

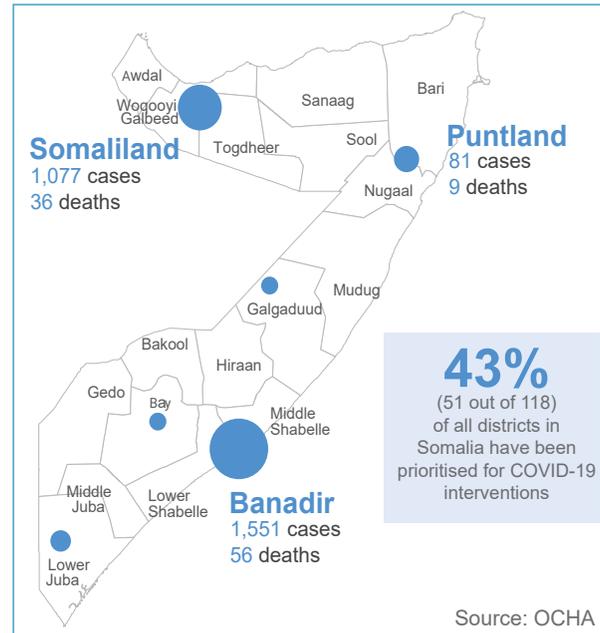


This report on the Country Preparedness & Response Plan (CPRP) for COVID-19 in Somalia is produced monthly by OCHA and the Integrated Office in collaboration with partners. It contains updates on the response to the humanitarian and socio-economic impact of COVID-19, covering the period from 21 September to 25 October 2020. The next report will be issued on or around 30 November.

Highlights

- Over 500 new COVID-19 cases and 6 deaths have been confirmed since September, taking the total to 3,941 cases and 104 deaths as at 25 October.
- At least 237 sites, hosting over 580,000 internally displaced people across the country, are overcrowded and at high-risk for COVID-19 transmission, according to Shelter Cluster partners.
- All airports in Somalia are now open for local and international passenger flights with the exception of Abudwak, which is closed for maintenance works.
- The US\$256 million humanitarian component of the Somalia COVID-19 CPRP launched in April is only 30 per cent funded, negatively impacting effective cluster responses.

Confirmed COVID-19 cases and deaths per region as of 25 October 2020



Situation overview



COVID-19 CASES

Over 3,941 confirmed cases since March, including 3,185 recoveries and 104 related deaths, as of 25 October. Positivity rate: 10% Case fatality rate: 2.6% Source (MoH, WHO)



HEALTH SERVICES

Primary healthcare services are overwhelmed due to increase in IDPs. Demand for new health centres, referral capacities, medical supplies and equipment remains high.

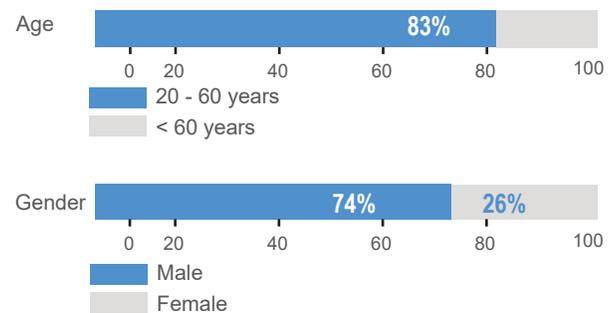


IDP SITES

Overcrowding in IDP sites risks COVID-19 transmissions and other disease outbreaks such as cholera and acute watery diarrhoea.

Confirmed cases by age and gender

Source: MoH, WHO



EMERGENCY EDUCATION

Education partners have reached 49% (444,900) of 900K children with Education in Emergency (EiE), including 51,771 (24,547 girls) reached in September.



CHALLENGES

Despite scaling up of public health measures, shortage of testing kits, delayed detection and overall fragility of the health system are hampering effective response.

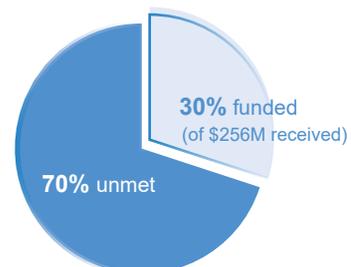


PROTECTION CONCERNS

The socioeconomic impact of COVID-19 has partly led to increased human rights violations, gender-based violence, cyclical displacement, food insecurity and erosion of coping mechanisms.

CPRP funding still shows significant underfunding

Source: OCHA



Response to COVID-19

1. HEALTH FIRST

Emergency support to the COVID-19 related health response

Significant gaps exist in Somalia's health sector and the current pandemic poses serious concern considering the high level of vulnerability across the country. According to the CPRP, 2.5 million people need health assistance.

Risk Communication and Community Engagement (RCCE)

- The RCCE task force has reached 10.9 million people with COVID-19 awareness, prevention and sensitisation messages since April, including 1 million IDPs in 867 sites since April. Social mobilisers are also working with District Field Assistants to visit houses and educate people about the risk of COVID-19 and prevention methods.

Surveillance, rapid response and case investigation

- Health partners have prioritised 51 high risk (43 per cent) out of the 118 districts for COVID-19 interventions. Community surveillance teams are conducting active case search, contact tracing and awareness raising in the districts. About 55 health facilities were visited by district rapid response teams who conducted case detection and supervised early warning surveillance activities. During the visit, 75 health workers were trained on COVID-19 case definition.
- Partners provided incentives to staff at De Martino Hospital and Aden Adde International Airport (AAIA), and procured medical supplies and ICU equipment, including for Gawan Hospital in Hobyo District. A quarantine unit has been established at AAIA in Mogadishu to isolate passengers who demonstrate COVID-19 symptoms.
- To detect, test, track and trace possible COVID-19 patients, rapid response teams reached 44,993 households (229,127 individuals) in 1,105 settlements; including 19,967 (45 per cent) households in urban areas, 16,092 in rural areas and about 75 in IDP sites and nomadic groups.
- During the week ending 24 October, 165 COVID-19 suspected cases were notified by integrated community surveillance teams: 91 (55 per cent) from urban areas, 64 (39 per cent) from rural areas and 10 (6 per cent) from IDP settlements.



Gaps & Constraints

- Shortage of COVID-19 test kits is still a problem in Galmudug, Hirshabelle, Jubaland, and Southwest regions.
- Lack or limited staff training with few Community Health Workers (CHWs) for surveillance.

Points of Entry (POEs)

- Health Cluster partners in collaboration with the FMoH are implementing health guidelines and supporting key prevention activities to ensure safe reopening of the points of entry into the country.
- Partners supported the FMoH to conduct COVID-19 screenings at PoEs in Dollow, Xudur, Baidoa, Hargeisa, Dhobley and Kismayo.
- A total of 167 frontline workers (52 females) from the COVID-19 regional committee's Secretariat office in Somaliland have received training on COVID-19 management, including 17 trained in September.
- Health partners conducted screenings in AAIA and Jubaland, and distributed PPE and Infection, Prevention and Control (IPC) materials at POEs. Procurement of additional PPE/IPC materials is ongoing



Gaps & Constraints

- Majority of the POEs still need separate waiting areas for suspected COVID-19 cases, hygiene washing stations and additional personnel to conduct temperature checks and manage the POEs, as more people enter the country following the opening of airports.
- Additional funding is needed to support FMoH at federal and state levels to reinforce POEs activities and coordination within all relevant ministerial sectors and stakeholders at POEs. A technical working group is needed to bring together the different agencies working at POEs beyond the COVID-19 response.
- Additional support and funding is required to assist with procurement and transportation of the COVID-19 response supplies, trainings and reinforcement of capacity, incentive payment to health screeners, coordination and PPE.

Infection, Prevention and Control (IPC)

- WASH partners continued to improve access to water and sanitation conditions in institutions and communities and provided training to CHWs, to mitigate the spread of COVID-19. Eight health facilities were supported with rehabilitation of 34 latrines and construction of handwashing stations in Gedo, Lower and Middle Shabelle regions, benefiting 6,622 people.
- About 50 healthcare workers were trained on WASH IPC in Dolow, Gedo region, while 517 frontline health workers (300 female) received training on essential health service continuity and more than 615 health facilities (343 female) were trained on IPC. About 60 health workers in Sool and 12 in Banadir were trained on IPC and COVID-19 case management.
- At least 36,600 people received hygiene kits in Hiraan, Lower Juba, Middle, Lower Shabelle and Bakool regions and more

than 11,300 women and adolescent schoolgirls received Menstrual Hygiene Management kits.

- About 61,786 people benefited from access to safe water supply through construction of water infrastructure and piping to 22 water points within the IDP settlements in Kaxda and Daynile in Banadir region and rehabilitation of six shallow wells Gedo region.
- Nearly 77,400 people were reached in South West State, Jubaland, Banadir and Somaliland with hygiene promotion activities and 27,168 people reached with COVID-19 information in supported clinics in Afgooye, Xudur, Dhobley, Hargeisa, Bardhere, Kismayo, Baidoa, Dollow and Sanaag.
- About 1,055 health facility staff (621 female) received masks and gloves and 456 frontline health workers (241 female) received gowns and face shields.
- About 72,000 locally made face masks and soap bars were procured and distributed in three IDP and returnee settlements in Mogadishu (Kaxda, Garasbaaley and Deynille districts).



Gaps & Constraints

- Lack of sufficient PPE for frontline staff, and delays in the delivery and high cost of PPE of supplies.
- Lack of funding for staff and community capacity building on IPC.
- Low community acceptance of COVID-19 existence, stigmatization of people wearing protective items like masks and community laxity in infection prevention measures like use of face masks and social distancing.

Case management

- Health partners supported two isolation centers, Lascanood and Macfalka in Kismayo, with PPE and in-kind procurement of COVID-19 equipment like beds and an oxygen machine in Lascanood.
- About 85 health workers were trained on case management, including in Kismayo and Lascanood. Partners seconded staff and facilitated COVID-19 case detection and management training for clinical response staff.
- At least 829 suspected (231 under 5s / 292 female / 306 male) COVID-19 patients and 153 patients were followed up with telephone calls and home visits.
- The Ministry of Health of Galmudug State and International Medical Corps trained 12 laboratory technicians deployed by the FMOH in an isolation center in Gaalkacyo.



Gaps & Constraints

- Lack of case management centres for COVID-19 suspects in most districts in southern States.
- Lack of medical equipment, ventilators and oxygen machines.

Psychosocial Care

- Community-based Mental Health Psychosocial Support (MHPSS) services across the country have increased three-fold from 400 people in August to 1,930 in September (52 per cent women and girls), mainly due to people being better informed about prevention, increasing their confidence to receive services. Somaliland provided 50 per cent of MHPSS services, followed by Puntland at 30 per cent and 20 per cent throughout the rest of Somalia.
- About 135 people were reached with orientation on the MHPSS pillar in national COVID-19 response and key messages to address social stigma. Overall, 26,413 children and parents have received MHPSS since March.



Gaps & Constraints

- Psychosocial support for COVID-19 patients and their families still a necessity as more people are affected.
- Training on psychological support for health workers still limited due to lack of enough 'trainer of trainers'.

Protecting health services and systems during the crisis

Partners continued to provide essential lifesaving health services under the COVID-19 response, in addition to supporting building back better and ensuring health systems recovery, preparedness and strengthening.



Needs

- New health centres need to be established with a full package of interventions, staffing, ambulances, medical supplies, infrastructure and equipment, and referral capacities, to cater for increased caseloads.
- WASH interventions and Protection responses are needed for



Response

- In September, Nutrition Cluster partners supported about 55,000 children and women to access lifesaving health services including reproductive health, case management for common childhood illnesses and immunisation.
- About 1,000 households received hygiene kits during COVID-19 awareness sessions for



Gaps & Constraints

- Travel restrictions and social distancing regulations have disrupted clinical skills training and affected access to services.
- Stigma towards both community and staff has resulted in reduction in attendance at health facilities.
- Partners report capacity gaps

IDPs as well as the poor host communities who are deprived of access to clean water and are exposed to various forms of violence due to the COVID-19 restrictions.

- Nutrition and food security indicators for IDPs, and rural and poor urban host communities are reportedly poor.



IDPs and host communities deprived of access to clean water and exposed to various forms of violence

the community.

- More than 30 frontline health workers in Banadir and Somaliland were trained on IPC, case management and awareness raising for COVID-19, and 25 in Hargeisa on effective responses and containment of disease spread.
- About 33 health facility staff received PPE and partners continued to support three COVID-19 treatment centers in Mogadishu (De Martino), Garowe and Wajale districts.
- At least 45,660 pregnant women attended at least one antenatal consultation, while 3,348 women gave birth with a skilled birth attendant and 3,348 mothers and new-born babies received first postnatal check within 48 hours. Some mothers delivered at home by traditional birth because of fear of COVID-19.
- More than 43,135 children under 12 months received their third dose of Diphtheria Tetanus and Polio (DTP) vaccine and 2,721 health workers received support to maintain essential services.

among CHWs, including due to reported COVID-19 cases among health workers.

- Challenges with supplies, including insufficient PPE for staff and stock outs.
- Some payment modalities have been discontinued, such as cash-teller methods, making program implementation difficult, especially since there are few alternatives for backup.



Impact of COVID-19 on travel restrictions, social distancing regulations, lack of supplies, (insufficient PPE for staff and stock outs)



55,000 children, women benefited from basic life-saving health services



30 frontline health workers trained on IPC, case management and COVID-19 awareness raising



33 health facility staff received PPEs and supported 3 COVID-19 treatment centers



45,660 pregnant women attended antenatal consultations



43,135 children <12 months received DTP vaccine

2. PROTECTING PEOPLE

Camp Coordination and Camp Management (CCCM)

Needs

- Congested conditions in IDP sites and settlements have elevated the risk of COVID-19 outbreak and transmission among IDPs, calling for continued awareness raising on risk, prevention and response measures.
- About 248 IDP sites in Banadir are considered high-risk for COVID-19 transmission, according to the COVID-19 IDP Site Risk Mapping by CCCM Cluster partners.

248

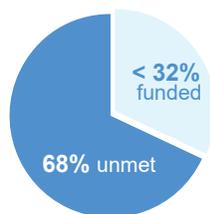
IDP sites in Banadir are considered high-risk for COVID-19 transmission

1.7M

People **have not** received COVID-19 risk communication activities

Response

- The CCCM Cluster through support from six partners conducted a RCCE Feedback Assessment targeting eight districts within Somalia. The findings from this assessment highlight that IDPs have improved their understanding of COVID-19 risk mitigation measures since the assessment's first round in May.
- CCCM Cluster partners have recommended a COVID-19 gap analysis for IDP sites in Somalia to address the current lack of data regarding IDP sites that have not received COVID-19 RCCE activities.



The CCCM Cluster is underfunded

Gaps & Constraints

- About 1.68 million people in 1,423 IDP sites have not received COVID-19 risk communication activities geared at empowering beneficiaries to practice COVID-19 safe behavior.
- Lack of humanitarian service providers in IDP sites continues to affect the ability to receive and provide feedback on the humanitarian situation in the sites.
- The funding for the CCCM Cluster remains low, with only 32 per cent of requirements funded.
- According to the CCCM Feedback Assessment-Round Two of September, the switch by service providers to more remote modalities of service provision has created gaps in accessing humanitarian information, with some more remote districts being negatively affected.

Education

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> Education Cluster partners are providing technical support to the Ministry of Education to safely re-open schools. The partners are targeting at least 900,000 children countrywide with various education interventions under the COVID-19 response, for the period April to December 2020. Partners have reported lack of sufficient classrooms and PPE for school children, following the sudden re-opening of schools in mid-August by the Government. 	<ul style="list-style-type: none"> Of the 102,973 children (48,884 girls) reached in September, 51,771 (24,547 girls) received teaching and learning materials, while 51,041 (24,479 girls) accessed emergency school feeding programs, ensuring that the most vulnerable children have access to food and will minimise the risk of learners dropping out of school. In addition, 61,010 (28,586 girls) children are being supported with safe drinking water. At least 142,314 children (42 per cent girls) countrywide were reached with alternative learning through radio, television and online learning platforms and 4,226 children enrolled in pre-primary, primary and secondary education levels and provided with learning materials after school re-opening. About 34 latrines in 14 schools and eight health facilities were rehabilitated and provided with handwashing stations in Gedo, Lower and Middle Shabelle regions, improving sanitation and hygiene services for 6,622 people. 	<ul style="list-style-type: none"> Partners report limited programmes to improve access to learning opportunities for children in Early Childhood Education, in addition to overall gaps in PPE provision due to the sudden reopening of schools in August. As schools have reopened, partners have reported limited resources to set up adequate handwashing facilities, and non-availability of face masks in most districts.

49%

Children reached with EIE assistance since 1 April



Limited programmes to improve learning access for children, resources to set up adequate handwashing facilities and availability of face masks

Logistics

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> The Logistics Cluster is facilitating dedicated cargo airlifts on behalf of the Government and key humanitarian partners, upon request. This includes transportation of passengers, medical teams and supplies, samples and provision of storage facilities. 	<ul style="list-style-type: none"> All airports in Somalia are open for local and international passenger flights with the exception of Abudwak, which is closed for maintenance works. No significant operational impact has been by partners so far. All ports (Mogadishu, Kismayo, Berbera and Bossaso) remain operational. As of 22 October, over 140 tons of relief items have been transported via air and road on behalf of six organisations to Baidoa, Belet Weyne, El Berde, Dollow, Hobyoy and Jowhar. The Logistics Cluster received US\$1 million from the Somalia Humanitarian Funding (SHF) for the current flood response, to support the rapid air and road transportation of humanitarian cargo to affected areas. The Logistics Cluster, in collaboration with OCHA, is compiling information from partners to facilitate advocacy for expeditious tax exemption processes related to movement of goods. 	<ul style="list-style-type: none"> Challenges persist in the transportation of humanitarian cargo into and within Somalia, due to delays in customs clearance and tax exemption processes. Most impacted are cold chain/health items due to a lack of temperature-controlled storage and limited adapted infrastructure at airports, while consignments are being cleared or in transit. Advocacy efforts for the expedition of the process are underway.

140

MT of COVID-19 related cargo transported

\$1M

Received from SHF for the current flood response



Delays of cold chain/health items during humanitarian transportation

Food Security and Nutrition

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> According to the 2020 post Gu season food security and nutrition assessment conducted in July and August by FAO's Food Security and Nutrition Analysis Unit (FSNAU), up to 2.1 million people across Somalia 	<ul style="list-style-type: none"> In September, Food Security Cluster partners assisted 1,531,074 people out of 2,103,495 targeted (73 per cent achievement) to access food and safety nets. People assisted with unconditional transfers are mostly those in IPC 3 or worse, who experience significant 	<ul style="list-style-type: none"> Food Security Cluster responses in Bakool, Lower Shabelle and Middle Juba are less than 40 per cent of the target mainly due to access challenges. In Banadir, coverage is less than 10 per cent

are expected to face food consumption gaps or depletion of assets indicative of Crisis (IPC Phase 3) or worse outcomes through December 2020, in the absence of humanitarian assistance. An additional 3 million people are expected to be Stressed (IPC Phase 2), bringing the total number of people facing acute food insecurity due to multiple shocks to 5.1 million.

- Approximately 849,900 children are likely to be acutely malnourished through August 2021, including 143,000 children likely to be severely malnourished. Global Acute Malnutrition (GAM) remains at 11.8 per cent (2020 Gu).
- Acute food insecurity is being experienced by vulnerable households as a result of COVID-19 related economic shocks, including loss of markets and employment opportunities.



53,738 children and women supported by Nutrition Cluster



511,200 children and 192,694 PLWs received nutritious foods



244,727 boys and 287,318 girls received food assistance

consumption gaps.

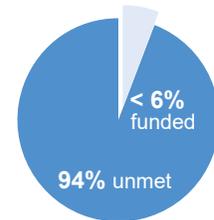
- Additionally, nearly 163,900 people received seasonal inputs and livestock asset protection, bringing the total assisted with farm inputs since August to 189,916, being 18 per cent of the seasonal target of 1,060,406 people.
- Food Security Cluster partners have maximized the use of mobile money transfers to reduce travel distances and associated risks for people receiving cash-based assistance. At least 27 per cent of the assistance provided in August was in-kind while 73 per cent was cash-based transfers, including vouchers and cash.
- As of 30 September, Nutrition Cluster partners reached 244,727 boys and 287,318 girls aged 6-59 months, representing 66 per cent of HRP targets. Of those reached, 190,366 were severely acute malnourished children and 341,679 moderately acute malnourished. A further 104,017 Pregnant and Lactating Women (PLW) were also administered treatment.
- Nutrition Cluster partners conducted a refresher orientation session for all information management focal points to address delayed reporting by some partners and are conducting mass dissemination of risk communication on COVID-19 in local dialects.
- Nutrition Cluster partners are targeting 435,000 children under the CPRP, out of the 1 million GAM burden of 2020. In September, 53,738 children and women accessed lifesaving health services, while nearly 511,200 children (260,712 girls/250,487 boys) between 6-59 months and 192,694 pregnant and lactating mothers received specialised nutritious foods for the prevention and treatment of malnutrition.
- Over 180,000 children (66 per cent girls) with severe acute malnutrition (SAM) were admitted into the treatment program between January and mid-October, with the highest admissions reported in Lower/Middle Shabelle, Bay, Bakool and parts of Banadir region.
- Nearly 20,000 mothers and caretakers were provided with individual infant and young child feeding counselling, bringing the total of those reached since March to 74,173.

due to funding shortfalls.

- Operational challenges pertaining to partnership and registration of beneficiaries have contributed to low coverage in some regions.
- Lack of access and insufficient funding have resulted in low coverage of response in some areas. As of 21 September, the Cluster was less than six per cent funded under the COVID-19 response.

2.1M

People expected to be food insecure (IPC 3) through December 2020



FSC funding under the COVID-19 response



20,000 mothers provided with feeding and counselling



180,000 children (66% girls) admitted into treatment programme

Fiscal Stimulus and Multi-Purpose Cash

- The COVID-19 pandemic in Somalia has affected internally displaced people and the urban poor, the majority of whom rely on daily casual jobs that were not accessible in the first weeks of the pandemic due to lockdown measures. Partners continued to provide overall financial and technical support to the Government in coordinating and implementing ongoing cash transfers as part of the National Safety Net Programme.
- More than 133,700 people (76,212 women/57,492 men) benefitted from quarterly, predictable urban and rural safety nets in September, bringing the total number of people who have received the transfers to 239,610 for the current quarter (136,578 women/103,032 men). The cash transfers helped beneficiaries to access food, cushioning them against the social-economic impact of multiple shocks including COVID-19.
- At least 917,522 people (596,390 women/321,132 men) received unconditional in-kind assistance or cash-based

transfers to meet their minimum food and nutrition needs. In addition, 2,458 vulnerable persons of concern (2,166 refugees, 281 asylum-seekers and 11 returnees) received additional multi-purpose cash grants and 1,300 households received unconditional cash transfers and agricultural inputs. Another 591 households received unconditional cash transfers.

- Temporary cash transfers to mitigate the negative socio-economic impact of COVID-19, in collaboration with Banadir Regional Administration-Durable Solutions Unit, were provided to 2,300 households in Mogadishu with a focus on IDPs, as well as 575 households in Berbera Municipality.



Gaps & Constraints

- The security situation in Shabelle and Juba regions has impeded beneficiary verification, cash disbursement and input distribution.

Migration Response

Vulnerable migrants continued to receive direct assistance and basic services at Migration Response Centers and the Ethiopian Community Centres in Hargeisa and Bossaso. At least 11 Somali nationals were assisted to return after more than six months of being stranded in the Islamic Republic of Iran, following the outbreak of COVID-19.

Protection



Needs

- Communities across Somalia remain susceptible to human rights violations, cyclical displacement and erosion of coping mechanisms due to several factors, including the socio-economic impact of COVID-19.
- According to Child Protection partners, protection challenges affecting children, including violence, child labour, early marriages and forced recruitment, may have long-lasting consequences. Due to limited access to school and child protection facilities, children have had limited access to many avenues through which to report abuse and seek adequate assistance, such as teachers and child protection staff.



Response

- At the request of the [UN Secretary General's High-Level Panel on Internal Displacement](#), Protection and CCCM Clusters conducted 35 countrywide consultations with IDPs and host community members in September, to determine concrete interventions to prevent, respond and achieve solutions to internal displacement in Somalia. The majority of the respondents indicated they have received information on how to prevent the spread of the virus but expressed fear of risk of transmission as people fail to abide by the preventative measures.
- The Explosive Hazard Area of Responsibility (AOR) reached 1,005 IDPs with explosive ordinance risk education/ COVID-19 awareness training. The AOR is integrating explosive ordinance risk education with COVID-19 basic safety messages. Teams are currently operating in 16 regions and 40 accessible districts excluding Somaliland, Puntland, Afmadow, Middle-Juba and areas that are under Al-Shabaab control.
- Child Protection AOR partners reached 44,285 people across Somalia with awareness messages on child protection and provided case management services to 5,360 children in September. Trained social workers from selected universities played a critical role in filling the human resource gap created by COVID-19.

Housing, land and property



Needs

- Disputes related to housing, land and property rights (HLP) persist across Somalia, with at least 100,000 IDPs already evicted in 2020, according to Protection Cluster partners. The situation has been complicated by the impact of the COVID-19 pandemic. Majority of those evicted live in emergency shelters, with those in informal settlements reportedly lacking security of tenure.
- HLP disputes are often due to secondary occupation, loss of ownership documents, illegal or forced sales as well as unequal distribution of land. According to Protection Cluster partners, HLP



Response

- In September, 48,555 individuals (26,606 female and 21,949 male) accessed HLP specific assistance; mainly, protection from forced evictions through preventive engagements and post eviction support, information services, socio-economic reintegration, access to justice and empowerment, legal aid and cash-based assistance (rent support).
- HLP partners conducted a value-for-money analysis to assess the economic impact of the moratorium, which halted evictions for a three-month period preventing 44,246 people (32,774 in August) from being forcibly evicted. The moratorium and eviction prevention efforts have saved NRC \$454,054 that would have been spent on a response.



Gaps & Constraints

- In September, only 22 older persons and 27 persons with disability accessed HLP specific assistance, an extremely low number for a category that often bear disproportionate violations.
- COVID-19 restrictions, insecurity and adverse weather continues to impede access to communities.
- Funding gaps for HLP have resulted in limited advocacy and reach of the affected or at-risk populations.
- Difficulty in conducting children's activities safely due to the challenge of enforcing physical distance with

violations are borne disproportionately by displaced women, marginalised or minority groups, and persons with disability in Somalia.

- Community conversations on justice, security and land issues are ongoing in Hirshabelle. Preparatory work for the resumption of activities by NGOs to conduct community conversations have been done with focus on how COVID-19 has affected community life.

48,555

Individuals had access to HLP assistance

children.

- The low internet penetration in Somalia makes it difficult to plan and execute online virtual activities.
- Staff capacities for prevention and response to COVID-19 are still limited. In the target communities, the expectations regarding material and other COVID-19 support are very high, which influences actual project work.

Gender Based Violence



Needs

- According to GBV Sub-Cluster partners, the number of women and girls facing violence and abuse, including sexual violence, has significantly increased due to movement restrictions, as well as economic and social stresses induced by the COVID-19 pandemic. Intimate partner violence cases remain the highest GBV type reported across Somalia. Clinical Management of Rape (CMR), Psychosocial Support (PSS) and legal aid remain priority needs for GBV survivors.
- GBV partners are targeting 750,000 out of 1.2 million people in need of GBV interventions by December.
- Women and girls living with disabilities face exclusion and marginalization across the continuum of care, which further constrain their ability to access GBV services and maintain the safety protocols of social distancing due to their dependency on aid for movement.



Response

- At least 123,250 people were reached with GBV services and information, while 117,622 people were reached with advocacy and awareness on GBV prevention, mitigation and response.
- Nearly 860 people received dignity kits and solar lanterns and 1,929 identified survivors were assisted with appropriate support specific to COVID-19 response.
- About 1,715 received multisectoral GBV services, including clinical management of rape and first Aid Psycho-social support. At least 410 duty bearers, health workers, community volunteers humanitarian actors gained knowledge and skills on various focus areas of GBV service provision, prevention and mitigation.

123,250

People reached with GBV services and information

100K

IDPs evicted from sites in 2020



Gaps & Constraints

- Limited GBV shelter provision, stigmatisation, low hotline provision and utilisation, and limited number of MHPSS providers for severely traumatized women and girls.
- Service disruption and closure of services centres due to COVID-19 impacting overall reporting and response.
- Limited number of specialised GBV service providers for remote locations and generally to cover the huge landscape of needs, in addition to limited provision of case assistance and basic hygienic materials such as dignity kits and reusable sanitary pads.

Shelter



Needs

- Cluster partners have reported that due to overcrowding, 237 IDP sites across the country, accommodating over 580,000 individuals, are at high-risk for COVID-19 transmission and require decongestion both at shelter and settlement levels.
- Decongestion measures, including basic site planning and provision of NFI and emergency shelter, are needed.



Response

- A total of 16,654 individuals have received shelter assistance and 34,396 individuals have received NFI assistance in high-risk IDP sites, between January and August, including in Banadir and Afgooye districts.

16,654

people received shelter assistance



Gaps & Constraints

- Partners have reported a lack of/limited availability of land adjacent to the existing IDP sites for expansion of the sites.
- Inadequate emergency shelters for affected population.
- As of 21 October, the Shelter Cluster was only 24 per cent funded, which has impacted implementation of planned activities to reduce overcrowding.

Water, Sanitation and Hygiene (WASH)

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> WASH partners continued to provide life-saving interventions to prevent further spread of COVID-19 and reduce the impact of floods and disease outbreaks, mainly acute watery diarrhoea (AWD) and cholera in crowded settlements and areas affected by floods. The Cluster is targeting 2.7 million people at risk of COVID-19 with emergency WASH assistance. 	<ul style="list-style-type: none"> As of September, WASH Cluster partners had reached 1.4 million people with hygiene kits and hygiene promotion, being 51 per cent of the 2.7 million people targeted. About 36 per cent were reached with temporary water supply through water trucking and water source improvement, while 22 per cent were reached with sanitation services. Those reached include 126,971 people (25,049 women, 22,940 men, 40,389 girls and 38,593 boys) provided with WASH services, including 98,796 with emergency water supply and 27,885 with hygiene kit supplies and hygiene promotion critical for COVID-19 prevention. In September, 50 health staff and community volunteers were trained on COVID-19 IPC in Dollow, Gedo region, while 240 outreach staff and hygiene promoters trained. The Ministry of Water and local authorities undertook a joint action with the local committee for the distribution of water for two weeks, alongside COVID-19 awareness campaign. Partners constructed water infrastructure and piping to 22 water points within the IDP settlements in Kaxda and Daynile districts in Banadir region, reaching 58,696 people, and rehabilitated an additional six shallow wells in Gedo region that reached 3,090 people. 	<ul style="list-style-type: none"> More than 1.3 million people in need are yet to be reached due to operational challenges and insufficient funding for the Cluster. As of 21 October, the Cluster was only 48 per cent funded. Due to ongoing seasonal rains and security constraints, some locations remain inaccessible thus hindering effective response and humanitarian access.
<p>1.4M People reached with emergency WASH assistance</p>		<p>240 Outreach staff and hygiene promoters trained by the cluster</p>
<p>2.7M People at risk of COVID-19 targeted for emergency WASH assistance</p>		<p>126,971 People reached by partners with WASH services</p>

3. ECONOMIC RESPONSE AND RECOVERY

Critical food value chains

Needs	Response
<ul style="list-style-type: none"> Critical agricultural inputs required to protect livelihoods and underpin food security in COVID-19 vulnerable regions. 	<ul style="list-style-type: none"> Registration was completed for 2,000 households (700 in Jowhar, 1,300 in Marka). Cash disbursement and inputs distribution for registered households is set to commence in the coming month. Registration of 700 households for cash plus livestock will commence in the next reporting period.

Employment intensive programming

- At least 97 individuals received Vocational Skills Training (VST) in electricity, masonry, plumbing and production of non-clinical masks. Graduates of this VST will be provided with start-up kits and link job markets.
- About 116 unskilled and 264 skilled jobs created through infrastructure work.

Micro, Small and Medium Enterprises (MSMEs)

Needs	Response
<ul style="list-style-type: none"> Somalia's informal economy, based on remittances, foreign imports and agriculture has been heavily impacted by COVID-19. Women-owned businesses were especially hard-hit, with 98 per cent reporting reduced revenue and sales, 43 per cent reporting that 	<ul style="list-style-type: none"> About 150 MSMEs (120 women-led, 70 youth-led) were supported to continue or resume activities, and 475 individuals received training on entrepreneurship and business skills (150 had completed the course as of September). Six business associations were formed and trained on basic business and book-keeping skills. Somali companies supported through the Enterprise Development Units (EDU's) to participate in the first digital trade fair for the fruit and vegetables sector organized by MacFrut, giving the community access to new markets.

operations were temporarily halted, and 48 per cent reporting problems paying back loans and rent.

- A survey on the impact of the COVID-19 crisis on firms, conducted jointly by UNIDO, IFC and the Federal Ministry of Commerce and Industry, was finalized. The survey covered about 500 firms in five cities (Baidoa, Belet Weyne, Bossaso, Kismayo and Mogadishu) to better understand the impact on and best support the private sector of Somalia.

4. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

Support to Federal Government of Somalia macroeconomic policy crisis response

- UNDP, with support from UNIDO, the World Bank, several donor agencies and the Federal Ministry of Planning, Investment and Economic Development, is leading the Somalia Socio-Economic Impact Assessment of COVID-19.

5. SOCIAL COHESION

Governance and fundamental freedoms

- At least 16 community-based organisations were capacitated to respond to and mitigate the pandemic, fight against COVID-19 related domestic violence, racism, xenophobia, stigma and other forms of discrimination, and prevent and remedy human rights abuses.
- As of 14 October, 1,301 prisoners have been released from prisons in Mogadishu, Hargeisa, Belet Weyne, Baidoa, Garowe, Bossaso, Gaalkacyo and Qhardo to mitigate the spread of COVID-19 in detention facilities. These include persons charged with non-violent crimes, the elderly, ill or pregnant prisoners, and those that have almost completed their sentences. Restrictions on admissions have been lifted, and inmate visits have resumed. Welfare items, hygiene supplies and cooking utensils have been delivered to prisons in Belet Weyne, Kismayo, Baidoa, and Mogadishu.

General Coordination

- Coordination meetings related to COVID-19 continued to be held at all administrative levels between Ministries of Health, UN agencies and partners. They include national and state Health Cluster meetings, inter-cluster coordination meetings, UN COVID-19 Taskforce and other technical meetings.
- In Hirshabelle State, the coordination meetings focused on investigation of all reported alerts, in addition to recommended regular supervision of rapid response teams at all levels. In Jubaland, partners discussed improving COVID-19 data collection and conducting urgent training of community social mobilisers, while in Somaliland, WHO and the Ministry of Health met to discuss support to community rapid response teams.
- In addition to COVID-19 coordination meetings, South West State also held its bi-weekly acute watery diarrhea /cholera taskforce coordination meeting between line Ministries and Cluster partners.



COVID-19 coordination meetings focus on reported alerts, rapid response, data collection and urgent trainings

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