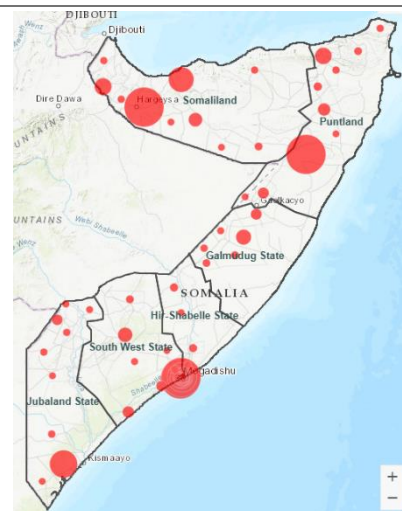


This report on the Country Preparedness & Response Plan (CPRP) for COVID-19 in Somalia is produced monthly by OCHA and the Integrated Office in collaboration with partners. It contains updates on the response to the humanitarian and socio-economic impact of COVID-19, covering the period from 21 August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

HIGHLIGHTS

- The number of COVID-19 cases increased by 125 new cases and 5 deaths since August, to 3,390 confirmed cases and 98 deaths, as of 21 September.
- At least 900,000 face masks and 16,728 digital thermometers are needed to support the safe reopening of schools.
- According to the World Bank, the gross domestic product for Somalia is projected to decline by 1.5 per cent; an improvement from the June estimates of a 2.5 per cent decline.
- The Federal Government of Somalia has lifted a number of COVID-19 related restrictions on movement in and out of the country, including the opening of international airports.
- 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.



Map of Somalia showing areas with reported cases. Source: OCHA

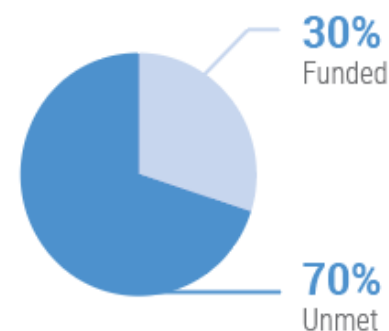
SITUATION OVERVIEW

Somalia has reported 125 new COVID-19 cases and five deaths since 21 August, bringing the total number of cases confirmed since the first case was reported in March to 3,390 with 98 deaths, as of 21 September. At least 14 per cent (250 cases) of the total confirmed cases were reportedly among health workers, negatively impacting response, amid limited health-care services in the country. All the seven states have confirmed COVID-19 infections, with Banadir State having more than 44 per cent (1,535 cases and 55 deaths) of the reported cases, followed by Somaliland (934 cases and 31 deaths) and Puntland (496 cases and nine deaths) by mid-September. While the number of new reported daily COVID-19 infections has declined, it is too early to predict whether Somalia has flattened the curve as the response is challenged by various factors including limited testing capacity, access and operational challenges.

Somalia's economy has proven more resilient amid the COVID-19 pandemic. According to World Bank estimates in September, gross domestic product is projected to decline by 1.5 per cent in 2020, compared to June estimates that anticipated a decline of 2.5 per cent. While overall import levels are performing well, food imports have fallen. Remittances are stabilising for both households and businesses. Recent domestic revenue data as of end-June indicates encouraging trends, which if continued suggests that domestic revenue collection will be around 85 to 90 per cent of the original 2020 budget. The Federal Government of Somalia (FGS) has lifted a number of COVID-19 related restrictions on movement in and out of the country, including the opening of international airports in August.

Despite the reduced humanitarian footprint due to the COVID-19 restrictions and the disproportionate funding across clusters, humanitarian partners have scaled-up the COVID-19 response across the country. The US\$256 million humanitarian component COVID-19 Country Preparedness and Response Plan (CPRP) launched in April is 30 per cent funded as at 21 September and partners are appealing for more funding to enable them reach at least the targeted people in need.

Partners have identified the non-availability of Personal Protective Equipment (PPEs), delays in transporting COVID-19 samples and challenges of enforcing social distance as key challenges in the response.



CPRP funding still shows significant underfunding. Source: OCHA

RESPONSES TO COVID-19

1. Health First

Emergency support to the COVID-19 related health response

Risk Communication and Community Engagement (RCCE)

- Partners continued to raise awareness and disseminate COVID-19 information on prevention, reaching more than 786,740 people through house-to-house visits, health facility awareness sessions, community meetings, SMS messages, mosque announcements, and sound truck announcements. In addition, at least 10 million continued to be reached across Somalia through radio spot programmes.
- The awareness-raising campaign “Clerics vs. COVID-19”, led by the Office of the Prime Minister and the Ministry of Religious Affairs has expanded awareness raising efforts to Federal Member States (FMS). At least 230 religious leaders in Jubaland, Puntland, Hirshabelle and Galmudug have been engaged and are distributing 200,000 flyers with health messages and 34,500 face masks to the communities.
- In all five FMS and Banadir region, burial teams have received online training on safe burials for COVID-19 victims provided jointly by religious authorities and healthcare professionals.

Surveillance, rapid response and case investigation:

- To strengthen case detection and management capacity, Health Cluster partners are training health care providers, establishing and providing medical supplies to rapid response teams in various locations.
- At least 450 health workers were trained on surveillance and more than 3,320 trained community health workers (CHWs) deployed **across the country**. In August, CHWs visited nearly 570,000 households across the country.
- At least 7,530 suspected cases were investigated. Suspected cases were provided with at home care and isolation information. Relevant information was shared with local health authorities.
- Health partners distributed 1,450 sample collection kits and transported more than 650 samples from inaccessible areas. At least 20 new health care facilities (HCFs) were added to the Early Warning and Response Network (EWARN) and 73 rapid response teams deployed for field investigation and sample collection.
- In Lower Juba, health authorities distributed rapid diagnostic tests to public and private clinics to scale up active case detection.

Points of Entry (POEs):

- Following the opening of national airports, Health Cluster partners, in collaboration with the Federal Ministry of Health (FMOH) have developed Standard Operating Procedures for the safe reopening of the points of entry POEs.
- Traveler information and posters on COVID-19 prevention are being distributed at POEs.
- The FMOH has identified state focal persons in Galmudug, Hirshabelle, Jubaland and Southwest to provide regular monitoring of POE activities.
- In August, partners supported the FMOH with staffing to screen new arrivals at Kismayo airport, Dhobley border and Tukaraq of Sool region.

Gaps and Constraints:

- Partners have reported inadequate capacity and support, including incentives for frontline health workers and screening officers who are reportedly not able to handle the increased demands at POEs.
- Additional PPEs and infection, prevention and control (IPC) materials are needed at the POEs.
- Additional funding support needed at federal and state levels for reinforcement of POEs support and activities.
- A technical working group is needed to bring together the different agencies working at POEs beyond COVID-19.
- Overall additional support and funding to support procurement and transportation of the COVID-19 response supplies, trainings and reinforcement of capacity, incentive payment to health screeners and coordination.

Infection, Prevention and Control (IPC):

- WASH cluster partners reached more than 87,500 people (30,627 girls, 26,252 boys, 14,876 women and 15,751 men) with hygiene promotion and distribution of hygiene kits.
- Partners supported construction of handwashing stations in 19 health and nutrition facilities benefiting 41,014 people and reached over 60,000 people with improved access to safe water supply to increase water availability for hand hygiene.
- At least 550 health workers and volunteers were trained on IPC, including virtual training in local language.
- In Lower Juba, the Ministry of Health conducted IPC and case management trainings for 30 health care workers and distributed 2,000 face masks and 3,000 units of soap in Farjano Village.

- At least 70 health workers were supplied with PPEs and triage stations with temperature checks and outside hand washing stations established at two **Health Care Facility/Maternal Child Health Centres** in Kismayo.
- As a prevention and control mechanism, **Deh Relief Somalia (DRS)** has halted all biometric registrations for WFP and FAO respectively. This has helped control virus spread, but at the expense of beneficiary registration as the guidelines discourage gatherings of over 10 persons.
- CCCM partners, in close collaboration with Shelter partners have identified sites that require decongestion, to promote social distancing between households. Partners are seeking local authority buy-in and support. Two overcrowded IDP sites in Daynile are currently being piloted for the decongestion work.

Gaps and Constraints:

- Partners continue to report lack of sufficient PPEs and delays in the delivery of supply.

Case management:

- Health partners supported 13 isolation centers and trained 85 health workers on case management, including in Kismayo and Lascanood; and donated essential medical equipment to Lascanood Isolation and treatment center.
- Partners deployed 32 staff to De Martini hospital and contributed to the payment of salaries.
- At least 850 individuals followed up with home-based visits and telephone consultations in Kismayo and Afmadow.

Psychosocial Care:

- Partners provided psychosocial support to at least 88 persons who tested positive for the coronavirus and their caregivers/ families in and reached nearly 30,000 people through direct messaging for MHPSS and continuity of basic essential services.
- In addition, 355 health workers and 170 non-health essential frontline workers were trained in psychosocial components of COVID-19 response and 30 HCFs and three non-HCFs were supported through integrated and operational psychosocial support services.
- Health workers in Mogadishu received psychosocial first aid in the context of COVID-19 aimed at reducing the level of anxiety and stress among the health care providers.
- At least 20 active PSS Pillar actors have been mapped, including 17 NGOs and 3 UN Agencies in the ongoing partner mapping (4Ws) exercise to cover the national CPRP (March to August 2020).
- State-Level MoHs PSS pillar focal persons/leads started their appointments in mid-July 2020 and are coordinating with humanitarian partners in Banadir, Galmudug, Hirshabelle, Jubaland, Puntland, Somaliland and South West.
- In Lower Juba, the Ministry of Health is conducting health talks on the pandemic on both Radio and TV and is working with GIZ on sensitisation and awareness creation on PSS in Kismayo.

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.

Response:

- During the reporting period, more than 65,8310 women and children under-5 years received essential healthcare services, bringing the total of number of people supported to since March to nearly 479,000 (136,902 girls / 127,495 boys / 220,734 women).
- Nearly 700 frontline health workers received masks and gloves and 490 received gowns and face shields for case management.
- To ensure continuation of health service provision and patient safety and confidence, 99 per cent of UNICEF-supported health facilities have now established hand washing stations and 73 per cent triage stations outside.
- Over 15,410 pregnant women attended at least one antenatal consultation; 2,265 women gave birth with a skilled birth attendant and 3,305 mothers and their new-born babies received first postnatal checks within 48 hours.
- Mobile activities were reduced to minimize contact and spread, with remote monitoring and assessment in place. To address low facility utilisation resulting from COVID-19 stigma, CARE is adopting digital technology to follow-up with mothers before, during and after delivery.
- In Quarter 2, the Aid Coordination Unit (ACU) provided logistical support for the transport of 65,522 kg in medical assets from Mogadishu to different locations in the Federal Member States. ACU has also provided catering for 48 days to 45 medical doctors working in the Martini Hospital in Mogadishu.
- A complementary COVID-19 response, through Joint Program for Local Governance (JPLG) is ongoing in identified districts in Somaliland, providing IPC materials to health facilities and rehabilitating their toilets. Out of 88 planned rehabilitation, 45 toilets are rehabilitated, and the remaining will be completed by October.

- The Federal Government of Somalia (FGS) and Puntland Ministry of Health, supported by the University of Oslo, have started the District Health Information System indicator review process with stakeholders and partners to improve monitoring of essential services and COVID-19 related disruption in 2021.
- FGS/MoH senior officials, UNICEF and Save the Children attended the Service Delivery Learning Programme (SDLP) organized by World Bank-GFF. The SDLP concluded with the development of a change plan for Somalia, including a review and update of the national CPRP to include continuity of essential health services, harmonised frontline health cadres, and innovative technology such as piloting telemedicine in selected urban settings.

Gaps and Constraints

- Continued challenges in maintaining social distancing.
- Stigma to both community and staff has greatly affected service delivery, leading to drastic reduction in attendance at health facilities.
- Partners have reported capacity gaps among the CHWs working on COVID-19 response.
- Insufficient PPE for staff; stock outs experienced.

2. Protecting People

Camp Coordination and Camp Management (CCCM)

- CCCM teams have reached 921 out of 1,000 IDP sites through small group discussion sessions and shelter-level key message on COVID-19 prevention and trained more than 1000 community members on prevention.
- The CCCM cluster is targeting 40 IDP sites in Daynile and Hodan districts with a new COVID-19 response project, focused on incorporating stakeholders such as WASH and Radio Ergo to support RCCE, WASH activities and inclusive community-led radio sessions.

Education

Needs:

- Education Cluster partners are providing technical support to the Ministry of Education in the implementation of the safe re-opening of 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.
- At least 900,000 face masks and 16,728 digital thermometers are needed for schools. Due to the complications regarding the disposal of used face masks, student face masks will be designed in a child-friendly manner, as per WHO guidelines.
- Partners have reported lack of PPEs for school children, following the sudden re-opening of schools in mid-August by the Government. Under the COVID-19 response, Education partners had reprogrammed their projects with the understanding that the school closure would continue until December, while from August to December, children would receive alternative learning (home schooling).

900K

Children targeted

Response:

- In August, education partners reached at least 96,473 children (45,916 girls) with Education in Emergency (EiE) assistance, bringing the total number of children reached with EiE since 1 April to 341,918 (156,581 girls).
- Of those reached in August, at least 46,902 (22,338 girls) learners received teaching and learning materials, while 29,819 (14,575 girls) were supported with access to emergency school feeding programme. This will ensure that the most vulnerable children have access to food and will minimise the risk of learners dropping out of school.
- Education partners have introduced shift learning, as the number of classrooms are insufficient. The programme will ensure a safe learning environment for learners and comply with the COVID-19 regulations, which require social distancing in schools.
- In addition, education partners have constructed 529 learning centres to expand access to education for learners. Since all schools reopened mid-August, the construction of additional learning spaces will help those who have not yet re-enrolled to safely return to school as well as mitigate congestion in classrooms.
- The Ministry of Education, with support from the cluster partners has developed back to school messages for safe school reopening and for general information to the community on control and prevention measures of the COVID-19. The messages were communicated through print, radio, television, and social media platforms.

Gaps and Constraints:

- Limited programs to improve access to learning opportunities by children in Early Childhood Education

Enabling Programmes – Logistics

Needs:

- The Logistics Cluster facilitates 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.

82

MT of COVID-19 related cargo transported

Response:

- Access challenges and COVID-19 restrictions such as closures of airports affected the availability of commercial transport options. This however made no significant impact on the ability of the Cluster to provide multiple common logistics service options, including by air, road, sea and storage.
- Since April 2020, over 82 MT of COVID-19 related cargo has been transported to Dhuusamarreeb, Kismayo, Baidoa, Jowhar, Hargeisa, Belet Weyne, Garowe, Guriel and Barawe.
- Additionally, jointly with [UNHAS](#), the Logistics Cluster has been supporting the transportation of Ministry of Health (MoH) medical teams, blood samples and COVID-19 medical supplies to key locations across Somalia.

Gaps/constraints

- Logistics Cluster partners reported challenges in the transportation of humanitarian cargo, into and within Somalia, due to delays in customs clearance and tax exemption processes. The delays had a particular impact on 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.

Food Security and Nutrition**Needs:**

- According to the 2020 Post Gu season food security and nutrition [assessments](#) conducted in July and August by FAO's Food Security and Nutrition Analysis Unit (FSNAU), up to 2.1 million people across Somalia 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 to 5.1 million.

3.4M

People will be food insecure (IPC3 and IPC4) as of July 2020

Response:

- FSC partners have redesigned distribution centres in line with hygiene and social distancing guidelines and introduced provision of multiple rations, starting April to minimise infection and reduce travel to distribution points.
- Cooperating partner staff have been provided with personal protective equipment (PPE) and hygiene materials.
- FSC partners have maximised 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.
- WFP has further introduced a home delivery feature (eShop) on the WFP online mobile shopping application, now operational across Somalia, to enable WFP beneficiaries, registered to eShop to order items online.
- Due to movement restrictions, WFP is shifting to remote monitoring mechanism 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 via computer-assisted telephone interviewing. Near real-time information enables WFP to obtain a representative snapshot of the current food security situation at any given time and quickly identify changes.

Gaps and Constraints:

- 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 area. As of 21 September, the Cluster was less than six per cent funded under the COVID-19 response.

Fiscal Stimulus and Multi-Purpose Cash:

- Partners continued to provide overall financial and technical support to the FGS in coordinating and implementing ongoing cash transfers as part of the National Safety Net Programme. Nearly 363,800 people received transfers through rural and urban safety nets. Done on a quarterly basis, the cash transfers helped beneficiaries to access food, cushioning them against the social-economic impact of multiple shocks including COVID-19.
- An additional 1,300 households received cash-based emergency support through unconditional cash transfers.
- Deh Relief Somalia teams reached 1,920 households in Dhuusamarreeb and Gaalkacyo districts with unconditional cash transfers.

Migrant 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

Housing, land and property, and Child Protection

Needs:

- The COVID-19 pandemic has complicated existing housing, land and property (HLP) issues affecting the settlement of displaced people, according to a survey conducted by Protection Cluster partners. At least 100,000 IDPs have already been evicted in 2020, most of whom continue to live in emergency shelters, with those in informal settlements, reportedly lacking security of tenure. The HLP disputes are often due to secondary occupation, loss of ownership documents, illegal or forced sales as well as unequal distribution of land.
- A [Child Protection COVID-19 Survey](#) conducted from 9 to 15 April, reported an increase in sexual and gender-based violence, including rape, and physical and emotional abuse during the COVID-19 period. One protection partner has responded to at least 13 survivors of rape. This is reportedly due to the restrictions on movement, 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, psychosocial support (PSS), and legal aid remain the priority needs for GBV survivors.
- According to the survey, violence against children, both inside and outside of the home has increased and is made worse by the lack of avenues through which to report abuse and seek adequate assistance. Negative coping mechanisms, including child labour, child marriage and boys are at higher risk of recruitment have been reported.

100K

IDPs evicted
from sites
in 2020

Response

- HLP Area of Responsibility (HLP AOR) partners continued to advocate for the implementation of the moratorium halting evictions during COVID-19 from April - to date. As a result, evictions were halted for a three-month period preventing 44,246 people (32,774 in August) from being forcibly evicted. The provision of specialized legal counselling and assistance to affected and at-risk groups was scaled up and cases that required additional support from other sectors were referred for further assistance and support. These activities were mainly implemented in Banadir, South West, Jubaland, Puntland and Somaliland.
- Community conversations on justice, security and land issues have started in Hirshabelle and 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.
- Child Protection Area of Responsibility (CP AOR) partners' staff continued to raise awareness on child protection and COVID-19 risks with community leaders. In August, at least 13,670 people across Somalia were reached with the messages.
- In August, CP partners conducted a virtual training for 60 organization staff on how to use the case management forms and Child Protection Information Management System (CPIMS) to strengthen case management in the COVID-19 context.
- In August, CP partners conducted critical case management to 1,724 children and monitored low-risk cases. CP AOR partners reached about 6,770 children and caregivers with mental health and psychosocial support activities (MHPSS) across Somalia

Gaps and Constraints:

Inadequate funding with 16.8 per cent funded out of \$22 million needed, has affected the continuity of child protection services. At least \$3.43 million (65 per cent) of funding ended in May 2020 as the projects were completed. Only projects totaling \$1.79 million are continuing, which has already affected the quality and coverage of child protection responses.

Gender Based Violence

Needs:

- GBV partners are targeting 750,000 out of 1.2 million people in need of GBV interventions by December.

Response:

- At least 21,000 women, boys, girls and men benefitted from GBV services and information, while another 15,760 people gained knowledge on GBV prevention and response and linkages with COVID-19 prevention in 15

locations. Some 365 individuals trained on GBV risk mitigation and referrals for survivors, bringing the total of trainees to 2,096 since March.

- At least 620 people accessed material assistance (dignity kit, solar lanterns) from Bossaso, Baidoa, Cadaado, Belet Weyne, Garowe and Afgooye; 64 women and girls in Kismayo received livelihoods training and support.
- Nearly 4,600 people received multi-sectoral GBV services (clinical management of rape, psycho-social support, legal, safety and security) in 22 locations.
- 190 Government social workers played key role in reaching with community based mental health and psychosocial support (MHPSS), COVID-19 prevention awareness and distribution of protective materials.
- Support provided to the Ministry of Women and Human Rights Development to develop a COVID-19 monitoring framework focusing on the impact of the pandemic on women and the most marginalized, to inform future resilience work. Launched in early September, the survey will gather information specifically on child protection, livelihoods and SGBV.

Gaps and constraints:

- Cluster partners have raised concern over the limited GBV shelter provision, stigmatisation, low hotline provision and utilization and the limited number of MHPSS providers for severely traumatised women and girls.
- Service disruption and closure of services centres due to COVID-19 impacting overall reporting and response.
- Limited specialized service providers in remote locations with population with GBV needs.
- The continued challenge of adapting to remote programming methodologies.
- Low reporting by male GBV survivors due to discriminatory social norms and limited number of men and boys as GBV service providers to cater to the needs of men and boys.

Water, Sanitation and Hygiene (WASH)

Needs:

- 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.
- The Cluster is targeting 2.7 million people at risk of COVID-19 with emergency WASH assistance as partners continue to carry out life-saving interventions.

2.7M

People targeted with emergency WASH assistance

Response:

- In August, WASH Cluster partners reached 1.3 million people, being 48 per cent of the 2.7 million people targeted.
- WASH partners have reached 87,505 people (16,712 women, 15,893 men, 28,489 girls and 26,411 boys) with WASH services, including 9,983 people reached with emergency water supply, 77,522 people with hygiene supplies and hygiene promotion critical for COVID-19 prevention. With 95 per cent outreach, targeting hygiene promotion and supplies, access water supply and sanitation remains a critical gap.
- In August, 266 health staff and community volunteers were trained on COVID-19 infection prevention and control in Mudug, Bay, Bakool, Bari and Lower Juba regions.
- 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.

Gaps/Constraints

- More than 1.4 million people in need are yet to be reached due to operational challenges and insufficient funding for the cluster. As of 21 September, the Cluster was only 48 per cent funded.
- Due to ongoing seasonal rains, some locations remain inaccessible thus hindering effective response and humanitarian access.

3. Economic Response and Recovery

Critical food value chains

- Sesame market prices drastically declined reducing household expenditures.
- At least 700 households from Jowhar District received agricultural seed inputs to help them switch to staples in forth coming *deyr* season, in addition to unconditional cash transfers.

- To address shortfalls in production during the crisis, small holder focused intervention activities scaled up to strengthen local production and to stimulate local economy through direct distribution of agricultural inputs (sorghum, maize, cowpeas and beans seeds) to 1,300 most vulnerable smallholder farmers affected by COVID-19.
- Financing: (EUR90,000) was repurposed from the Coastal Communities Against Piracy project to support the fisheries sector response to the COVID-19 pandemic. Awareness campaigns are underway and will be linked to planned messaging around illegal fishing and the need for improved sanitary and hygiene conditions for fish landings and markets throughout Somalia.

364K

People reached through rural and urban safety nets

Employment intensive programming

- Employment created through two critical infrastructure projects in Awdheegle, Lower Shabelle (police station and health center): 45 unskilled; 50 skilled.

Micro, Small and Medium Enterprises (MSMEs)

- The Ministry of Commerce and Industry, with support from the UN, conducted a survey of 600 Somali MSMEs in June and July, to assess the impact of COVID-19. Results forthcoming.
- Training and increased access to credit are being provided to MSMEs through Enterprise Development Units (EDUs). Since late August 2020, the EDUs have referred SMEs to a Somali private credit facility.
- At least 150 micro/small enterprises await outcome of the selection process for the business management training
- Support is underway to distribute locally produced PPE, valued at US\$150,000 to vulnerable groups (with focus on IDPs) and dissemination of locally produced medical grade PPEs, valued at \$250,000 to first line responders.
- UNDP Somalia's Accelerator Lab in collaboration with the Institute of Innovation, Technology and Entrepreneurship, Harihub and Hanaqad, is facilitating a hackathon for at least 300 young Somalia innovators tasked with coming up with innovative solutions for the COVID-19 pandemic.

4. Macroeconomic response and multilateral collaboration

Support to FGS macroeconomic policy crisis response.

- UNDP, with support from UNIDO, the World Bank, several donor agencies and the FGS (MoPIED) is leading the Somalia Socio-Economic Impact Assessment of COVID-19. Launch meeting was held on 8 September and the research should be completed by October.

5. Social cohesion

Displacement affected communities

At least 150 women from different groups in Abudwaq and Jowhar (60 IDPs, 40 host communities, 10 youth, 35 returnees and five religious leaders) worked in small groups in IDP camps and host communities to raise awareness on safety measures and prevention of stigmatisation. They also distributed handwashing facilities, soap and posters.

GENERAL COORDINATION

Health partners actively participated in the coordination meetings related to the COVID-19 response and led by the Ministries of Health at national, state, regional and district levels. These included national and state level health cluster meetings, inter cluster coordination meetings and the UN task force technical meetings.

For further information, please contact:

Truphosa Anjichi, Public Information Officer, anjichi@un.org, Tel: +254 722 839 182
Mursal Ali Ahmed, Public Information Officer, Name, mursalali@un.org, Tel: +252615679998

For more information, please visit www.unocha.org www.reliefweb.int [link to relevant websites].
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