders • Support Camp Management Committees (CMCs) to promote	• Risk communication and community engagement activities • Enhancing site maintenance and decongestion activities in priority sites that are vulnerable to the spread of COVID-19 • Contingency planning and social mobilization work	• Remote management of CCCM activities through partners' staff, community mobilizers, CMC members and local authorities at districts level.

Education

	• Support MoE in providing continued access to education through distance learning opportunities • Continued provision of school feeding, teacher incentives and Psychosocial Support (PSS) provided through a modality minimising the risk of disease transmission • Support schools to implement prevention measures to minimize transmission of COVID-19 upon re-opening of schools	• *Currently under review with the Ministry of Education*	• Continued access to education for school-going children provided through distance learning modalities. • Provision for remote participation for school children in national exams • Continued provision of school feeding and PSS activities through a modality that is minimising COVID-19 transmission

Food Security

	• Frontload two month distributions of food, unconditional cash transfers and vouchers. • Regularly adapt the type and scale of response based on the severity of food insecurity, operating environment (guidance from Government of Somalia/ WHO, livelihoods and gender analysis). • Strengthen partners' ability to target people most in need, including socially marginalized groups, and their accountability to affected populations. • Ensure market analysis, harmonized transfer values and local coordination guide partner's cash and market base responses. • Jointly analyse, plan and integrate Food Security responses with other clusters especially in areas at high risk. • Disseminate guidance related to observing social distancing and hygiene practice	• Provision of take home food rations, in lieu or school feeding. • Provision of cooked meals/ clinic deliveries to person hospitalized. • Expansion of Cash transfers including cash plus	• In kind and cash based on performance of the market in terms of price as well as availability of the basic goods and livelihoods inputs • Cash based transfers using mobile money transfer systems assuming that some of the retailers will be operational. • Mobile money transfers so as to minimize human contacts thus protecting beneficiaries as well as humanitarian workers. • Cash working Group (CWG) recommended transfer values. • Close monitoring performance of the market and CMB in collaboration with CWG and FSNAU to adjust the response modalities • Prior to a complete lock down (i.e. the current phase) the FSC will advise partners to transfer at least two months' rations to existing beneficiaries.

Health

	• Scale up of public health and health protection interventions • Community-based MHPSS & Physical rehabilitation • Life-saving primary care health care services (fixed and mobile services) • Integrated (specialized) health care services (nutrition, RH, MHPSS, Vaccination, cash...) • Patient safety, equity and accountability • Integrated SRH, GBV, IPV	• Country-level coordination, planning, and monitoring. • Surveillance, rapid response teams, and case investigation. • Support points of entry. • National laboratories. • Infection prevention and control. • Case management. • Psycho-social support for affected populations.	All interventions support objective one and include: • Establishment of triage and isolation procedures at HCFs • Implementation and support to infection prevention and control (IPC) measures in HCFs • Provision of adequate PPE and support to HCWs to provide for their safety • Psychosocial support for HCWs • Case management and referral: prioritization of high-risk cases • During assessment and monitoring maintain social distancing in interviews, and utilize alternative methods (e.g. telephone interviews) • Information hotlines for HCWs and the public • Awareness raising/information dissemination through use of radio broadcast, posters and SMS • Shift to remote management / supportive supervision in non-clinical care activities • Utilise and develop on- line training opportunities

Nutrition

	• Provide timely access to life-saving quality treatment and prevention services. • Work with Health and WASH actors to effect appropriate hygiene practices, access to safe drinking water and appropriate health services to mitigate increases in incidence of morbidity driving up levels of acute malnutrition. • Mass dissemination risk communication material of in local dialects • Work with WASH cluster to co-target areas of vulnerability with soap provision and access to safe water. • Scale up of MUAC tapes to mothers in identification of nutrition status of children and PLWs in the house. • Support and contribute to coordination mechanisms jointly with the federal MoH/WHO in response capacities as they relate to nutrition services.	• MUAC tapes needs (Family led MUAC + CM). • CHW to provide COVID 19 messaging and oversight of MUAC screening/oedema cases of acute malnutrition (PLW/ children)	• Advanced treatment/ prevention supplies to mothers and children identified when possible. • Provide mothers with MUAC tapes and simplified guidance to measure their nutrition status in the household reducing community workers contact, exposure, and spread of COVID 19. • Keep minimal staffing in nutrition facilities to provide treatment products to new cases identified once counterchecked in the facility. Aimed to reduce mass gatherings and travel to nutrition facilities. • Avail essential supplies and PPE for staff in the stabilization centres (SCs) and OTPS/TSFPs nutrition sites. • Active clinical assessment and identification of COVID - 19, isolation of suspected cases and prompt referral to the designated Isolation centres in respective regions.

Protection

- Contribute to the prevention COVID- 19 outbreaks through the dissemination of essential messages, with a focus of groups at risk of exclusion, including women, children, people with disability, members of marginalized communities, in line with Health Cluster/ WHO guidance.
- Ensure emergency interventions address the most vulnerable and the persons with specific needs in line with protection mainstreaming standards, through the dissemination of adequate tools/guidance for protection service providers and humanitarian partners in other sectors
- Monitor and alert relevant stakeholders on risks/incidents of exclusion, neglect, violence against particular individuals or groups resulting from the COVID 19 crisis and related fears; strengthen protection referral systems and strengthen connection of protection service providers and community-based focal points to health referral systems;
- Maintain protection case management capacity on the ground to the extent possible for the existing caseload with a focus on high risks cases. Alternative modalities of reaching beneficiaries such as follow up by phone will be explored.
- Identify and deliver protection services for children left without a care provider, due to the hospitalization or death of the parent or care provider (working with health and social services at the national and sub-national level) and children at risk or suffering from harm/ violence.
- Establish/reinforce community- based protection mechanisms, and promote good practices for for vulnerable individuals.
- Map and reinforce referral for MHPSS services (in particular for children, women and girls at risk of GBV, and people with disability)
- Scale up COVID related protection monitoring and advocacy
- Identification and referral of individuals with specific needs or at heightened risks (cases related to COVID)
- Provision of protection-oriented support to people with specific needs or heightened vulnerability.
- Strengthening of community-based protection mechanisms
- Child Protection:
- Alternative community-based care and support for separated children.
- Case Management thought remote case management (helpline service, toll free line).
- Provision of MHPSS to families affected by COVID 19 [separated children, quarantine measures within the house, loss of family, fear and anxiety related to the epidemic etc.].
- Positive parenting for families who are living in social isolation.
- Establishing peer support groups through social media telephone.
- Safe ways to create awareness (public messaging, loudspeakers, radio, etc.)
- Identify online platform for training of front line workers.
- Assessment and monitoring and conducting social distancing in interviews, phone interviews.
- Implement Cash for protection with the Use of Financial Service Providers.
- PSS: Alternative means that don't involve in- person contact can be used (use of phone, set-up a hotline to ask for support, online videos, messaging, etc
- Case management and referral: use of phone, prioritization of high-risk cases.
- Awareness raising/ information dissemination: Use of radio broadcast, speakers, posters and SMS.

		GBV: • Remote training for service providers - PSS, CMR, WGSS, GBV. • Support provision of multi-sectoral services - CMR, PSS, Safe/houses/Shelters, case management, legal using remote methodologies in line with social distancing, scheduling of sessions with limited numbers of clients and other government sanctioned procedures for COVID19. • Provision of dignity and hygiene kits and other material assistance on individual basis through WGSS, GBV one-stop centers and other available inter-cluster platforms • Review, update and disseminate mulitsectoral referral pathways identifying available services and modes of service delivery. • Develop and harmonise messages integrating GBV and COVID. • Support services centers with hygiene materials and protocols in line with government approved procedures. HLP: • Establish an eviction hotline. • Legal support to decongestion.	

WASH

	• Hygiene promotion (distribution hygiene kits and f IEC materials, mass media, etc) • Provide safe drinking water and quality control in affected areas and IDP Settlements	• Emergency WASH in Health and Nutrition facilities, focused on IPC. • Standalone hand washing facilities with soap. • Distribution of WASH kit health/nutrition centers. • Environmental cleaning/ solid waste management at crowded camps, health, and nutrition institutions • Rehabilitation/construction of water systems and latrines at quarantine • Broadcast COVID-19 prevention and control messages in local radios using local dialects. • Provision of adequate water at health institution's and quarantine centres • Latrine construction and desludging of filled-up latrines at health institutions. • Distribution of water storage tanks at potential isolation centres • Temporary water trucking to HCFs without water systems	• Use of local markets to source hygiene supplies • Household level delivery of WASH items in isolated locations to minimize risk of transmission • Engage local partners (NNGOs) to deliver assistance in hard-to- reach areas..

Shelter	• Decongestion of high-density sites. • Provision of Emergency shelter kits and NFI kits. • Provision of durable or transitional shelter • Construction or rehabilitation of community infrastructure.	• Scale up of distribution of shelter and NFIs to high risk sites • Site development works for decongestion	• Where feasible, cash transfer will be used for shelter upgrading

Refugee Response Plan

Somalia hosts over 35,000 refugees and asylum seekers, living as urban refugees mainly in Somaliland and Puntland. A few others, as many as 3,000, live mainly in Banadir Region. UNHCR will lead the preparedness and response for the refugee and asylum seeker caseload in Somalia. The COVID-19 pandemic and related government travel restrictions will lead to UNHCR's and Government's immediate suspension of all return programmes. Refugees, however, have arrived by sea in Somaliland after the imposition of travel bans, worsening the protection risks faced by women and young children. UNHCR is working with the authorities to ensure persons of concern may disembark from boats, and that measures are put in place to mitigate the risk of contagion.

As part of the Refugee Response UNHCR will:

- Provide refugees and asylum seekers with preparedness arrangements to minimise the spread of the virus among them
- Support the government health institutions in responding to the COVID19 virus among refugees
- Provide additional in-kind and cash support to mitigate the social economic impact of the pandemic among refugees, and address higher food prices in the market and the threat of eviction due to loss of rent
- Find innovative solutions, such as direct cash via phones, to address the rapid distribution of cash-based interventions, which involve large gatherings of beneficiaries, will be difficult to deliver.
- Regular and timely cross-border information-sharing, especially with colleagues from Yemen and Kenya to ensure prospective returnees receive accurate information on the situation in Somalia. Currently, all refugee and returnee programmes are suspended.

UNHCR is seeking **USD 1.3million** for the current scenario 1 to carry out these interventions among refugees and other PoCs (excluding IDP caseload).

Vulnerable Migrants Response Plan[8]

As a key source, transit and, to some extent, destination country for migratory flows, Somalia continues to have an influx of migrants from neighbouring countries through irregular migration routes especially from Ethiopia and Yemen. In 2019 alone (January-October), IOM observed over 260,000 migrants crossing the borders in seven points across the country. In addition, the Assisted Voluntary Returns from Yemen have been suspended with the closure of seaports along the Somali coastline, which may increase the number of spontaneous returns. As such, the dangers of being dropped at sea by smugglers before reaching the shorelines may increase for migrant, as could the potential of stigmatization by host communities should the COVID-19 outbreak happen in areas of return. Similarly, with the border closures, vulnerable Ethiopian migrants who may wish to return home are now stranded in Somalia.

The majority of migrants are either unaware of COVID-19 or fail to see it as a serious health issue. Recognising that mobility is a determinant of health and risk exposure, there is a need to urgently adopt innovative, systematic, multi-sectoral and inclusive responses to mitigate, prepare for and respond to COVID-19 amongst the migrant population. IOM is supporting the Government in trying to minimize transmission, and mitigate the impact of the outbreak, including its social and economic impact, along migratory routes. IOM will build its response on existing partnerships with relevant actors at national, and subnational, regional and global levels.

As part of the response, IOM will:

- Compile information on mobility restrictions that can be made publicly available to migrants intending to move to or from Somalia
- Collect, analyse and disseminate information on the numbers, profile and routes of cross-border migrants, and in particular on their vulnerabilities to COVID-19, in order to better inform the response in relation to migrants
- Establish strategic way stations along migration routes (primary/secondary) for information collection, dissemination of language appropriate materials and awareness raising as well as direct assistance to migrants
- Conduct outreach activities along strategic migration routes for both migrants and host communities to increase understanding of COVID-19 and avoid stigmatisation and retaliation against migrants should there be an outbreak in areas of transit
- Continue the support provided at Migrant Resource Centres (MRCs) and Ethiopian Community Centres in Somalia with basic services (Health, WASH, SNFI), while preventing and minimizing potential risk of infection spread to personnel and beneficiaries.
- Monitor for secondary migration of returnees as well as for vulnerabilities with potential for being at high risk.

IOM is seeking **USD 2.7 million** based on scenario 2 to carry out these interventions for migrants (exclusive of refugees and IDP caseload).

Enabling Services

In light of travel restrictions and accompanying reduced passenger movement, UNHAS services will mainly focus on internal flights and maintain regular services to support humanitarian activities within Somalia. To sustain operations until the end of the year, **USD 4.7 million** will be required over six months.

A logistics sector working group is providing a common services platform. WFP services will be required at scale to support government and humanitarian responders. Staffing and resourcing for this is estimated at USD 2.2million for the first two months, and USD1 million per month thereafter, bringing the total for six months to **USD 6.2 million.**

To inform the overall response, WFP is undertaking rapid logistics capacity assessments and monitoring activities to identify critical adjustments that might be necessary and carefully reviewing current corridor capacities at border crossing, seaports and airports, to ensure humanitarian cargo can move freely.

WFP will continue to produce weekly market and supply chain analysis to ensure timely information on key supply markets, border closures and any reductions in key transportation corridors, which may affect movement of freight to key markets. Weekly rapid assessment of importers and traders will provide up to date information on the impact of the pandemic on food supply chains.

Consolidated cluster funding requirements

CLUSTER	ORIGINAL HRP ($)	REVISED HRP ($)	COVID-19 HRP SCALE UP ($)	OBJECTIVE 1. HEALTH COVID-19 ($)	OBJECTIVE 2. NON-HEALTH COVID-19 ($)	"TOTAL COVID-19 RE-LATED REQUIREMENTS ($)"
CCCM	**34,000,000**	**34,000,000**	**N/A**		**5,080,000**	**5,080,000**
Education	**42,000,000**	**42,000,000**	**N/A**			**N/A**
Enabling Pro-grammes	**31,000,000**	**31,000,000**	**10,900,000**			**10,900,000**
FSC	**384,000,000**	**384,420,835**	**420,835**		**54,200,000**	**54,620,835**
Health	**85,000,000**	**92,297,639**	**7,297,639**	**71,081,535**		**78,379,174**
Multi-Purpose Cash	**32,000,000**	**32,000,000**				**N/A**
NUT	**165,000,000**	**165,000,000**			**4,523,080**	**4,523,080**
Protection	**83,000,000**	**74,800,839**			**10,554,000**	**10,554,000**
Shelter	**64,000,000**	**59,633,954**			**7,100,000**	**7,100,000**
WASH	**90,000,000**	**126,900,000**	**36,900,000**		**19,900,000**	**56,800,000**
RRP	**36,000,000**	**35,800,000**			**1,300,000**	**1,300,000**
MRP	**N/A**			**1,000,000**	**1,700,000**	**2,700,000**
TOTAL			**44,618,474**	**72,081,535**	**104,357,080**	**$231,957,089**

Coordination and Monitoring

The HC and the HCT oversees overall coordination with the National Coordination Committee set up in the Office of the Prime Minister (OPM) and implementation of the COVID-19 plan through the cluster lead agencies. OCHA supports inter-cluster coordination. A Technical Task Force under the MoH Incident Command Manager coordinates technical issues and provides guidance. Each Strategic area pillar has a technical lead and contributing agency leads that work in support of the government coordination structure to bring all actors together around the national plan. Activity coordination is through the designated clusters that include NGOs and UN Agencies. WHO supports coordination with the Federal Ministry of Health and state level ministries of health, and facilitates federal member state communication and reporting through designated emergency operation centers (EOC).

The plan will be monitored against a set of key performance indicators. Progress is being tracked and performance reviewed to adjust the plan as needed. The indicators being monitored are:

i. Percentage of funding of the plan.
ii. Percentage of utilisation of funded activities.
iii. Achievements per activity against the proposed target.

An after-action review (AAR) will be conducted within three months of completion of the plan with the implementation period being subject to the status of COVID-19 globally and within Somalia.

CORONA VIRUS - COVID-19
COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)
Component 2: Socio-economic

The socio-economic component of the Country Preparedness and Response Plan (CPRP) is designed to mitigate the most extreme, negative socio-economic consequences of COVID-19 in Somalia. It responds to the Federal Government of Somalia's Socio-economic Impact and Required Response for COVID-19 (27 March 2020). This CPRP socio-economic component is designed to complement the COVID-19 humanitarian response detailed in Component 1 above. Together, the two components of the CPRP reflect the priorities in Windows 1 and 2 in the Secretary General's UN Response and Recovery Fund.

This CPRP does not yet cover new programming designed to "build back better" and to support specific recovery goals in the future. Rather, it provides a six-to-nine-month framework for the humanitarian, development and political workstreams of the UN to adapt existing programmes to the changing context and accelerate and/or scale up interventions that will mitigate the socio-economic impact of COVID-19 beyond what is outlined in the humanitarian component of the CPRP. In this sense it focuses on the 'nexus' between humanitarian, development and peacebuilding work.

The Government's Socio-economic Impact and Required Response describes key macroeconomic, sectorial, fiscal and health sector considerations that require additional and rapid support if the worst COVID-19 outcomes are to be avoided. Delivery on the Government's Socio-economic plan will require quick action by national and international actors working in close partnership, under transparent government-led, effective and focused coordination. The CPRP socio-economic component has been developed in consultation with government and international partners, notably the World Bank and donor community at country level, to ensure the UN leverages its comparative advantages in ways that complement the actions of other stakeholders, including non-governmental organisations.

The UN's socio-economic response in Somalia is based on a combination of the Federal Government's preliminary socio-economic analysis, the ongoing UN Common Country Analysis, plus the input of partners. It is guided by emerging global expertise and analysis: the OECD recommends that governments develop supportive macroeconomic policies to help aid the recovery of demand and ensure effective health policies and containment measures are in place, while providing support to low-income economies. Similarly, the IMF recommends to firstly contain the outbreak mitigating not only the health impacts but also the economic fallout, secondly create or strengthen existing safety nets for the most vulnerable households and finally measure the economic impact that the outbreak has on industries and people experiencing the biggest hardship in order to take targeted economic interventions.

As the direct impact of COVID-19 on the health of the Somali people becomes clearer, so will the secondary consequences and the required mitigating and response measures. Already anticipated economic consequences include fluctuating commodity prices, reductions in livestock exports, severely reduced employment and livelihood opportunities, including reduction in human mobility intra and inter-regionally, reduced remittances and shortfalls in domestic revenues. Food insecurity is expected to rise due to loss of income and disrupted food supply chains. As livelihoods become threatened, so the incidence of domestic violence, human rights violations, violence against vulnerable populations, inter and intra-communal and clan violence is likely to rise. Displacement affected communities are especially vulnerable, and the number of forced evictions in urban areas may rise. Disinformation, increasing hate speech, discrimination vis-à-vis scapegoat groups of people and potential political misuse are also likely to increase. The wider impact of COVID-19 further threatens to undo progress on certain 'must not fail' government priorities related to preserving the progress on the consolidation of an effective polity, notably, the general election planned for late 2020 or early 2021, the launch of a national reconciliation process, and the constitutional review process. The pandemic also risks undermining gains made in stabilisation and extension of state authority.

The socio-economic challenges Somalia faces are not new. Rather, COVID-19 is exacerbating existing problems and vulnerabilities, while putting further strain on nascent and weak systems. The NDP9, which serves as Somalia's national poverty reduction strategy and plan for achieving the SDGs in 2030, maintains central relevance in this context. It identifies the key drivers of poverty and lays out the strategy for strengthening resilience, building on the Recovery and Resilience Framework (RRF). While sector-specific interventions will need to adapt to changing market realities, the needs of the most vulnerable remain largely the same, albeit with increased urgency.

The UN is undertaking a real-time review of both its existing

programming and pipeline. This crisis requires a coordinated response across the humanitarian-development-peace nexus and cannot rely on humanitarian action alone. The continued delivery of humanitarian assistance, in line with humanitarian principles, is a pre-requisite for a successful COVID-19 response in Somalia. The CPRP is a live document which will be adjusted based on updates to the analytical framework, including poverty and vulnerability analysis, market analysis, etc. Currently decisions are being taken regarding which of the UN's existing programmes can be a) accelerated and scaled-up, b) adjusted and adapted, or c) are unaffected or slowed. The effective implementation of the CPRP will necessitate strong, collaborative approaches between UN actors, NGO partners, IFIs, donors and government stakeholders.

The immediate socio-economic response is centred around three objectives over the next six to nine months (April-December 2020) focused on mitigating the most extreme, negative socio-economic consequences of COVID-19 in Somalia:

1) Preserve government-led systems

2) Safeguard access to basic services

3) Cushion the impact on livelihoods and resilience

Across all of these objectives, this framework prioritizes the needs of the most vulnerable, which the NDP-9 identifies IDPs, women, youth, rural poor (including nomadic and agro-pastoralists) and persons with disabilities. The number of people considered highly vulnerable is expected to increase due to the impact of COVID-19 on livelihoods and remittances. A small number of migrants (especially Ethiopians) and refugees hosted in Somalia, are also highly vulnerable and at risk of being targeted by xenophobia given the mobility dimension of this pandemic. Whereas an outbreak of COVID-19 may impact these populations in different ways, based on geographic location, age and population density factors, these groups are all expected to be disproportionately affected by the socio-economic impact of COVID-19, as they are already disproportionately affected by multi-dimensional poverty, driven by inequality.

The fundamental rights of all persons, including the most vulnerable, must continue to be respected. Exclusion, discrimination and harm related to contagion could be expected to disproportionately impact these vulnerable populations. OCHR has issued human rights guidelines on the broader issues and expected interventions for all UN Agencies. All agencies need to have lenses in place to address issues for vulnerable populations, if they benefit from COVID-19 interventions.

1. PRESERVE GOVERNMENT-LED SYSTEMS

"Whole societies must come together. Every country must step up with public, private and civic sectors collaborating from the outset."1

The UN's "Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19" emphasizes that national solidarity is key to leave no one behind. Despite the magnitude of this challenge in Somalia, a coordinated, Somali-led approach supported by the international community will be key to successfully tackling and recovering from the impact of COVID-19. Findings from the Ebola response in West Africa in 2014-2015 illustrate the critical importance of supporting and strengthening locally tailored responses that are grounded in evidence and locally defined needs. In Somalia, local authority involvement in coordination of the response initiatives will be critical to ensure support reaches the most vulnerable and also to strengthen the leadership and accountability of state institutions involved in delivering services. While capacity development efforts will continue, they are not detailed in this framework, which focuses on mitigation.

Support focused and transparent coordination: The UN will support FGS-led coordination of the socio-economic response through the National Coordination Committee for COVID-19 in the Office of the Prime Minister including through a re-focused Aid Coordination Project (UNDP). The UN will make use of government-led coordination fora to coordinate with FGS, FMS and international partners on the delivery of the CPRP socio-economic component. It will also engage with disaster management institutions at FGS and FMS levels – work that will expand as recovery begins and as support to institutional capacity-building and resilience-building increases.

Access challenges have always limited participation in coordination structures in Somalia, especially for FMS. This crisis and associated restrictions on movement and gatherings, is now forcing a reliance on digital platforms for communication and coordination. This is an opportunity to enhance the digital infrastructure of the FGS and FMS to enable remote work at scale by fast-tracking procurement of connectivity equipment and providing training. The UN will also support government to make greater use of the investments that have been made for coordination meetings as well as enhancing FMS-level coordination and locally-led initiatives. For example, the UN is providing communications equipment and tools (subscriptions, training) to secure continuous virtual communication between all relevant partners from FGS, FMS, civil society and constituencies involved in the constitutional review process and elections. Also under consideration are additional bandwidth purchases for the 30 World Bank communications rooms in government offices across the FGS, FMS and Somaliland and pre-purchasing of broadband internet for government officials operating from home.

Local Governance: Local governments are at the frontline of the epidemic, but their capacity to respond rapidly depends heavily on context and resources. While strengthening local capacity is a longer-term objective, existing mechanisms to deliver support should be utilized and expanded to include

emergency and recovery activities, including by way of collaboration between humanitarian and government agencies. The Joint Programme for Local Governance (JPLG) proposes to establish an emergency and recovery fund for local governments to respond to locally identified needs, following the established Local Development Fund (LDF) model. A simple call for proposals with guiding criteria (grant amounts, potential areas of support, preference for targeting needs of vulnerable groups) will be shared with all JPLG districts, with preference in grant provision. Some agencies are also exploring ways to involve local administrations in the distribution of items (e.g. soap) as part of the CPRP humanitarian component. IOM will also continue to support the capacity building of local administrations in promoting stability through integrating community-based socio-economic processes.

Mitigate risks, promote accountability and build trust: As issues of access are not new in the Somali context, the UN and its partners already have significant experience in remote-based management. However, this crisis presents new challenges and opportunities to ensure rigorous fiscal controls, robust management and accountability. With support from the Risk Management Unit, the UN will agree common approaches to address aid diversion, such as joint monitoring activities for common partners, adopting innovative ways of doing business while strengthening the safeguards for protecting UN resources and increasing accountability. There will be increased use of in-kind distributions; mobile money transfers; GPS/GIS monitoring tools and applications (photos, interviews, reports etc); and e-learning/training platforms (webinars, seminars, skype, MS teams). UN and NGOs are also amending existing SOPs/memos or developing new ones to reflect the new way of doing business.

The UN will make use of fast-track, globally coordinated procurement mechanisms to streamline supply chains and reduce local competition for scarce resources (e.g. humanitarian resources, IT equipment). Innovative mechanisms such as real-time dashboards and use of the on-line Aid Information Management System will be introduced to improve transparency, response coordination and information sharing. The UN will support sharing of data, information and insights within Somalia as well as inter-governmentally though IGAD and across Africa.

2. SAFEGUARD ACCESS TO BASIC SERVICES

"Given the world's extensive economic and social interrelationships and trade— we are only as strong as the weakest health system."

The humanitarian component of the CPRP (above) covers the direct response to COVID-19 for basic services related to health, education, shelter, food security, nutrition, social protection and WASH. The socio-economic component of the CPRP is designed to complement this set of actions, with a focus on safeguarding basic services for the most vulnerable related to primary health care (non-COVID-19 related) and access to safe and affordable water; sexual and gender-based violence; and coordinated support for displacement affected communities.

Safe, primary health care services, including nutrition: Globally, even the strongest health systems are facing collapse as a result of the COVID-19 pandemic. In Somalia, weak and fragmented health options are already under-resourced and underequipped to meet the need of the Somali people. Efforts to ensure continuity of primary health care services are being scaled up. Investment in health system strengthening at all levels of government is needed now and should continue into the recovery phase. Investment in community-level preventive healthcare and nutrition is also necessary to reduce the population susceptibility to diseases/risks of disease outbreak thus minimizing the burden on the health system. Mental health and psychosocial services (MHPSS) should be widely integrated to the primary health care services in order to address the social and mental health consequences of COVID-19 and reduce the negative impact on livelihoods.

Table 2: Health at the centre of the CPRP

HEALTH IN SOMALIA COVID-19 PREPAREDNESS AND RESPONSE PLAN (CPRP): THE CPRP PLACES CONTINUATION OF SAFE, ESSENTIAL HEALTH SERVICES AT THE CORE OF THE RESPONSE PLAN		
Component 1. Emergency support to the COVID-19 related health response (from laboratories to points of entry)	**Component 2** Continuity of primary health care services, including nutrition Health System Strengthening (HSS) to improve current health outcomes and contain today's outbreak	**Build Back Better (e.g.)** Strengthening health systems (HSS) to improve health outcomes and better contain future outbreaks. Roll out of universal health care at all levels of government

WHO, UNICEF, IOM and UNFPA, along with international and national NGOs, are working to ensure continuity of essential health services through investments in health preparedness and response, with minor adjustments to the design of current health programmes. For example, WHO is reprogramming GAVI funds as part of their response. Additional investments for protection for primary health care workers to remain in their posts are being made, and support for supply chain systems is being provided to ensure essential medical supplies and related commodities are available. These agencies have the potential to bring to scale previously planned health sector support, that has yet to be fully funded, which would not require new programming.

Sexual and Gender Based Violence (SGBV) services: SGBV is expected to rise as a result of the pandemic, as has been seen globally. Women and girls living in IDP camps and/or from minority clans and marginalized communities face heightened risks of SGBV, including abduction, forced marriage and rape. To address the anticipated increase in demand for SGBV services, a number of agencies (UNHCR, OHCHR, UNFPA, UNICEF, UN Women and UNDP) are planning to enhance support for prevention and response in an environment already constrained by limited infrastructural and human resources capacities . Specific messaging and tools (e.g. radio programmes, guidance notes for community leaders) are being developed to address SGBV concerns specifically adapted to the current climate. To succeed, campaigns will need to leverage existing community structures and channels of influence, including religious leaders, other respected community leaders and national NGOs with pre-existing knowledge and visibility on issues related to SGBV. The messaging will be designed to address issues of fear, anxiety and de-escalation of violence, while providing links with service providers. Capacities across hotlines are being enhanced to cope with a potential surge in calls and expanded to also advocate and create awareness around SGBV/COVID.

Displacement affected communities: In addition to the activities identified in the humanitarian component of the CPRP, UN Agencies (IOM, UNDP, UNICEF, UNHCR, UN-HABITAT) are adapting and scaling up ongoing programming for displacement affected communities in line with the Somalia Preparedness and Response Plan for Displacement Affected Communities. This plan was formulated by the National Durable Solutions Secretariat in an effort led by the MOPIED, and coordinated with 14 Ministries and entities in the FGS and BRA. Reprogramming are being coordinated through the Durable Solutions Initiative.

3. CUSHION THE IMPACT ON LIVELIHOODS AND RESILIENCE

"Keeping all people, households and businesses afloat is the main objective. We need to focus on people — families, women, children, youth, persons with disabilities and the elderly, low-wage workers, small and medium enterprises and the informal sector."

This section describes how the UN, together with partners, will strive to reduce the impact of COVID-19 on livelihoods and reduce the erosion of resilience, especially amongst the most vulnerable. The strategy focuses on enhancing social protection mechanisms through immediate impact measures, notably scaling up cash transfers and food security initiatives. It also lays out plans for providing support to SMEs and protecting critical supply chains.

Fiscal stimulus (Cash transfer / safety nets): As highlighted in the UN's global response plan, "fiscal stimulus at a large scale is required with targeted measures aimed at providing assistance to individuals hit hardest." Given the far-reaching implications of COVID-19, all cash transfer initiatives will provide a lifeline for the most vulnerable, regardless of whether they were designed with COVID-19 in mind. The use of mobile money will be especially critical, as physical cash transfers may not be feasible if strict COVID-19 preventive and control measures (total lockdowns) are adapted. Options for scaling up existing safety net programming should be explored.

WFP and UNICEF are supporting government to reach the most vulnerable through a variety of rural and urban safety-nets to address food insecurity and loss of income. WFP is already accelerating registration of people in the field and planning to expand transfers in the coming weeks for an urban safety net. Under the government-led, world Bank-funded Shock Responsive Safety Net for Human Capital Project (SNHCP), WFP expects to reach an additional 200,000 rural households by the third quarter of 2020. UNICEF is working with the Ministry of Labour and Social Affairs to strengthen government ownership in the Social Protection sector and to establish a government-owned Unified Social Registry. IOM and UN-HABITAT are using cash transfer to support local initiatives to provide subsidized water, shelter/NFIs, reintegration support, cash for work initiatives, etc. for identified vulnerable groups. FAO will provide unconditional cash transfers to small scale farmers in order to maintain their liquidity in the event that domestic food markets are disrupted by mobility restrictions.

Facilitate remittances: The Somali economy is heavily dependent on remittances. Any reductions will directly affect household level income and overall food security. Remittances are likely to decline as the diaspora itself comes under economic stress. As such, the UN will look at facilitating and reducing the cost of remittances that could mitigate this decline (IOM, UNDP. The UN system will support the expansion of existing facilities such as Zakat to facilitate cash transfer including remittances. The UN is also considering using crowdsourcing to mobilize funds for various economic activities in selected areas/vulnerable populations, as well working with Somali diaspora to mobilize resources.

Scale up food security initiatives: The main drivers and contributing factors of food insecurity in Somalia include insecurity, frequent and prolonged droughts and flooding, displacement, market and trade disruptions as well as poverty. The cumulative impact of recurrent shocks increases the vulnerability of people eroding their capacity to recover from these shocks. Acute food security crisis in Somalia is protracted. From 2012 to 2019, an average of 3 million Somalis were classified as IPC 2 and 1.6 million people faced severe food insecurity (IPC Phase 3 and above) (WFP ICA, 2020).

Households classified in stressed food security phase (IPC 2) have only minimal adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies. In Somalia, the IPC analysis considers wealth breakdown of the population (poor, medium and better off) with over 80 percent of the people classified IPC 2 or worse being poor.

When people in stressed food security phase (IPC 2) are neglected and/or insufficient level and type of support is provided, a large proportion of them slide into worse food security phases as what happened in 2011 and 2017. The high vulnerability of people in stressed food security phase (IPC 2) combined with the myriad of shocks that Somalia is prone to, means support to households classified in stressed food security phase should entail development opportunities, access to services, real transfer related to livelihood asset protection, seasonal livelihood inputs, livelihood assets creation and social safety nets. This implies a two-pronged approach: addressing underlying causes while meeting short-term/immediate needs, including through safety nets.

Support critical food value chains: Protecting Somalia's existing food economy throughout the crisis will require focused action to address supply-side constraints to produce increased export earnings and / or to address unmet domestic food demand, including through direct import substitution. FAO will work with development partners to protect primary resource inputs and strengthen growth-potential value chains with a focus on staples, meat, fish and vegetables for domestic consumption. Where relevant and appropriate, on-going value chain development programmes will be scaled up or repurposed to more effectively target sectors that have the potential to reduce demand for food imports. FAO will work with government and other development partners to monitor and analyze food trade volumes and food prices at numerous locations throughout Somalia with a view to enabling them to better plan and target market interventions.

In order to maintain food production throughout the crisis, FAO will provide essential input packages to approximately 11,000

small-scale producers – 3,000 for irrigated farming and 8,000 for rain-fed farming. As the trajectory of the crisis becomes clearer, FAO will advocate for emerging best practices with respect to reducing mobility e.g. localized collection centres and food banks, warehouse receipt systems, and e-commerce systems for small holders, as well as measures to protect the health and safety of farm workers.

Support to MSMEs: Quick financial and material injection will be provided to micro, small and medium enterprises in urban and rural areas, especially those hosting large numbers of IDPs and migrants and those benefitting the most vulnerable (IOM, UNDP, UNHCR, UNIDO). This support is designed to support business continuity and avert business closure and laying off workers through grants, loans, micro-credit or in-kind. Similarly, FAO will provide unconditional cash transfers to small scale farming businesses in order to maintain their liquidity in the event that domestic food production is disrupted by mobility restrictions.

UNIDO is delivering enterprise development and investment promotion services to MSMEs. It is exploring options to promote and support private sector investments into those value chains most disrupted by COVID-19. This includes options for reprioritizing two programme credit facilities for MSMEs undertaking private sectors investments to target impacted value chains. UNIDO and FAO are also partnering to facilitate private sector and IFI investments in critical food value chains, targeting sectors with the potential to reduce dependency of food imports or diversify Somalia's export base.

The UN and partners will continue to promote financial inclusion and support sustainable micro and small enterprise development for IDPs, refugees and host communities in target areas. Interventions will include business start-up support, value-chain analysis, mentorship and facilitating linkages to recover markets as well as financial services providers to access micro-loans to restart COVID-19 affected businesses. Ongoing advocacy for a moratorium on evictions also aims at protecting small businesses from being unable to pay rent and to mitigate the impact of reduced economic activity.

In consultation with the Ministry of Health and the Ministry of Humanitarian Affairs and Disaster Management, UNHCR and WHO hope to engage previously-trained women to produce Personnel Protective Equipment (in particular non-clinical and reusable face masks), with the goal of creating livelihood, public health and protection dividends simultaneously.

The Productive Sectors Development Programme (PSDP) supports government and private sector investments in Somali productive sectors that will generate economic growth and create and sustain jobs and economic opportunities (SMEs, businesses, etc.). It is adapting to COVID-19 by re-prioritizing value chain development interventions aimed at boosting local production of goods in high demand due to the crisis. A fully funded PSDP would quickly reduce critical production inefficiencies, address production competitiveness issues and boost volume capacities. Rapid capital injection into the MSMEs lending facilities – including through credit facilities – could boost local production of essential goods while protecting livelihoods and facilitating MSMEs survival. This can be done by prioritizing value chains requiring lower capital and lower technology investments, while focusing more easily-deployed technology, generally higher in jobs creation. PSDP has the potential to provide immediate support to Somalia productive sectors and contribute to an economic system that is able to sustain Somalia's complex achievements and protects the most vulnerable. PSDP was developed with FGS ministries, is led by the Ministry of Commerce and Industry and implemented by UNIDO, FAO and ILO.

Business continuity: Cognizant of the major role aid plays in the Somali economy, the UN is striving to ensure business continuity of its own activities, to avoid exacerbating the economic downturn. For example, UN-HABITAT and IOM are working to ensure ongoing and planned infrastructure work continues, with extra protective measures implemented for construction teams. The aim is to ensure continued employment for those hired under these operations so as to avoid further contributing to the anticipated economic downturn.

Certain activities will not be able to go ahead, or will need to be put on hold, given current COVID-19 precautions. Where appropriate, the UN is working with donors to identify alternative programming strategies and / or reprogramming with an explicit focus on mitigating the socio-economic impact of COVID-19. Conducting a rapid market assessment may be necessary to assess which market sectors have been most negatively impacted by COVID-19 and develop livelihoods programming for IDPs, and host and vulnerable communities addressing these sectors. Agencies are also beginning planning for the early recovery stage, exploring what can be fast tracked to help boost the economy (e.g. ILO and IOM planning job creation and infrastructure projects). An early recovery plan will be elaborated at a later date.

NEXT STEPS

With a focus on the short-term (6-9 months), the socio-economic component of the CPRP is prioritizing using existing structures and funding mechanisms (UNMPTF, Joint Programmes such as JPLG, PSDP) as an effective way to channel the response and to build on established structures for control of funds which will be essential if/when increased funding will be contribute.

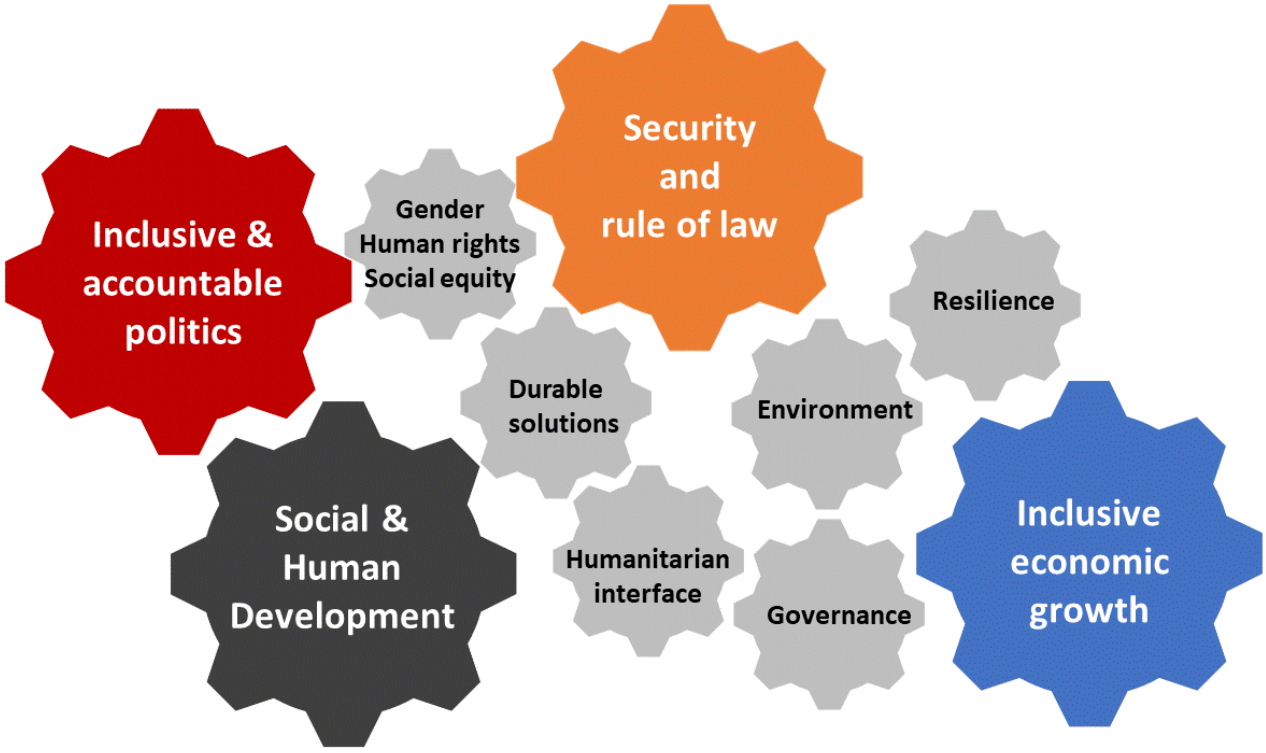
As more data and analysis becomes available including on the secondary consequences of COVID-19 measures – both on the COVID-19 impact and through ongoing research - the proposals under the above three objectives will be updated.

Once the real-time review of the UN's existing programming and pipeline advances to the next step, more detail on the above interventions will be made available including a break-

down of expected costing. Much of what has been covered entails adapting activities that have already been funded; however, there are several areas where additional financing could be used to scale up activities. As more analysis becomes available, additional attention will be given to priority issues within NDP-9:

- **Pillar 1: Inclusive politics** – including more detailed analysis of the likely impacts (risks and opportunities) on ongoing political processes.
- **Pillar 2: Security & rule of law** – including in-depth analysis of the impact of COVID-19 on security and rule of law.
- **Cross-cutting issues:** Gender, Human Rights (including in relation to ethics and privacy around COVID-19 prevention and containment measures and to ensure the most vulnerable are reached); Social Equity; Durable Solutions; Humanitarian interface; Governance; Environment and Resilience.

The set of proposals will link to future new programming designed to "build back better" and to support specific recovery goals.



CATEGORY OF SOCIO-ECONOMIC RESPONSE	COVID-19 SOCIO-ECONOMIC NEEDS
1. Preserve government-led systems	**7,619,626**
Local Governance	-
JPLG	-
Mitigate risks, promote accountability and build trust	
Anticorruption (UNDP)	-
Planning, M&E and Statistics (UNDP)	500,000
Transparent, government-led coordination	
Digital Transformation (UNDP)	1,000,000
Support to Aid Management & Coordination in Somalia (UNDP)	-
Strengthen the government and institutions of Somalia through skill transfer and expertise from diaspora experts (IOM)	-
Provision of technical support for strengthening national policies, capacities and systems (S05, WFP)	5,319,626
Support to government communications	
Gender Empowerment and Equality (UNDP)	500,000
Rajo –Response to COVID-19 through awareness creation (UNDP)	300,000
2. Safeguard access to basic services	**161,235,580**
Displacement affected communities	
Durable solutions incl. Danwadaag (IOM)	2,658,096
Sustainable WASH solutions and capacity building (IOM)	-
Dhulka Nabaada (The Land of Peace): Supporting Land Reform in Somalia (UN Habitat)	-
Midnimo (II) (Unity) (IOM)	-
Midnimo (Durable Solutions) (UNDP)	1,000,000
Re-INTEG (UNDP)	1,000,000
Saameynte (Durable Solutions) UNDP)	1,000,000
Safe, primary health care services, including nutrition	
Provision of Health and Nutrition support (IOM)	-
Stabilization programme (health-related) (IOM)	-
UNFPA Country Programme	5,300,000
Country Programme (2018-2020) (UNICEF)	-
Humanitarian Action for Children 2020 (UNICEF)	112,893,274
Treatment and prevention of malnutrition (SO3, WFP)	37,384,210
3. Cushion the impact on livelihoods and resilience	**100,473,131**
Fiscal stimulus (Cash transfer / safety nets	
Shock Responsive Safety Net for Human Capital Project (UNICEF)	-

Resilience building through urban and rural safety net cash transfers, school feeding and support to livelihoods (SO2, WFP)	81,428,376
Disarmament, Demobilization and Reintegration (IOM)	-
PCVE project (UNDP)	300,000
Critical food value chains	**-**
Building Resilience In Middle Shabelle (BRIMS) (FAO)	-
Global Network Against Food Crises Partnership Programme - Country Investment Somalia (ProACT) (FAO)	-
Resilient, Inclusive and Competitive Agriculture Value Chain Development in Southern and Central Regions of Somalia (OUTREACH) (FAO)	-
Rome-based Agencies programme to strengthen the resilience of livelihoods in protracted crisis (FAO)	-
Support food systems (provision of services, skills, assets and infrastructure for the rehabilitation and strengthening of food supply chains) (SO4, WFP)	9,344,755
Agro-technology development for economic growth in South and Central Somalia (UNIDO)	-
Support to MSMEs	
Investment Promotion (UNDP)	200,000
Somalia Drought Response and Recovery (UNDP)	1,300,000
Productive Sectors Development Programme (PSDP) (UNIDO/ILO/ FAO)	7,000,000
Business continuity	
Constitution Review Support Project (UNDP)	111,000
Joint Justice Programme (UNDP)	200,000
Joint Programme for Support to Universal Suffrage Elections (UNDP)	139,000
Joint Programme Human Rights (UNDP)	200,000
Joint Security Sector Governance programme (UNDP)	150,000
Rule of Law Somaliland (UNDP)	100,000
GRAND TOTAL	**269,328,337**

* Programmes displayed in the table above with no financial details are considered relevant to the COVID-19 socio-economic response and presently have available funding required begin work. The next revision of the CPRP is likely include additional new programmes and revised financials for existing ones. Those displayed above are active programmes and may have already shifted funding from one objective to a new one; have already secured additional COVID-19 contributions or were already working on areas that have become COVID-19 socio-economic priorities.

End Notes

1. India, and Thailand among others.
2. WFP Somalia, Rapid Assessment: Impact of COVID-19 on Somalia Supply Chains, 3 April 2020.
3. Protection Cluster, Evictions Advocacy Brief, April 2020.
4. The Early Warning, Alert and Response Network (EWARN) is a network of health partners that collect and report surveillance data on selected epidemic-prone diseases, as part of establishing an early warning system for disease outbreaks in humanitarian situations. Termed as a 'syndromic surveillance system' it facilitates the rapid monitoring and investigation of unusual events or disease occurrence.
5. Issued on 12 February 2020.
6. UN and partner interventions remain aligned with the National Plan, but cover a wider range of support and services particularly for people of concern, including IDPs, refugees, migrants and other vulnerable population
7. UNHCR's overall funding requirement is $3.5million, which includes $1.3 million for refugee specific responses.
8. The target population includes Ethiopian and other migrants in Somalia, spontaneous Somali returnees and the host communities along specific migratory routes.
9. SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19, United Nations, 31 March 2020
10. Interventions outlined transects and are aligned with the humanitarian interventions outlined in the humanitarian component under objective 2 (protection).
11. This plan complements the National COVID-19 Contingency Plan and the National Socio Economic Impact Appeal. As per population targets, the primary focus will be persons living in informal settlements, displaced communities and urban poor; support is directed at interventions for WASH, awareness raising and info packages and mobile health teams.

COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)

SOMALIA