

UNFPA Somalia Humanitarian Preparedness and Response Plan in the Context of COVID-19

March 2021



Fast Facts

 Total people in need of humanitarian assistance in 2021
5.9M

 Pregnant Women (estimated)
380,983

 Internally Displaced Persons
2.6M

 Adolescents and Youth (Age 10-24)
2.0M

 Women of Reproductive Age (age 15-49, estimated)
1.8M

COVID-19 in Somalia (as of 1st March 2021)

 Confirmed COVID-19 cases In Somalia
7,257

 Recovered cases
3,808

 Reported Fatalities
239

Resources Required

USD 16.4 Million

Overall People Targeted

593,000

Summary of the Situation and Humanitarian Impacts

Somalia remains in a protracted and complex humanitarian crisis and the COVID-19 pandemic adds yet another challenge in an already fragile environment. The country's protection and health outcomes are some of the worst in the world. The number of people in need of humanitarian assistance in Somalia in 2021 has increased from 5.2 million to 5.9 million due to the consequences of multiple threats including climatic shocks (flood and drought, tropical cyclones), COVID-19 pandemic, protracted conflict, and desert locusts. About 2.6 million are internally displaced persons (IDPs) across the country.

The COVID-19 situation in Somalia has worsened in February 2021. Some 2,542 cases, including 107 deaths, were reported between 4 to 28 February 2021. Most of the cases were reported in Banadir, Somaliland and Puntland. As of 28 February 2021, the total cumulative cases recorded in Somalia reached 7,257, including 3,210 active cases, 3,808 recoveries and 239 fatalities since the outbreak of the pandemic. On 17 February 2021, the Federal Government of Somalia banned all public gatherings citing a spike in COVID-19 cases and deaths in recent weeks. All government employees were instructed to work from home, except for directors and senior government staff.

A recent FSNAU technical release notes that Up to 2.7 million people across Somalia are expected to face food consumption gaps or depletion of livelihood assets indicative of Crisis (IPC Phase 3)¹ or worse outcomes through mid-2021 in the absence of humanitarian assistance. Furthermore, the report notes that the drivers of acute food insecurity in Somalia include the compounding effects of poor and erratic

rainfall distribution, flooding, Desert Locust infestation, socioeconomic impacts of COVID-19, and conflict. Women (especially female headed households and those living with disabilities) are majority poor in Somalia. The worst affected states and regions are reported in Jubbaland, South West State, Puntland, Galmudug and Somaliland.

Somalia's health outcomes are among the worst in Africa, and the country is highly ill-equipped to deal with and vulnerable to acute shocks. According to the Somalia health cluster, over 3.9 million Somalis will require life-saving essential health-care and health protection services in 2021. The COVID-19 pandemic has disrupted health system gains and further exacerbated population vulnerabilities. With a medium attack rate for COVID-19 over the course of 2021, an estimated 20% of the Somali population (2.5 million) will need to be reached with some form of COVID-19 response action; from awareness, preventative care to testing and treatment services. The health system is not adequately equipped to provide a minimum amount of coverage for equitable access to health care resulting in increased morbidity and mortality. The pandemic has already severely disrupted access to life-saving sexual and reproductive health services. It is worsening existing inequalities for women and girls, and deepening discrimination against other marginalized groups. Sexual and reproductive health care services are being under-prioritized, which will lead to higher maternal mortality and morbidity levels. All women and girls must have access to a continuum of sexual and reproductive health services, including antenatal, postnatal care, and screening tests according to national guidelines and standards.



Sexual and reproductive health and rights are a significant public health issue that demands urgent and sustained attention and investment. Over a Somali woman's lifetime, she will face a one in 22 chance of dying from complications related to pregnancy or childbirth; facing the sixth highest lifetime maternal death risk (692 deaths per 100,000 live births) in the world (SHDS, 2020). The country has one of the world's highest rates of under-five mortality at 177/1,000 live births (UN IGME, 2020), despite most maternal deaths being preventable. The risk of childhood mortality is highest in the neonatal period, accounting for over 60 percent of deaths among children under age five (UN IGME, 2020). Women and children are particularly exposed to elevated health risks. Access to birth spacing services is limited, and up to 99 percent of women experience Female Genital Mutilation/Cutting (FGM/C) (SHDS, 2020). Negative coping practices as a result of poverty, displacement and isolation due to the crisis, that have also been exacerbated by COVID-19, place the affected at increased risk of violence and marginalization, and also negatively affect their health care choices and access. Care for expectant mothers throughout their pregnancy remains particularly poor, with only 32 percent of births attended by skilled health personnel (SHDS, 2020). Addressing these gaps in maternal and reproductive health services along with appropriate referral care are essential to preventing the high incidence of maternal and infant death.



The COVID-19 pandemic is worsening the situation of gender-based violence (GBV) in Somalia. Recent spikes in Intimate Partner Violence, rape, sexual exploitation, sexual harassment and abuse have multiplied GBV risks for women and girls with worsening impact on women and girls living with disabilities. In IDP camps and host communities, inadequate physical infrastructure, distance to water points, markets, health facilities and schools, poor lighting, lack of doors on toilets and lack of disaggregation of sanitary facilities are some of major factors that increase GBV exposure. In addition, distance to distribution centers and lack of specific measures to ensure women's inclusion and participation in food distributions worsen levels of exposure of women and girls to GBV risks. Furthermore, vulnerable pregnant mothers and women at reproductive age in communities for IDPs and hard-to-reach locations continue to experience restrictions in accessing sexual and gender-based violence services. Loss of livelihoods and food insecurity among female-headed households and other vulnerable women and adolescent girls worsened the dependency on food aid and humanitarian assistance. Harmful coping mechanisms such as early marriage and sex in exchange for favors are common among women and adolescent girls to assure food security.

“
The pandemic has already severely disrupted access to life-saving sexual and reproductive health services...
”

Response Strategy and Requirements

Response Strategy

UNFPA supports the delivery of life-saving sexual and reproductive health and gender-based violence services to vulnerable communities across Somalia. UNFPA Somalia response strategy is fully aligned to the Humanitarian Response Plan (HRP), the inter-agency COVID-19 preparedness and response plan, Government's COVID-19 response plan and the Centrality of Protection strategy (CoP). UNFPA closely works with the Federal Government and the Federal Member States, UN agencies, and other partners to ensure access to and continuity of SRH and GBV services. UNFPA is engaged in the various coordination mechanisms including the UN Country Team and Humanitarian Coordination Team and the national COVID-19 task force and working groups. UNFPA leads coordination of the gender-based violence area of responsibility within the protection cluster and also co-leads the reproductive health working group within the health cluster. UNFPA response in Somalia focuses on the following strategic objectives:

Strategic Objective 1

Continuity of comprehensive sexual and reproductive health services and interventions including protection of the health care workers.

Strategic Objective 2

Addressing gender based violence (GBV) properly and on a timely manner.

Strategic Objective 3

Ensuring the availability and supply of reproductive health commodities.

UNFPA Somalia is ensuring that implementing partners (IPs) adhere to precautionary and preventive measures against COVID-19, by using personal protection equipment (PPE), including hand gloves, coveralls and masks, and ensuring that facilities where services are delivered are properly sanitized. UNFPA continues to coordinate with the Federal Ministry of Health (MoH) and other key line ministries in Federal Member States, and actively advocates for efforts to provide SRH services during the COVID-19 pandemic. UNFPA's response includes provision of sexual and reproductive health services for pregnant and lactating women, support to GBV services and information including one-stop centers, operation of women and girls' safe spaces, distribution of SRH and dignity kits, community awareness-raising, capacity strengthening, COVID-19 risk communication and referrals to both RH and GBV services, and provision of PPE. UNFPA also continues to engage young people as partners and key agents of change and has been working hand-in-hand with IPs to support young people aiming at empowering them to play vital roles in their communities during the COVID-19 pandemic.

Cross-cutting Themes

Under the three strategic objectives, the following cross-cutting themes are critical to UNFPA's response in Somalia:

Coordination and Partnership: UNFPA Somalia is active in the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG), and is the lead agency coordinating GBV Sub-Cluster and the RH WG. These roles enable UNFPA to identify and address gaps in services to meet the needs of the most vulnerable communities while ensuring synergy and complementarity with other stakeholders. As the lead of the GBV Sub Cluster, UNFPA guides members to develop service maps and referral mechanisms while also sharing updates to avoid duplication and work towards sustainability. Additionally, UNFPA as lead agency of RH WG is a core member of the Health Cluster Somalia and updates the cluster members on the SRH needs and available services. UNFPA closely coordinates with other clusters and UN agencies including WHO, UNDP, UNICEF, and UN-OCHA on the provision of humanitarian services, particularly in health and GBV. Moreover, UNFPA coordinates with national authorities and local partners, including NGOs and community leaders, to identify and prioritize strategic activities and interventions, build trust, and strengthen the referral system. UNFPA co-chairs the Youth Task Force; and is an active member of the UN Programme Management Team. UNFPA is therefore well-placed to coordinate effectively across clusters, agencies, and communities.

Leaving No One Behind (LNOB): UNFPA's interventions focus on and advocate for those most vulnerable to COVID-19 and climatic shocks and conflict, including older persons. Special attention goes to those living in hard to reach areas, as they are the most vulnerable to the secondary impacts of drought conditions and COVID-19 on societies and economies. They include women, adolescents, persons with disabilities, internally displaced persons. Community sensitization and awareness campaigns will be conducted, including media campaigns promoting service-seeking behavior. Community midwives are part of teams spreading the message, identifying cases for referral and seeking their inputs on needs. Women's centers are entry points for women to discuss multiple needs ranging from medical aspects to psychosocial support and social reintegration and livelihood programs. They also become meeting points for discussions with community leaders (male and female).

Data: UNFPA Somalia supports the Federal Government and Federal Member States to collect and analyze data to identify COVID-19 hot-spots, including disaggregated data on specific vulnerable groups, and with a focus towards informing targeted interventions to address the pandemic. UNFPA supports the joint awareness-raising efforts on the risks of FGM and GBV. Also SRH education and activism with a wide range of partners, including communities targeting women of reproductive age, youth, elderly men and women, female health workers and IDPs. UNFPA is actively engaged in the risk communication and community engagement working groups at the national and sub-national levels in the COVID-19 taskforce pillars.

Youth engagement: UNFPA Somalia has a strong network of youth organizations which has been very active in participating effectively and meaningfully in ways that enable young people to enhance their knowledge on the virus and play an effective role in the prevention and response, including as social and community workers and as assistants to professional health staff, where needed and possible. UNFPA will ensure that measures are in place to mitigate risk of all forms of violence against adolescents and youth, particularly adolescent girls and young women, in quarantine settings, isolation processes and procedures. UNFPA Somalia will continue to adopt creative and flexible outreach strategies to reach young people through digital platforms that UNFPA is fully active in. UNFPA is leveraging the Compact for Young People in Humanitarian Action to provide concrete operational guidance to steer humanitarian action towards young people.

Risk communication and community engagement: UNFPA Somalia has years of expertise in community engagement and social mobilization, and longstanding partnerships, including with youth networks, religious and traditional leaders, and women's rights and women-led organizations. The agency is well placed to support risk communication and community engagement efforts in primary prevention and stigma reduction, with a constant focus on people's safety, dignity and rights. For example, a multisectoral approach will protect and support families and communities, and build their knowledge and capacities to protect

themselves and prevent further spread of the virus. In particular, women's front-line interaction with communities positions them to positively influence the design and implementation of prevention activities and community engagement.

Cash and Voucher Assistance (CVA): Given the global GBV and public health implications of the situation stemming from the COVID-19 pandemic, it is safe to assume that the stakes are even higher and the risks facing women and girls even greater in Somalia in 2021. Increasing restrictions to movement and its impact on the ability of women to access livelihood opportunities to support themselves and families is one of known effects of the pandemic on women in Somalia. As a result, there is increasing dependence on direct cash transfer or cash for voucher assistance. Furthermore, evidence shows that CVA is most effective as a tool to increase access to services and help to reduce GBV when it is integrated into well-designed programmes that include gender and GBV analysis, community outreach including gender discussion groups and health messaging, collaboration with local women's organizations, and linkages to livelihoods programming for both women and men -- all of which are part of UNFPA's global programming.

The Nexus: UNFPA Somalia maintains a strong focus on prioritizing sustainable programming approaches including its approach to humanitarian programme implementation. UNFPA works in close collaboration with the Federal Government, Federal Member States and CSOs to ensure health and protection priorities are harmonized across the country. Agencies' humanitarian response aims to bring life-saving sexual and reproductive health and gender-based violence services to places where they are non-existent or to further strengthen them where they are available. This is done with an acute awareness of the principles outlining the humanitarian-development nexus, whereby establishing new services, for example basic emergency obstetric care services, UNFPA does it with the aim of continuing that service beyond the end of the humanitarian crisis. Furthermore, interventions are designed with the aim to establish ongoing linkages of these interventions to the larger health and protection system and networks in Somalia. Within the context of the nexus, UNFPA has made good efforts toward leveraging the benefits of the COVID-19 preparedness and response plan to strengthen the communities, institutions greater resilient communities and population.



Operational Presence

UNFPA Somalia contributes to and follows the humanitarian coordination architecture mechanisms that exist in Somalia. The agency is represented in the humanitarian coordination forums such as the Humanitarian Country Team (HCT) and the UN Country Team (UNCT) and other cluster-based forums (health and protection) which support the identification of needs and response coordination. The CO is fully able to deliver humanitarian assistance in most parts of the countries through a strong network of 50 implementing partners to support the delivery of integrated life-saving gender-based violence and Reproductive Health services to affected populations.



UNFPA Somalia has its main office in Mogadishu and three fully staffed sub-offices in Baidoa, Garowe and Hargeisa as well as staff presence in Baidoa. A total of 29 static health facilities and 8 mobile clinics and teams of service providers are currently fully supported through UNFPA Somalia. Also the CO supports 26 GBV one stop centres, 7 women and girls' safe spaces and shelters, and 6 adolescent and youth-friendly spaces across the country. In addition, the CO supports 16 health facilities that provide specialized GBV service including clinical management of rape (CMR). Furthermore, the UNFPA Implementing Partner partners in Somalia have a broad geographic coverage for programme implementation, including hard-to-reach and insecure areas. Over half of the partnerships are with local (national) NGOs that have access to communities in need, including provision of much needed health care services in some conflict-prone areas.

Response Monitoring

UNFPA Somalia is able to monitor its response through existing agency mechanisms in-place. UNFPA implementation arrangements includes regular monitoring visits, field visits, and individual and group discussions and consultations with beneficiaries that allow for meaningful feedback and timely adjustments of the provided interventions. Monitoring will also be done via the monthly/quarterly collation of partner reports, work plan progress reports for UNFPA-

supported GBV and SRH services, periodic on-site monitoring and routine cluster-led assessments. Gaps and challenges are addressed during routine meetings with the aim of re-defining implementation modalities to suit the context. UNFPA makes a deliberate effort to measure progress towards indicators, especially how services are implemented to reach most vulnerable populations including women and girls living with disabilities.

Summary Analysis of Program Interventions

Sexual and Reproductive Health (SRH)

<p>Current Interventions</p>	<ul style="list-style-type: none"> UNFPA strengthened the continuity of and access to quality life-saving essentials, SRH information and services for women, adolescents and youth during the COVID-19 pandemic. UNFPA continues to provide support to De Martino Hospital in Mogadishu which is currently serving as the government-designated national referral centre for COVID-19 case management and isolation for the entire country. UNFPA supports the prevention and mitigation efforts of the spread and transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities across the country and supports the procurement of PPE for Infection Prevention and Control (IPC) for health care workers, including midwives. UNFPA continues to strengthen the knowledge and skills of health care workers including midwives on IPC and case management using WHO guidelines for service providers.
<p>Planned Interventions</p>	<ul style="list-style-type: none"> Ensure support for emergency obstetric and new-born care (EmONC) facilities to provide tailored COVID-19 prevention and response service to women at reproductive age and adolescent girls. Secure needed support for the procurement and distribution of Personal Protective Equipment (PPE), sanitizers, and other equipment for health professionals including midwives for both Infection Prevention & Control (IPC) at UNFPA-supported EmONCs facilities across the country. Ensure service continuity in all locations by providing continued support for the procurement and distribution of Integrated Emergency Reproductive Health Kits (IERH) and equipment. Ensure focused support for the risk communication and community engagement efforts through radio and TV stations and adapting, developing and printing of Information, Education and Communication and (IEC) materials for prevention, risk mitigation and referral. Support the capacity strengthening of health care workers through training on Infection Prevention & Control and Case Management using WHO guidelines.
<p>Key Gaps/Challenges</p>	<ul style="list-style-type: none"> Inadequate funding for essential sexual and reproductive health services particularly in hard to reach areas. Scarcity in Emergency Reproductive Health Kits, essential commodities for the EmONC services, family planning and PPE supplies. Lack of Awareness of the prevention of COVID-19 among patients.
<p>Funding Requirements USD (\$)</p>	<p>7,620,000</p>
<p>Funds secured/available USD (\$)</p>	<p>684,000</p>
<p>People Targeted</p>	<p>408,000</p>

Gender-Based Violence (GBV)	
Current Interventions	<ul style="list-style-type: none"> ▪ UNFPA remains committed to ensuring the continuity of and access to life-saving GBV prevention and response services such as the provision of clinical care, psychosocial support, legal aid and material support to survivors of GBV for women, adolescents and youth. ▪ UNFPA Somalia continues to strengthen GBV one-stop centres across the country which integrate care for survivors of GBV with reproductive health services. ▪ UNFPA and partners are implementing a socio-economic initiative to empower Somali youth with life-skills, mentorship and resources to unlock their full potential. ▪ The EndFGM campaign continues as the country office responds to the COVID-19 pandemic. UNFPA Somalia is supporting midwifery-led centers to carry out community outreach campaigns to raise awareness on the life-long health consequences and complications of female genital mutilation. ▪ Improve support for gender, age, sex and disability-disaggregated data to inform humanitarian response targeting and contribute to an update of inter-cluster referral pathways to cover remote/rural areas. ▪ Sustain cross-cluster efforts to integrate GBV concerns into planning, implementation and monitoring. ▪ Support advocacy to Government and other relevant authorities to include and sustain Clinical Management of Rape (CMR) and mental health and psychosocial support (MHPSS) as part of the essential services for humanitarian emergency in Somalia, and for a strong legal framework for the protection of women and girls. ▪ Support capacity enhancement initiatives for GBV service providers and national actors (including security personnel) to utilize survivor-centred approaches in the provision of GBV services and information.
Planned Interventions	<ul style="list-style-type: none"> ▪ Improve and sustain provision of rape treatment, case management, specialized psychosocial services for women and girl survivors of GBV and legal aid support for GBV survivors. ▪ Support safe shelter operations for women and girls fleeing violence and create recreational and skills-building activities for women and girls' safe spaces. ▪ Support cash and voucher assistance and other initiatives to improve livelihoods options for vulnerable women and girls. This includes the sustained provision of material assistance for women and adolescent girls – dignity kits, reusable sanitary pads and solar lanterns. ▪ Support mobile and remote GBV service delivery in hard to reach and crisis-affected locations. ▪ Improve support for gender, age, sex and disability-disaggregated data to inform humanitarian response targeting and contribute to an update of inter-cluster referral pathways to cover remote/rural areas. ▪ Sustain cross-cluster efforts to integrate GBV concerns into planning, implementation and monitoring. ▪ Support advocacy to Government and other relevant authorities to include and sustain Clinical Management of Rape (CMR) and mental health and psychosocial support (MHPSS) as part of the essential services for humanitarian emergency in Somalia, and for a strong legal framework for the protection of women and girls. ▪ Support capacity enhancement initiatives for GBV service providers and national actors (including security personnel) to utilize survivor-centred approaches in the provision of GBV services and information. ▪ Upscaling the GBVIMS operations to GBVIMS Primero.
Key Gaps/Challenges	<ul style="list-style-type: none"> ▪ Support cash and voucher assistance and other initiatives to improve livelihoods options for vulnerable women and girls. This includes the sustained provision of material assistance for women and adolescent girls – dignity kits, reusable sanitary pads and solar lanterns. ▪ Support mobile and remote GBV service delivery in hard to reach and crisis-affected locations. ▪ Support protective housing (safe shelters) for women and girls. ▪ Broaden service provision to remote locations especially locations affected by droughts, floods and communal conflicts. ▪ Sustained support to women and girls' safe spaces. ▪ Improved data generation and dissemination on impact and trends of GBV on women and girls. ▪ Support production and prepositioning of dignity kits and reusable sanitary pads.

Funding Requirements USD (\$)	5,800,000
Funds secured/available USD (\$)	1,489,300
People Targeted	120,000 vulnerable women and adolescent girls including GBV survivors

Population Dynamics

Current Interventions	<ul style="list-style-type: none"> UNFPA is currently supporting with COVID-19 vulnerability mapping and indices. This enhances improved understanding of who are the most vulnerable and their geographical location. The vulnerability indices assist in identifying areas and people who require greater support or greater focus during emergency response to minimize the health and socio-economic impact of COVID-19 to the Somali population. There are two types of indices namely the socio-economic index and the epidemiological index. The social-economic index covers indicators that affect the spread of disease, i.e. socioeconomic deprivation, access to services and population dynamics. The epidemiological index covers indicators describing co-morbidities associated with COVID-19 severe disease progression. COVID-19 vulnerability dashboards development. UNFPA actively contributes to the joint UN socioeconomic and health impact assessment of the COVID-19 pandemic. This includes impact on health services uptake, household income/employment/businesses, education, FGM, and GBV. Early marriage, COVID-19 infection rates, COVID-19 hospitalization rates, COVID-19 mortality rates, among others.
Planned Interventions	<ul style="list-style-type: none"> Generation of COVID-19 vulnerability maps for selected towns. COVID-19 dashboards development, updates and maintenance. Support continuous monitoring of the impact of COVID-19 on health service delivery/uptake, reproductive health uptake, women/girls' rights violation, youth, resilience and livelihoods, among others. Assess the impact of COVID-19 on the fertility behaviour of the population. Assess the opinion of the population on the planned COVID-19 vaccine uptake. Conduct qualitative studies to find out the reasons for the perceived increase in cases of FGM, GBV and early marriage practices during the COVID-19 pandemic.
Key Gaps/Challenges	<ul style="list-style-type: none"> Inadequate funding for the continuation and production of the COVID-19 vulnerability mapping. Assessment of the impact of COVID-19 on the fertility behaviour of the population. Monitoring and analysis on opinion of the population on the planned COVID-19 vaccine uptake.
Funding Requirements USD (\$)	1,500,000
Funds secured/available USD (\$)	No funding available for these activities at the moment
People Targeted	30,000

Adolescents and Youth	
Current Interventions	<ul style="list-style-type: none"> Continue to utilize Youth centres to meaningfully engage in COVID-19 risk communication and community engagement. Sustain supporting life-saving essential SRH services including HIV/AIDS for young people who visit the youth clinics. Provide young people with economic and livelihood support through skills training and start-up capital. Continue to empower adolescents and youth by meaningfully engaging them in peace building process, including life skills. Young girls are empowered with skills training, start-up capitals for improving livelihoods in order to reduce risks of child marriage.
Planned Interventions	<ul style="list-style-type: none"> Enhance Youth leadership and participation in COVID-19 risk communication and community engagement in all regions and states. Expand the Youth clinics to reach more young people with integration of COVID-19 prevention and response actions. Support the establishment of boot camps across Federal Member States. Support Tech-hubs to bring on-board innovative and tech-driven social skills. Conduct skills training to empower young people economically. Conduct advocacy sessions for youth's political engagement.
Key Gaps/Challenges	<ul style="list-style-type: none"> Inadequate PPE for the implementation of adolescent and youth services across all regions. Lack of awareness of the prevention of COVID-19 among adolescents and young people. Inadequate funding for the adolescent and youth programming and services.
Funding Requirements USD (\$)	1,500,000
Funds secured/available USD (\$)	No funding available for these activities at the moment.
People Targeted	35,000



Anders Thomsen
Representative

thomsen@unfpa.org
+252 613 992 565

Walter Mendonça Filho
Deputy Representative

mendonca-filho@unfpa.org
+252 619 505 429

Ridwaan Abdi
Humanitarian Specialist

rabdi@unfpa.org
+252 615 131 030

UNFPA Somalia, Ocean Plot, Next to the Embassy of China, IOM Compound - AAIA
(AMISOM Protected Area, Mogadishu, Somalia)

<https://somalia.unfpa.org/en>

