

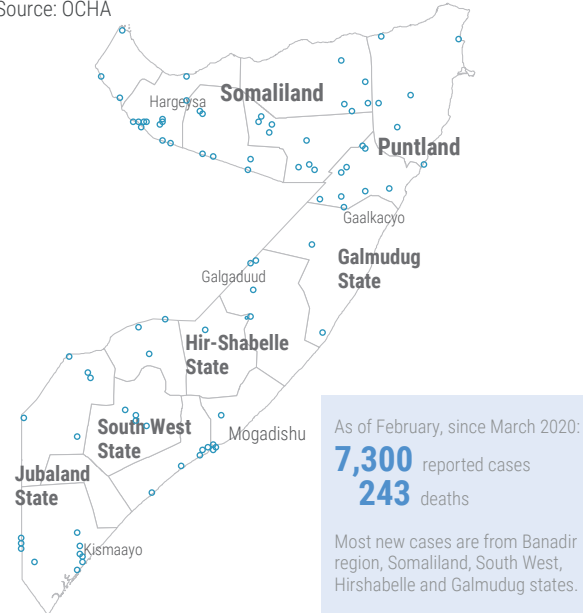


This report on the Country Preparedness & Response Plan (CPRP) for COVID-19 in Somalia is produced monthly by OCHA and the Integrated Office in collaboration with partners. It contains updates on the response to the humanitarian and socio-economic impact of COVID-19 in between March and December 2020, and is the last update given that the COVID-19 response is included in the 2021 Humanitarian Response Plan.

Highlights

- The number of confirmed COVID-19 cases in Somalia has spiked in recent weeks, pushing total reported cases since the outbreak started to over 7,300 with 243 deaths.
- The spike is reportedly linked to poor adherence to preventative measures and suggests the re-introduction of the virus rather than sustained, high community transmission.
- To mitigate the spike, the Federal Government of Somalia banned all public gatherings, closed schools and universities and instructed Government employees to work from home on 17 February 2021 until further notice.
- Somalia expects to receive 1.2 million doses of vaccines from COVAX which will be rolled out to vaccinate about 600,000 frontline workers (including health workers).

Locations of functional triage and referral sites
Source: OCHA



Situation overview



COVID-19 CASES

Over 7,300 confirmed cases since March 2020 including 243 deaths. Just in February 2021, 1,075 new cases reported. Positivity rate: 10 per cent from the 5 per cent of outbreak start. (Source: WHO, Health cluster)



CASES ESCALATION

The escalation of cases are due to behavioural factors and possible re-introduction of the virus, as many recent cases are associated with foreign travellers. Poor enforcement of public health measures may increase further spikes.



INFECTION CONTROL

On 17 February, the Federal Government of Somalia banned all public gatherings, closed schools and universities and instructed Government employees to work from home.



TESTING ESCALATION

Testing has been escalated with the setting up of additional laboratories in Puntland and Somaliland. Moreover, WHO is supporting the Federal Ministry of Health to strengthen surveillance systems, including community surveillance.



REGIONS GAP

Most of new cases are from Banadir region, Somaliland, South West, Hirshabelle and Galmudug states. Somalia will need additional resources to cover the whole population and 17 "silent" districts remain unreachable.

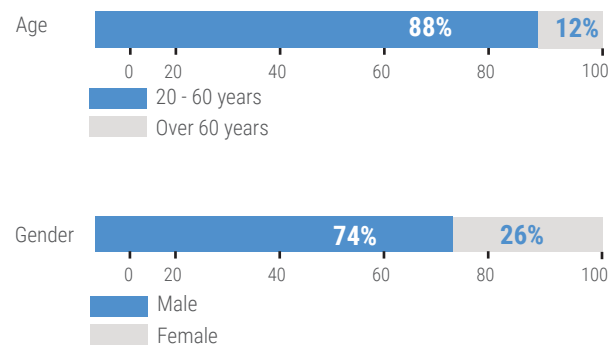


NEW VACCINES

Somalia expects to receive 1.2 million doses of vaccines from COVAX which will be rolled out to vaccinate about 600,000 frontline workers (including health workers).

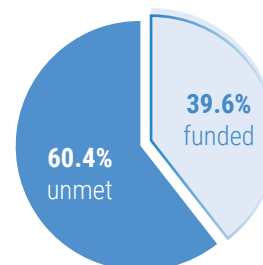
Confirmed cases by age and gender

Source: MoH, WHO



CPRP funding still shows significant underfunding

Source: OCHA, Financial Tracking Service



Responses to COVID-19

1. HEALTH FIRST

Emergency support to the COVID-19 related health response

Country-level coordination, planning and monitoring

• In order to ensure a coordinated and strategic response to the pandemic, WHO served as a key technical advisor in the development, coordination and implementation of Somalia's national response plan for COVID-19, as well as the UN and partners' preparedness and response plan for Somalia. At the national level, a strategic coordination platform was set up between WHO and Somalia's health authorities, the UN, donors and partners. A technical incident management system team was created within the WHO Somalia country office and the team supported the creation of similar technical and management structures in the Federal Ministry of Health and Human Services. With a view to keep key actors informed of the evolution of the outbreak and response needs, WHO regularly briefed the Somali Health Donor Group and Somalia Humanitarian Donor Group and invested in providing timely and reliable information notably through a dashboard that was updated daily. In addition, WHO published a weekly situation report in collaboration with the Federal Ministry of Health and Human Services. Partnership and collaborations between health authorities was scaled up in order to fund and implement critical components of the response to the outbreak, including purchasing and transporting vital equipment, medical supplies and COVID-19 samples throughout Somalia.

Risk Communication and Community Engagement (RCCE)

• From March to December 2020, a total of 183,247 people was reached through house-to-house visits, health facility awareness sessions, community meetings, mosque announcements and sound truck announcement.

Radio spots highlighting COVID-19 prevention messages aired throughout Somalia reaching an estimated 10 million people. In addition, IEC materials for mass media engagement, social media channels were also used to convey similar messaging.




Surveillance, rapid response and case investigation

• Containing the spread of COVID-19 requires a robust strategy and system to detect suspected cases, test, isolate confirmed cases and trace their contacts. In the absence of an integrated disease surveillance system, WHO Somalia and UNICEF worked with health partners to train and deploy 3,327 community health workers. These health workers are the community component of the Rapid Response Teams (RRT), and their role is to raise awareness about COVID-19, identify suspected cases to be tested, follow up on confirmed cases recovering at home and trace people who have been in contact with known cases to monitor symptoms. When a suspected case is identified during these visits, the community health workers alert district RRTs, located in 51 priority districts. These teams quickly investigate the case and take appropriate action for testing and case management as per the standard operating procedures.

In 2020, 3,327 community health workers visited 3.28 million households for case finding and contact tracing.

- Due to security concerns or limited transport infrastructure, WHO set out in August and September 2020, to deploy a specialized RRT to investigate and assess the ongoing circulation of COVID-19 in the accessible 44 districts with the objective of assessing ongoing circulation of COVID-19 in these "silent" districts. Some 44 RRTs comprising 107 district-level health staff were trained and deployed in the silent districts, where they collected and tested 1,082 samples.
- A total of 7,189 healthcare workers (HCW) were trained in surveillance, case management and risk communication across Somalia.
- WHO also supported 694 health facilities to report COVID-19 alerts through early warning and alert response networks.
- Active surveillance and supervision to these health facilities were conducted by district teams deployed by WHO.

Points of Entry (POEs)

 Needs	 Response	 Gaps & Constraints
<ul style="list-style-type: none"> • Additional support and funding is required to support procurement and transportation of COVID-19 response supplies, trainings and reinforcement of capacity, incentive payment to health screeners and coordination. • Lack of support for Tukaraq point of entry for Sool region. 	<ul style="list-style-type: none"> • IOM and MOH developed a reporting tool for POE daily screening and a Standard Operating Procedures (SOPs) for POEs used. MOH approved and endorsed the tool to be used daily in the POEs to share data. • To equip selected POEs in coordination with the relevant authorities (State ministry of health, independent and airport authorities), IOM supported 	<ul style="list-style-type: none"> • There is need to recruit extra personnel to be deployed in all formal and informal entry points in Kenya-Somalia border to carry out screening exercise. • There is need to increase isolation rooms to keep suspected cases awaiting transportation to COVID-19 referral hospitals or centers.

- Funds to recruit extra personnel to be deployed in all formal and informal entry points in Kenya-Somalia border to carry out screening exercise.
- Extra vigilance needed due to the pastoral nature of the communities along the PoEs in Celbarde and Belet Weyne .
- There is need for active surveillance, including health screening, Infection, Prevention and Control (IPC) measures, referral and data collection at all PoEs is immensely required in all states.
- Need for simplified translated posters for COVID 19 prevention messages in the point of entries.

167

of frontline health workers and border officials/screeners trained on COVID-19 screening

the procurement of PPEs/ IPC materials in line with the available funding. Seven states were supported with the PPEs, IPC materials and equipment.

- In collaboration with the Ministry of Health (MoH), IOM supported the training of 167 frontline health workers and border officials/screeners on COVID-19 screening on detection and referrals at selected POEs.
- In coordination with state MOHs, IOM provided incentives to 32 (21 males and 11 females) POE health screeners and Regional Coordinators to offer health screening at the priority PoEs in Jubaland (from Kismayo, Doolow, Dhobley) and Southwest State (Baidoa and Xudur) between 15 October and 31 December 2020.
- In coordination with MOH, IOM supported 3 ambulances for transportation of ill passengers from POEs to designated isolation/ referral hospitals in Jubaland, Southwest states and Somaliland, from November to December 2020.
- IOM is currently procuring 3 thermal scanners to be situated in key POEs to enhance health screening.
- In coordination with MOH, IOM conducted a POE partner mapping in order to identify gaps, which partners and type of support being provided across Somalia. Currently, there are six partners providing support at various PoEs.

- A technical working group is needed to bring together different agencies working at POEs beyond COVID-19 Response.
- Because of lack of support for Tukaraq PoE, many cases come from Puntland and enter Sool region without screening.
- Limited human resource to man the entry points.
- Lack of adequate Personal Protective Equipment (PPE) at PoEs.



IOM and MOH supported:

- a developed reporting tool for POE daily screening
- incentives to 32 (21 males and 11 females) POE health screeners and Regional Coordinators to offer health screening
- 3 ambulances for transportation of ill passengers from POEs

National Laboratories

- Since Somalia had no capacity to test suspected samples of the virus or to diagnose cases, the WHO Country Office negotiated with Kenya Medical Research Institute (KEMRI) to test samples of suspected COVID-19 cases from Somalia at the beginning of the outbreak.
- In parallel, WHO Somalia engaged with the Ministry of Health and Human Services, and partners to procure and render operational three real-time reverse transcription polymerase chain reaction (rRT-PCR) machines to test samples for COVID-19 in Mogadishu's National Public Health Reference Laboratory, and in laboratories in Hargeisa, Somaliland, and Garowe, Puntland. The three laboratories were supported with equipment, reagents, training and salaries.
- Further PCR testing capacity was developed in five other locations throughout the country and eight tuberculosis centres with GeneXpert testing capabilities were supplied with COVID-19 testing cartridges and were able to provide a back-up option.

Case management

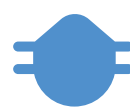
- Between 16 March and 31 December 2020, WHO supported 19 isolation centres across the country with training and capacity-building, delivered 15 MT of medical material and equipment and distributed 11,710 sets of personal protective equipment. In addition, WHO supported health authorities financially and operationally to manage five isolation centres in Mogadishu, Kismayo, Baidoa, Jowhar and Dhusamarreeb.
- With medical oxygen playing a crucial role in improving health outcomes of patients with severe COVID-19, WHO Somalia together with UNICEF, procured and distributed 200 oxygen concentrators across the country.

**19**

isolation centres across the country supported by WHO with training and capacity-building

**15MT**

of medical material and equipment delivered by WHO Somalia

**11,710**

sets of personal protective equipment distributed by WHO Somalia

**200**

oxygen concentrators across the country procured and distributed by WHO Somalia

Psychosocial Care

Situation Overview on Mental Distress

Increased psychological distress is brought about by the immediate impact of the pandemic (such as fear, infection, death or loss of loved ones and consequences of physical distancing) and other consequences like loss of livelihoods, being separated from families and caregivers, restriction of movements and access to basic services. Vulnerable groups are more at risk of distress, such as frontline healthcare workers, first responders, older adults and people with pre-existing health conditions or those who have been infected by the virus, children and adolescents, and women.

Cumulative PSS Pillar Indicators March to December 2020 (MHPSS Actors in PSS Pillar quarterly updates thru 4Ws and reporting of indicators)

Number of Active PSS Actor with COVID-19 Response Supports	Indicator 1. Number of persons affected by COVID-19 reached with psychosocial supports		Indicator 2. Number of frontline and essential workers (in health and non-health facilities) trained in psychosocial components of COVID-19 response		Indicator 3. Number of identified COVID -19 facilities (health and non-health) with integrated and operational psychosocial support services	
	1.A Persons infected by COVID-19 and their caregivers ¹	1.B Persons reached thru MHPSS activities related to COVID-19 ²	2.A Health Workers	2.B Non-Health Workers	3.A Health Facilities	3.B Non-Health Facilities
28	311	176,217	630	676	44	72

¹ These are individuals who were infected by COVID-19 and they were provided with PSS along with their caregivers and family.

² This refers to adjusted (to COVID-19 pandemic) generic MHPSS activities (specialized and non-specialized and community-based activities) targeting the bigger or general population.



Response

- Ongoing training of health and non-health staff on basic PSS skills for COVID-19 response and provision of supportive sessions to COVID-19 responders.
- PSS Pillar Actors trained 100 case workers on COVID-19 and protection, focusing on modalities of remote case management, psychosocial support, PSEA and GBV in Puntland and South West states; 96 health workers obtained basic psychosocial support skills for COVID-19 responders in Gaalkacyo and Banadir in the last quarter of 2020.
- MHPSS messages on managing fear and anxiety, prevention and reduction of stigma, promotion of psychosocial well-being are continuously disseminated at health facilities and communities by PSS Pillar actors. Risk Communication and Community Engagement (RCCE) messaging in form of IEC materials integrated with mental health and psychosocial support messages reached more than 10,000 children.
- 66 school-teachers were provided with COVID-19 control training for support of national examination candidates while 18,000 children were provided with access to reading materials for continuity of learning during school closure across the country.



Gaps & Constraints

- Many areas remain challenging to be accessed for most of the MHPSS actors and this was further aggravated during the onset of COVID-19 since March 2020 along with ongoing issues on displacement and violence, poverty, unemployment, and substance abuse. Mental health and psychosocial support services in Somalia are already insufficient in terms of facilities and geographical coverage for addressing the needs of the country.
- Due to the nature of the protracted crises and donor fatigue through the years and with the current pandemic, the MHPSS sector is often not funded sufficiently.
- Human resources availability, education, performances, supervision and monitoring are other areas of concern for delivery of quality and equitable MHPSS services not only in facilities but also in communities.
- There is a very poor understanding of mental health by the general public which results in isolation and stigmatization. Mentally challenged people are stigmatized, discriminated and socially isolated. Need to increase awareness on concepts surrounding MHPSS and installation of basic services that can be accessed at community-level.

2. PROTECTING PEOPLE

Camp Coordination and Camp Management (CCCM)

Needs

- The COVID-19 situation within Somalia has spiralled drastically since March of 2020. While residents believe that COVID-19 is a danger to their families and communities, IDP beneficiaries are no longer prioritizing social distancing or mask wearing. As such, there is a need for RCCE resources to be revised aiming to address these issues. New methods for presenting key messages are needed such as theatrical performances and circulating audio/visual content. RCCE guidance requires revision to fit the current context in which COVID-19 is the new normal.
- There continues to be an absence of district-level/national-level coordination on RCCE gaps and needs.

IDPs receiving COVID-19 RCCE by CCCM Partners

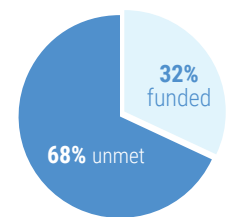
Q2	881 IDP sites 1,077,049 individuals
Q3	921 IDP sites 1,126,869 individuals
Q4	961 IDP sites 1,293,729 individuals

Response

- CCCM partners provide site-level risk communication activities educating communities on the risks and symptoms of COVID-19 while providing key tangible actions that residents can demonstrate to mitigate transmission in densely populated IDP sites.
- The CCCM cluster via CCCM partners conducted two RCCE Feedback Assessments with the aim of highlighting how service providers can strengthen their RCCE methodology within IDP sites. This was conducted in two phases: Phase 1 covered; Baidoa, Kahda, Daynile, Kismayo, Doolow and Hargeysa IDPs. A total of 346 IDP families were surveyed. Phase two covered Baidoa, Kahda, Daynile, Kismayo, Doolow, Cadado, Belet Weyne and Berdale IDP populations as target and a total of 1,659 families were surveyed.
- The first assessment was conducted in Q2 while the second assessment was conducted between October and December 2020
- The CCCM cluster established a common COVID-19 RCCE project with support from the WASH Cluster and a multimedia partner in the third quarter of 2020. The objective was to pilot a COVID-19-focused project that provides both general RCCE and COVID-19 awareness, while also implementing hardware WASH activities ensuring that members of the community had access to water and sanitation products. This project has been extended in 2021 with a focus on Hodan and Daynile districts in Banadir.
- Site decongestion activities in Yaaqle and Bacaad IDP sites in Daynile district to enable more adequate spacing between shelters further minimizing the risk of COVID-19 transmission. The activities started on August 2020 and will continue through May 2021.

Gaps & Constraints

- There continues to be a need for service providers to target 508 IDP sites across the country that are critically at risk of widespread COVID-19 transmission due to overcrowding, gaps in water access and lack of exposure to humanitarian information.
- Funding constraints continue to exist with 1,423 IDP sites experiencing gaps in CCCM partner-led RCCE activities focusing on site leader/religious leader engagement, small-group information sessions and door-to-door awareness
- The CCCM cluster's COVID-19 funding requirement remained 68% unfunded. Further funding that focuses on COVID-19 RCCE mixed with WASH hardware activities is vital to ensure that behavioral changes are occurring, and that barriers to handwashing are minimized.



CCCM Cluster COVID-19 is underfunded

Education

Needs

- The Education Cluster estimates that approximately 1.4 million school-aged children are in severe need of assistance to stay in school or access education. Furthermore, children constitute approximately 1 million of the 2.6 million IDPs in Somalia Children are the most vulnerable and are either food insecure, displaced or both. Education is a critical component of lifesaving and resilience-building. Somalia has one of the world's lowest enrolment rates for primary school-aged children. Out-of-school children (3 million) in Somalia face extra protection-related risks, including forced recruitment, abuse, child labour and early marriage; thus, access to protective education can provide children a safe space during this

Response

- Over the course of 2020, partners have scaled up the COVID-19 response and reached more than 718,000 children with access to education in emergencies. Almost 319,812 children have been provided with safe teaching and learning materials and more than 334,006 children have been assisted with emergency school feeding. A total of 1,682 temporary learning spaces have been established to expand access to children.

718,000

children with access to education in emergencies reached by partners

Gaps & Constraints

- It is estimated that more than 1.4 million of the most marginalized and crisis-affected children will need education assistance in 2021. Partners are requesting US\$44 million to assist 374,973 of the 1.4 million affected children.

\$44M

requested by partners to assist 374,973 of the 1.4 million affected children estimated

crisis. Displaced children are also disproportionately affected by the impacts of the ongoing crisis and over 1 million displaced school-aged children need education assistance. Education programmes must be adequately supported as they are critical to survival and to breaking the cycle of vulnerability. Currently 1.4 million school aged children require assistance, with a focus on increased access to quality education, school retention and sustainability.

1.4M

school aged children require assistance, with a focus on increased access to quality education, school retention and sustainability.

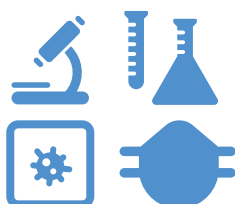
	Q2 (April-June) <i>Actual</i>		Q3 (July-Sept) <i>Actual</i>		Q4 (Oct-Dec) <i>Targets</i>		<i>Actual</i>	
	# Girls	# Boys	# Girls	# Boys	# Girls	# Boys	# Girls	# Boys
Total children reached through Education in Emergency (EiE assistance)	62,288	76,129	153,737	162,878			118,224	144,496
# of learners who received teaching & learning materials	41,877	50,051	69,794	80,907			36,830	40,353
Emergency school feeding programme	20,706	24,469	53,852	59,998			83,958	91,023
Distance / home-based learning	59,387	82,429						
# of learning centres constructed to expand access			1273				409	

Logistics



Needs

The Logistics Cluster has been facilitating dedicated cargo airlifts on behalf of the Government and key humanitarian partners, upon request. This includes transportation of passengers, medical teams and supplies, blood samples and provision of storage facilities.



1.3MT

of COVID-19 related supplies to key location across Somalia, including PCR lab reagents, PPE kits and testing equipment transported by WFP's UNHAS



Response

Since the onset of the COVID-19 response in Somalia, the Cluster has facilitated the transportation of over 114 MT of COVID-19-related supplies to Dhusamarreeb, Kismayo, Baidoa, Jowhar, Hargeisa, Belet Weyne, Garowe, Guriel and Barawe, on behalf of eight organisations. In December, the Cluster facilitated the movement of over 7 MT of COVID-19-related items on behalf of three organisations.

- Jointly with WFP's humanitarian air service (UNHAS), the Cluster has been supporting the transportation of Ministry of Health medical teams, blood samples and COVID-19 medical supplies to key locations across Somalia.

- In December, WFP's Humanitarian Air Service (UNHAS) transported 1.3 MT of COVID-19 related supplies to key location across Somalia, including PCR lab reagents, PPE kits and testing equipment.

- Between March-December 2020, UNHAS transported 58.4 MT of COVID-19 related supplies to 21 locations.

- To provide additional storage capacity for MoH, the Cluster loaned and installed a mobile storage unit, which was set up in Mogadishu Airport (AAIA).

- The Cluster supported the MoH and the Office of the Prime Minister with the development of an easy-to-use cargo tracking tool for COVID-19 donations, stocks, and dispatches. This was handed over to the MoH in July.



Gaps & Constraints

Logistics Cluster partners also reported challenges in the transportation of humanitarian cargo, into and within Somalia, due to delays in tax exemption approvals. These delays had a particular impact on the ability of urgent health items to be dispatched as rapidly as needed.

114MT

of COVID-19 related supplies transported on behalf of 8 partners, since the onset of the COVID-19 response in Somalia.

7MT

of COVID-19 related supplies facilitated by the Logistics Cluster on behalf of 3 partners, in December 2020.

Food Security



Needs

- In May 2020, the food security needs were reviewed based on the IPC protocols. The Post Gu IPC results updated the needs to 2.1 million people in IPC3&4 between October and December 2020.
- The FSC has two main objectives:
 - improve access to food to people affected by various shocks and are in IPC 3 and 4.
 - provision of seasonal livelihood inputs.



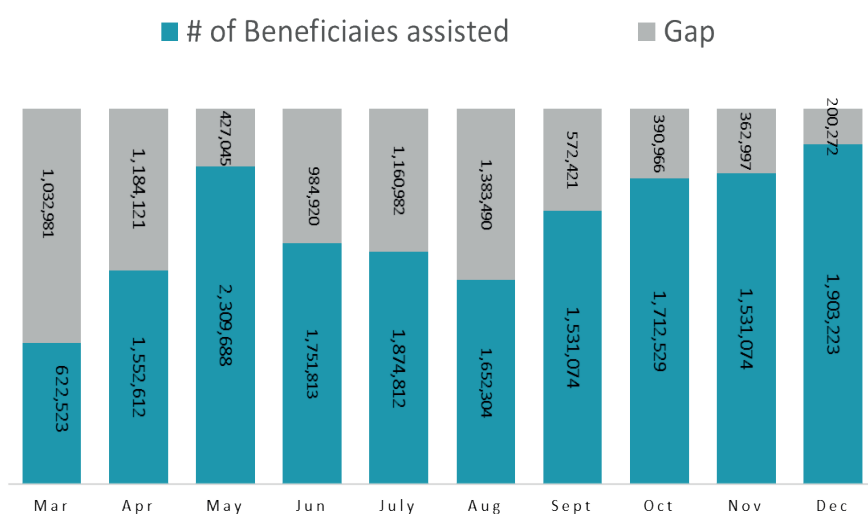
Response

- The combined Food Security Cluster (FSC) response focusing on improving access to food for people affected by the triple shock in 2020 reached 1.7 million on average (March to December) with a peak of 1.9 million in December.
- Provision of seasonal livelihood inputs: The provision of seasonal inputs for Deyr season ran between August 2020 and January 2021. A total of 318,000 beneficiaries have been assisted compared to a target of 821,000.



Areas of Innovation

- MPartners have adjusted programming to minimise as much as possible, risks of exposure to and transmission for recipients of assistance. This includes redesigning of distribution centres in line with hygiene and social distancing guidelines, provision of multiple rations (starting April) to reduce travel to distribution points, and the provision of PPE and hygiene materials.
- Several partners have maximised the use of mobile money transfers to reduce travel distances and associated risks for the people receiving cash-based assistance. WFP has also added a home delivery feature on the WFP online mobile shopping application, eShop. This is now operational across Somalia and enables registered WFP beneficiaries to order items online and request for home delivery at checkout, thereby reducing movement and enhancing physical distancing in line with the Government's requirements.
- Due to movement restrictions, WFP is shifting to remote monitoring mechanism (through phone calls) for food security and markets monitoring to cover areas where physical or on-site monitoring is not currently feasible. WFP is currently conducting real-time food security monitoring done via computer assisted telephone interviewing.



Protection



Response (March-December) 2020

	Q1 Reached	Q2 Reached	Q3 Reached	Q4 Reached
Protection Cluster partners provided COVID-19 related mental health and psychosocial support activities (MHPSS). Total reached 1,454 individuals (5,34 women, 725 men, 73 girls, 122 boys), divided in Q as following:	399	330	725	
Provision of protection-oriented support to people with specific needs or heightened vulnerability. Total reached 13,955 individuals (2,076 women, 7,811 men, 2,500 girls, 1,568 boys), divided in Q as following:	71			13,884
Strengthening of community-based protection mechanism. Total reached 310 individuals (77 women, 155 men, 78 boys), divided in Q as following:				310
Community awareness sessions on protection issues provided to 145,316 individuals (22,656 women, 79,485 men, 14,066 girls, 29,109 boys), divided in Q as following:		1,260	6,107	137,949



Gaps & Constraints

- Because of the crowded conditions and congestion in IDP sites, families are sharing houses and thus the risk for spreading the COVID-19 virus is high.
- Poor sanitation and hygiene are reported in most IDP sites. With over one third of the population not having access to clean water. IDPs require the construction of adequate water points to ensure access to clean water for consumption and proper hygiene practices.
- Older persons report serious concerns of contracting COVID-19 and dying due to their pre-existing medical conditions and age. Unfortunately, it is reported that no one is monitoring their special needs during the COVID-19 pandemic.
- Key informants highlighted the dire financial situation faced by most households in their community and explained that individuals and families do not have the financial means to purchase COVID-19 preventative items such as hand soap, face masks, or other personal protective equipment.
- According to the Somalia COVID19 Rapid Assessment Survey Report by Save the Children, people with disabilities are often left out of COVID-19 communication and continue to be at high-risk of contracting the disease. There is a need to ensure disability sensitive dissemination approaches.

Housing, land and property (HLP)



Needs

• Forced evictions and eviction threats are a critical risk affecting IDPs and other vulnerable populations in Somalia. An increasing number of families are currently threatened with eviction, with a total of 171,266 evictions recorded in 2020. This situation was exacerbated by COVID-19 restrictions that made it more difficult to negotiate alternative accommodation for those at risk and or affected by forced evictions, compared to 2019. Additionally, IDPs and host community in a vulnerable situation have been increasingly unable to pay their rent due to the contraction of the country's economy resulting from the COVID-19 pandemic, and the measures taken to prevent and contain the spread of the virus. COVID-19 has had a huge impact on the socio-economic situation of people of Somalia, particularly IDPs. Many IDPs in urban areas, particularly those in informal settlements in Mogadishu, Kismayo, Baidoa, Hargeisa, Garowe, Bossaso and Burco are finding that rent is now too expensive, as a result of their increasingly limited household income. Some have had to change accommodation to make-shift shelters (inadequate housing) through insecure land tenure arrangements because they could no longer afford the rent. Further still, vulnerable families have had to resort to a range of negative coping mechanisms to be able to pay their rent and therefore avoid eviction, and this has exposed them to protection risks.



Response

- Overall, the HLP observed a significant decline in forced evictions at sub national level, registering a total of 69,500 preventions from January 2020 to date.
- The HLP and Protection, Shelter and CCCM sectors are working closely to strengthen linkages for a more sustainable and holistic approach to the evictions issue. Modalities for prevention and response are being reviewed under the Centrality of Protection strategy, and the HLP AoR aims to strengthen coordination with other AoRs.
- Mediation and negotiation with landlords in Banadir, Bay, Bari and Waqooyi Galbeed; including on extension of payment deadlines, on potential for instalment payments, on reduction of rent fees and accumulated debt, and HLP related disputes.
- Provision of legal aid, including counselling and representation in relation to evictions and other HLP specific cases.
- Advocacy on due process on eviction cases including the extension of the April 2020 eviction moratorium.
- Provision of protection and/or emergency cash for the most vulnerable families.
- Liaison with the Banadir Regional Administration (BRA) and advocacy with the Federal Government of Somalia to extend the moratorium in order to prevent evictions in relation to COVID-19.



Gaps & Constraints

- Movement restrictions and low profile of most humanitarian operations due to COVID-19 has affected the implementation of some HLP activities in Somalia.
- The HLP COVID-19 response guidelines were mainly disseminated remotely and online. As a result of unreliable internet connection in Somalia, some key stakeholders are unable to access this information in the field.
- Underfunding has affected the implementation of some key HLP interventions such as strengthening tenure security among IDPs and eviction response both prevention and remedial actions in Afgooye, Beledweyne and Hirshabelle. In addition to this, HLP specific support previously provided to the eviction monitoring unit of the Banadir Regional Administration i.e. capacity building has been affected by the reduced allocation. This has also impacted advocacy around the moratorium, especially given the strategic role of BRA in engaging with the FGS.

171,266

evictions recorded in 2020, as an increasing number of families are currently threatened with eviction.

69,500

preventions registered from January 2020 to date, as the HLP observed a significant decline in forced evictions

Child Protection



Needs

• As at December 2020 Child Protection needs continued to remain high due to COVID-19 and the ongoing armed conflict and insecurity as well as well as climatic shocks continue that have had a devastating impact on the protection of children. Due to the ongoing COVID-19, schools were closed until October 2020. There has been an increase of Child Protection emerging needs as reported by our Somalia CP AoR members. Violence against children, both inside and outside the home has reportedly increased¹ as families have been in a confined space, with limited resources and heightened stress.



Gaps & Constraints

- The Child Protection AOR supported the adaptation of a Guidance Note for Remote Case Management as well as standardization of child protection and child friendly messages, positive parentings tips, PSS learning kits for different age groups, as well as Tip Sheets for case management volunteers. Online orientation sessions ensured that Child Protection partners were familiar with these guidance notes and could use them effectively. Coaching, mentoring and debriefings further enhanced the capacity of case management volunteers and social workers, which helped to ensure continuity of care, quality services and the effective use of web-based referral pathways service mapping.
- Inadequate funding to ensure the provision of quality child protection service. As of December 2020, child protection area of responsibility 14 per cent of the total funding requested in the 2020 HRP
- Suspension of activities that involves gathering like training and community awareness raising activities
- The low level of internet usage in Somalia makes it difficult to plan and execute online virtual activities with both community level facilitators/volunteers, parents and children.



Response

	Q2 <i>Reached</i>	Q3 <i>Reached</i>	Q4 <i>Reached</i>
The Child Protection AoR partners reached a total of 495,695 people (296,496 children) with various child protection services like child protection messaging, Psychosocial Support Service (PSS), case management, Family Tracing and Reunification (FTR), alternative care and reintegration of children associated with armed forces and groups (CAAFAG) adapted to the COVID-19 situation.	78,416 16,926 girls 16,550 boys 26,945 women 17,995 men	179,966 6,1651 girls, 60,012 Boys, 33,013 women, 25,290 men	237,313 77,578 girls, 63,779 boys, 51,602 women, 44,354 men
51,245 (39 per cent girls) children, adolescents and parents/caregivers received psychosocial support in the form of structured psychosocial sessions adapted to the COVID-19 situation. COVID19 limited delivery of MHPSS services due to precautionary measures of physical distancing and restrictions on staff to travel to the field. To address this impediment child protection actors adapted distance counselling, use of hotlines and social media to reach children and caregivers in need of PSS.	5,769 2,091 girls 2,258 boys 822 women 598 men	36,700 14,430 girls 15,552 boys 3,504 women 3,214 men	8,776 3,534 girls 3,816 boys 997 women 429 men
As of December 2020, a total of 345,389 (55 per cent children) individuals were reached with child-friendly awareness-raising sessions, positive parenting messages and flyers on child protection, and COVID-19 risks.	57,301 10,078 girls 9,282 boys 21,838 women 16,103 men	96,037 31,800 girls 28,371 boys 20,392 women 15,474 men	192,051 61,053 girls 49,719 boys 42,572 women 38,707 men
Case Management services provided to 25,727 (42 per cent girls) children from March – Dec 2020, either directly through daily field presence of caseworkers or remotely adapted to COVID-19 situation.	7,489 2,228 girls 2,512 boys 2,626 women 123 men	10,828 3,507 girls 2,929 boys 1,872 women 2,520 men	7,410 5,053 girls 1,939 boys 297 women 121 men
CP AoR partners continued identification of children with disabilities to ensure their protection needs are met during the COVID-19 pandemic. A total of 1,343 children with disabilities were reached with child protection service.		452 children with disability	891 children with disability

Gender-Based Violence (GBV)



Needs

• In 2020, the GBV AoR partners continued to provide services using the remote methodologies in response to COVID-19 restrictions. However, there continues to be the need to broaden services to remote locations with high



Response

• The GBV AOR partners demonstrated capacity to continue to deliver services in 2020 despite the complex humanitarian environment worsened by COVID19. Some of the major results include:

- The GBV AoR development guidelines for GBV coordination and service provision using remote



Gaps & Constraints

- Service disruption and closure of services centers due to COVID-19
- Limited specialized service providers in remote locations with population with GBV needs.
- The continued challenge of adapting to

¹ Child Protection in the context of COVID -19, survey report -April/May 2020 <https://www.dropbox.com/s/bhrfkn6t22a87s/Somalia%20CP%20COVID-19%20Survey%20FINAL%20%28003%29.pdf?dl=0>

burdens and reporting for GBV. Lack of access due to armed conflicted and limited presence of specialized GBV service providers in these locations were major gaps for service provision. Targeting of and hostility towards service providers due to heightened political tension in Q4 of the year resulted in fear among service providers which limited their ability to provide services. The need for valid data and stronger legal framework for the protection of women and girls from violence is also a hindrance to proper targeting for GBV programming and service provision.

methodologies in line with measures of COVID19 restrictions.

- The GBV AoR partners mainstreamed initiatives to respond to COVID19 in project and activities for prevention of GBV. The AoR worked with Food and Shelter clusters to promote GBV mitigations in IDP camps and host communities. A total number of 117 coordinators benefitted from the workshops.
- Messages integrating GBV and COVID19 prevention was produced, printed and disseminated among service providers which was utilized during mobilization and education sessions on GBV.
- Three Shelters in Somaliland, Mogadishu and Puntland were supported to ensure that they continue to admit GBV survivors in need of protection and services by providing orientation on safety protocols and linking them with Ministry of health for consideration for PPE.
- From April to December 2020, the GBV AOR reached a total of 433,672 people with GBV services and information. The AOR also contributed to capacity enhancement of humanitarian and government actors.

- remote programming methodologies
- Stigmatization and victim shaming for reporting of GBV cases.
- Low reporting by male GBV survivors due to discriminatory social norms
- Limited GBV shelter provision.

117

coordinators benefitted from the workshops organized by GBV AoR to respond to COVID19

433,672

people reached from April to December 2020 by the GBV AOR with GBV services and information.

Shelter



Needs

- An analysis conducted of 144 IDP sites in April 2020 reveals that the average usable surface area per person is only 8 m² against a minimum of 45 m² per person for IDPs. According to this analysis, 237 IDP sites in different regions are at high-risk for COVID-19 transmission and are in need of decongestion both at shelter and settlement levels. Decongestion measures include basic site planning and provision of NFI and emergency shelter. Over 580,000 individuals live in these sites who need shelter, NFI and infrastructure support.



Response

- Between March and December 2020, a total of 22,139 individuals received shelter assistance and 30,881 individuals received NFI assistance in high risk IDP sites.
- Decongestion guidance documents were developed jointly by CCCM, shelter clusters and UN Habitat.
- In 2020, the shelter cluster partners reached 360,059 people with shelter interventions and 452,698 people with NFI interventions. In fact, all the shelter and NFI interventions contribute to reduce the COVID-19 transmission mainly through decongestion at settlement and shelter levels.



Gaps & Constraints

- Lack/limited availability of land adjacent to the existing IDP sites for expansion of the sites.
- There is need to increase provision of emergency shelters to the affected population.

22,139

individuals received between March and December 2020 shelter assistance and 30,881 individuals received NFI assistance in high risk IDP sites.

Water, Sanitation and Hygiene (WASH)



Response

- About 500 health staff and community volunteers were trained on COVID-19 infection prevention and control (IPC) in Mudug, Bay, Bakool, Bari, Lower Juba and Banadir, Gedo Wanla Weyne, Marka and Afgooye districts while 13 health facilities in Gedo, Bay and Lower Shabelle regions had improved sanitation through construction of latrines and hand washing stations.
- In Bay, Bakool, Bari, Gedo and Lower Juba regions, cluster partners installed hand-washing stations at health care facilities and IDP settlements enabling 31,889 people improve personal hygiene focusing on handwashing to reduce transmission of COVID-19. Moreover, 12,700 individuals were reached in Mogadishu and Belet Weyne in health and nutrition centres with hygiene messages through face-to-face sessions.
- Hand washing stations to benefit 19,180 people were constructed in schools and health centres in Lower Shabelle, Middle Shabelle and Mudug regions.
- With regard to (RCCE), cluster partners continue to disseminate key COVID-19 messages using local communication platforms (social-media), radio, posters and other IEC materials focusing on prevention and control. A total of 240 outreach staff and hygiene promoters were trained.
- 1,344 shallow wells were disinfected in December in flood-affected and AWD hotspots areas to ensure water safety.

	Q2 (April-June)		Q3 (July-Sept)		Q4 (Oct-Dec)	
	Reached		Reached		Targets	Reached
# of people reached with critical WASH supplies (including hygiene items) and services 1.68 M.	328,709 girls	349,426 boys	110,020 girls	110,308 boys	77,500 girls	59,572 girls
	229,250 women	203,690 men	63,514 women	59,157 men	88,750 boys	61,743 boys
					121,500 women	101,298 women
					68,250 men	55,678 men

3. ECONOMIC RESPONSE AND RECOVERY

Critical food value chains

- Twelve retailers in Kismayo received solar powered refrigerators with the capacity to store 30 cubic meters of fresh produce and were trained on post-harvest loss reduction for fresh produce, e.g., of fruit and vegetables. With this support, the retailers reported sales of US\$ 474,000 in 2020. Through the WFP e-Shop mobile application (an e-commerce solution), beneficiaries of WFP cash-based transfers ordered items online for home delivery.
- Through the food assistance for assets programme, WFP targeted people with food assistance through value vouchers while they created and/or rehabilitated productive community assets e.g., irrigation canals, feeder roads, water-harvesting structures, flood protection barriers, rehabilitated rangelands and grew fruits and vegetables in small, irrigated farms.

Micro, Small and Medium Enterprises (MSMEs)

- During the reporting period, 330 people were trained on entrepreneurship and business skills, more than 180 potential or existing entrepreneurs and another 185 female entrepreneurs in Mogadishu were supported. Some of the graduates received business start-up grants and were linked to business associations to start and sustain small medium enterprise.
- SMEs awareness campaign on COVID-19 prevention and awareness information sessions (April to August 2020) were organized to inform the local business community on ways the virus spread can be avoided. These initiatives have been reinforced through the distributing of 1,000 COVID19 prevention information materials in Somali language, to vulnerable MSMEs. Furthermore, UNIDO in collaboration with the Ministry of Commerce and Industry and the Chamber of Commerce and Industry at federal and state level through the network of Enterprise Development Unit (EDU) conducted vocational training on how to manufacture protective face masks. As result, local tailors/textile companies were able to produce locally 1,500 masks and in turn providing income channel and create local jobs.
- UNIDO provided OHS/COVID-19 Recommendations and Preventive measures training (online) to Somali experts from the Ministry of Commerce and Industry, Somali Chamber of Commerce at federal and state level in Q4.
- In Q4 2020, UNIDO highlighted that the TVET training manuals were finalized in the subjects of Packaging/Storage of Fruits and Vegetables, Fish Handling, Basics of Welding and Plumping. The expectation is to train more than 100 individuals in these areas. Furthermore, the manuals can be used for future reference and support in the development of these sectors by enhancing the capacity of human capital making the sectors competitive internationally, and in turn create jobs and economic growth. As result, contributing to the resilience of the country in times of pandemics and global economic challenges.
- UNDP Somalia's Accelerator Lab and the Institute of Innovation, Technology and Entrepreneurship are mentoring/coaching the three Winner teams from COVID-19 Hackathon to develop their solution prototype. The winners received the prize of US\$2,000 each to finalize the solution prototype.

	Q2 (April-June)	Q3 (July-Sept)	Q4 (Oct-Dec)	
	Reached	Reached	Targets	Reached
Total # of MSMEs supported to continue or resume activities.		150		500
# of women led MSMEs		120		305
# of youth led MSMEs		70		50

4. MACROECONOMIC RESPONSE & MULTILATERAL COLLABORATION

- Under the leadership of the Ministry of Planning, Investment and Economic Development, UNDP orchestrated a socio-economic impact assessment (SEIA). To institutionalize the assessment, an advisory board comprising of line ministries, UN Agencies and donors was set up to endorse the methodology, lead and coordinate data collection and analysis. It also ensured integration of multi-dimensional perspectives into existing and new assessments. The SEIA highlights the impact of the triple shock (COVID-19, locust infestation and flooding) on the first year after Somalia has reached the HIPC Decision Point. To complement the SEIA, UNDP has also produced a Global and Regional COVID-19 Impact and Response Country Comparators Study for Somalia.

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