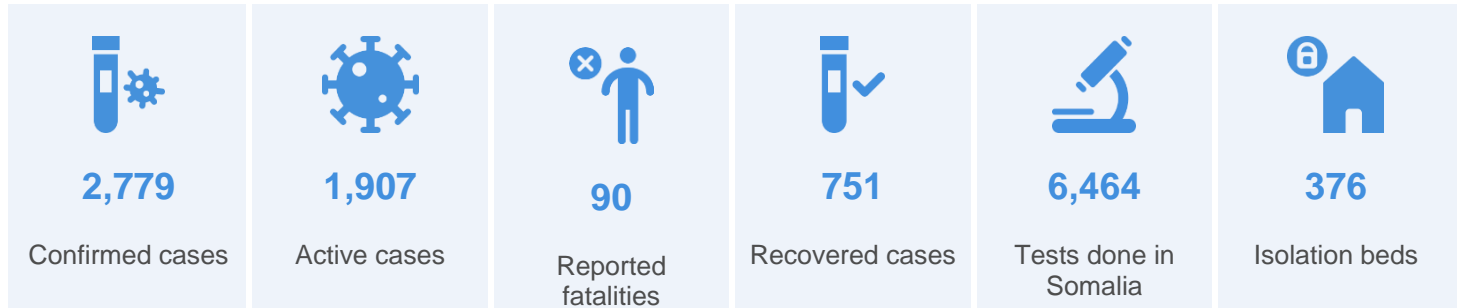


Highlights

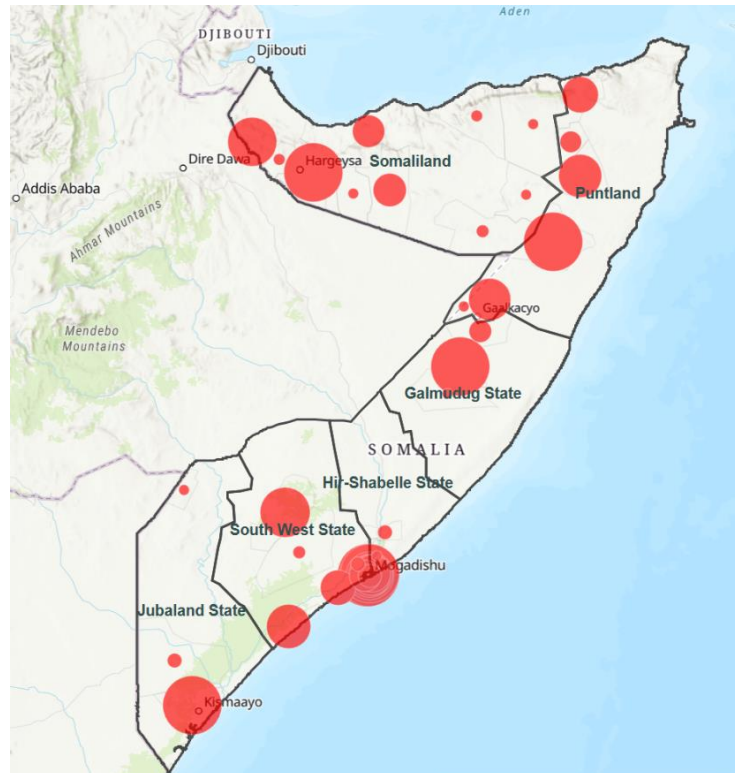


Situation overview

The high COVID-19 caseload in Somalia is straining the country’s fragile health care system. Partners report that the number of people visiting health centres for routine care has significantly dropped due to fear of contracting the virus as well as lack of public transport or other means to access facilities. Furthermore, 133 health workers have been infected across the country, affecting service delivery at various health care facilities. The virus, WHO¹ has warned, could overshadow and potentially reverse recent health gains in the country.

Banadir region accounts for the highest numbers: 1,402 out of 2,779 cases reported² as of 22 June while Hirshabelle State has the lowest numbers, 23 cases and one death. In recent days, the number of reported cases has shown a decreasing trend as compared to the previous weeks except in Somaliland. A downward trend in COVID-19-related mortality has also been observed. However, despite signs that the virus spread may be slowing down in Mogadishu City and major urban centres, cases have continued to grow at the regional level as transmission spreads³.

To mitigate community transmission, authorities issued directives aimed at stemming the advance of the virus. Between 5 and 14 June, the Federal Government of Somalia (FGS), Galmudug and Puntland states announced three new directives; bringing to 60 the total number of directives issued by authorities in Somalia to control the spread of COVID-19 since 16 March. The new directives include the extension of the suspension of domestic flights by the Somali Civil Aviation Authority until 30 June and the directive by the Puntland COVID-19 Prevention Committee to reinstate preventive and social distancing measures following a relaxation on 18 May due to the Eid festival. The Galmudug State Ministry of Education also gave a directive to open primary schools for grade eight students from 15 June and the commencement of



¹ COVID-19 disrupts essential health services in fragile settings; risks reversing health gains. WHO statement. 17 June 2020.
² Daily updated numbers are available at: <https://covid19som-ochasom.hub.arcgis.com/>
³ WHO Statement. Ibid.

examinations on 11 July, providing guidance on spacing of sitting arrangements, handwashing protocols, the role of the COVID-19 committee and other related measures.

As of 14 June, 57 directives are in place while three have been rescinded⁴. Of these, 33 relate to social distancing, closure of academic institutions and restriction of population movement; six impose suspensions on international, domestic passenger flights and restrict land transportation; nine relate to border closure; six impose night curfews; one directs tax exemption on basic food items; two relate to education and two relate to registration of burial activities and deceased persons. The spread and impact of COVID-19 has exacerbated existing socio-economic vulnerabilities at a time that Somalia is grappling with floods and desert locusts, creating a triple threat.

Socio-economic impact of COVID-19

In South West State, Dahabshil Bank Baidoa Branch has recorded an up to 60 per cent decrease in remittances since March. The bank also reported cash flow and liquidity issues due to suspension of domestic air transportation across Somalia. Since April, the bank has suspended its financial and investment products to mitigate losses due to COVID-19 directives locally and worldwide, including micro-financing and Murabaha (cost-plus transaction) that was an integral part of the local economy, especially during harvest season.

As of 14 June 2020, all of Somalia's 21 land borders were closed for passengers, but cross-border passenger and migrant movements continue to be reported. In Galmudug State, screening of people crossing between Somalia and Ethiopia is at one gazetted border point in Cabudwaaq district, with the support of IOM, but people reportedly use unmanned border points to save time. High community transmission of COVID-19 symptoms is reported in Guri Ceel and Cabudwaaq districts that border Ethiopia. Although all borders are open for trade, WFP⁵ has reported shifts in market prices. In Somaliland, due to easing of movement at the Ethiopia border, 1 kg of tomatoes decreased by 21 per cent from 9,500 to 7,500 Somaliland Shilling (SI SH), and 1 kg of potatoes by 13 per cent to 8,000 to 7,000 SI SH. In Jubaland⁶ restricted movement with Kenya and Ethiopia borders continues to limit availability of commodities such as beans, tea leaves, fruits and vegetables whilst cross-border trade between Puntland and Ethiopia is reportedly normal.



Somalia's triple threat: COVID-19, floods, locusts. Video: UNSOM

COVID-19 restrictions have also limited the ability to respond effectively to the increasing humanitarian crises in Somalia such as floods, acute watery diarrhea and cholera outbreaks and locusts. In Somaliland, in the third round of surveys by OCHA, more than half of the surveyed organisations (56 per cent) stated that COVID-19 restrictions and/or community acceptance impacted safe and secure passage for humanitarians to access to safely deliver response. There are reports⁷ that staff wearing masks or personal protection equipment (PPEs) faced difficulties in gaining community acceptance during operations. Furthermore, the lockdown and the social distancing measures have raised fear among health care workers providing other routine essential health care⁸.

Humanitarian responses to COVID-19

Despite COVID-19-related operational challenges such as most staff working from home, in restricted environments or remotely, delivery of assistance has been scaled. In May, 2.3 million people received food assistance, with amounts scaled up to mitigate food security implications by distributing combined two-month rations. Since March when the virus was reported, partners have built the capacity of health professions, supported the establishment and operation of testing laboratories in Mogadishu, Garowe and Hargeisa; provided equipment and operational support to hospitals, isolation centres and laboratories; and scaled up awareness-raising. Among the 10.9 million people reached through COVID-19 risk communication and community engagement, are 1 million IDPs in 867 sites. Community health workers have reached at least 77,000 IDP households. Across Somalia, at least 690,000 people have benefitted from infection prevention and control

⁴ Closure of mosques in Puntland was rescinded on 26 March 2020; Curfew start time directive in Mogadishu was rescinded on 25 April; On 16 May 2020 Somaliland rescinded the suspension of Khat trade issued on 23 April 2020.

⁵ Joint Market and Supply Chain Update W2. 7 – 14 June 2020, WFP June 2020.

⁶ Ibid.

⁷ Humanitarian partners across the states and regions

⁸ WHO Statement. Ibid.

activities, essential health assistance and case management services; 956,000 people have received WASH assistance and 2,000 PPEs distributed to all states. Over 40 MT of medical supplies and hospital beds have been airlifted to various states on behalf of the Federal Ministry of Health (FMOH), Office of the Prime Minister, WHO and other key health partners. In addition, over 3,340 health workers have been trained.

In response to cross-border passenger and migrant movements, IOM is training screeners at points of entry. During the reporting period, 1,151 people entering Doolow, 123 entering Hudur and 327 entering Dhobley were screened at points of entry. In addition, IOM continues to raise COVID-19 awareness at information centres, health facilities and migrant response centres and has reached 600,000 IDPs, migrants and host communities. Furthermore, ICRC and the Somali Red Crescent Society (SRCS) have distributed health promotional material in six IDP settlements in Mogadishu and three IDP settlements in Baidoa, and installed handwashing facilities (300 lt water tanks) in each camp.

WHO and the FMOH have agreed to expand the Early Warning, Alert and Response Network (EWARN) system which was activated as a web-based electronic early warning system for disease outbreaks in 2017 due to the absence of a functional disease surveillance system. The EWARN has been expanded to detect suspected COVID-19 cases in both primary and secondary level health care centres. WHO plans to roll it out to 230 more health centres from the current 533 reporting sites in the next two weeks, making COVID-19 a reportable health condition across the country.

To promote resilience, ICRC with the Somali Red Crescent Society (SRCS) distributed multipurpose cash grants to 16,935 vulnerable households in Garasbaley, Kahda, Wanla Weyn, Xamar Weyne, Baardheere, Daynile, Cadaado, Diinsoor, Hobyo, Qandala and Laasqoray districts. An additional 3,000 households will be assisted in the coming weeks. In addition, the ICRC and SRCS are working to prevent the spread of disease in places of detention by distributing hygiene materials to cover the needs of all detainees and prison staff in 24 places of detention including the central prisons in Mogadishu, Kismayo, Baidoa, Garowe and Hargeysa. COVID-19 information has been provided, soap distributed to over 4,550 detainees and 1,000 prison staff, more than 100 handwashing stations equipped for detainees and prison staff, and over 1,600 masks and 300 pairs of gloves distributed.



Together against the spread of COVID-19. Video: UNDP

The EU airlifted some 1,362.5 kgs of WHO medical and laboratory supplies to support COVID-19 response efforts to Hargeysa and Garowe. The supplies included personal protective equipment, 13,500 medical masks, 9,450 gloves, 270 protective goggles, 270 gowns, 4,050 respiratory masks, and laboratory supplies and equipment to support testing for COVID-19 at both locations.

Challenges to the response

Resources including funding, testing facilities and supplies are inadequate across the country. In Somaliland, the Ministry of Health has been advocating for the reinforcement of support for the case management pillar. On 15 June, the Ministry highlighted the gap in capacity building and training for medical personnel, as well as support for treatment centers.

In Puntland, authorities report a general reduction in the number of people visiting hospitals and health facilities since COVID-19 was reported in the state on 19 March. As a result, concerns have arisen over a decline in number of children accessing immunisation services.

The Galmudug State Ministry of Health continues to face the challenge of transporting COVID-19 samples to Mogadishu for analysis due to unreliability of flights. The lack of local testing capacity and shortage of ventilators are major impediments to the detection, tracing and treatment of new cases.

In South West State, limited adherence to social distancing measures has been observed. In addition, severe gaps remain in COVID-19 response in inaccessible districts such as Tayeeglow, Aw Degle, Sablaale; and in medical supplies and equipment needed for the response. On 17 June, the authorities announced a looming humanitarian disaster in the state, saying 550,000 people are in dire need of assistance due to the impact of COVID-19 restrictions on markets, below average *Gu'* harvest, flash floods, insecurity and AWD/cholera. In Hirshabelle State, the unavailability of COVID-19 testing laboratory and other medical equipment remains a concern.

The Jubaland Ministry of Health is facing delays and difficulties in transporting COVID-19 samples for testing. There is no testing capacity in the state, so all samples are transported to the national laboratory in Mogadishu. In Gedo, authorities have requested humanitarian partners and the FGS to provide ventilators to Doolow and Belet Xaawo isolation centres. In Banadir region, COVID-19 restrictions have limited monitoring of activities at IDP sites as well as the delivery of services. On 21 June, the regional Education Cluster reported that the lockdown has led to the closure of 147 schools, forcing 30,944 children (16,255 boys, 14,689 girls) to stay home.

Sector responses to COVID-19



Health

- On 15 June, the Somaliland Ministry of Health announced that three polymerase chain reaction (PCR) machines will be installed to reinforce testing capacity. Presently one PCR machine operates in Hargeysa. The new machines are planned to be allocated in Hargeysa, Berbera and Burco.
- WHO, UNICEF, UNFPA and other partners have distributed face masks and gloves to all vaccination centres in the country for mass use by vaccinators and health care providers.
- The testing laboratory in Somaliland is functioning at full capacity but is overwhelmed by the high demand for testing and re-testing. District-level collection and transfer of samples to the laboratory is a challenge because some districts are remote.
- The Child Protection and GBV sub-sector partners in Puntland have distributed 3,000 pieces of locally manufactured masks along with cleaning and sanitizing kits to child protection and GBV service points in collaboration with Ministry of Women.
- In Galmudug, the Ministry of Health opened a new isolation centre in Cabudwaaq, equipped with 10 beds, and five oxygen equipment. Supported by Mercy USA, the centre brings to three the total number of centres: Dhuusamarreeb, Adado and Abduwak.
- Mercy USA distributed hygiene kits for 600 households (3,600 people) in Galmudug. Save the Children International provided incentives for 24 health workers at the isolation centre in Cadaado.
- International Medical Corps completed construction and rehabilitation of the isolation centre in Gaalkacyo.
- Norwegian Refugee Council trained 30 community health workers from Cadaado and Dhuusamarreeb on hygiene promotion activities and disseminated COVID-19 messages through radio stations that cover Galgaduud region.
- In Hirshabelle, WHO supported the training and deployment of 36 community surveillance workers. To date, a total of 61 community surveillance workers have been deployed to conduct field surveillance activities.
- In South West State, WHO provided 900 swab sample collection kits to support the sample collection and testing capacity of MOH. Meanwhile, 58 district teams and five regional data managers have been trained in priority districts (Bay, Bakool and Lower Shabelle regions) to improve surveillance data collection and reporting.
- 40,101 health promotion sessions by ICRC/SRCS reached 382,369 people in Banadir, Lower Juba, Gedo, Hiraan, Lower Shabelle, Middle Shabelle and Galgaduud among other regions; 2,904 sessions were held at hospital level, reaching 22,696 people.
- ICRC and SRCS have set up screening/triage areas and isolation centres for 15 and 10 beds in Kismayo and Keysaney hospitals. In 29 primary health care clinics, 30 handwashing areas were established, with more than 36,000 litres of chlorine used for disinfection purposes and 78,156 pieces of soap distributed.



Logistics

- The Logistics Cluster, jointly with WFP's Humanitarian Air Service (UNHAS), is supporting the transportation of FMOH medical teams and COVID-19 supplies to key locations. From 28 May-7 June, over 6 MT and 115 officials were transported to Doolow, Belet Weyne, Afmadow, Baardheere Kismayo, Gaalkacyo, Guriel, Bulo Burto Bulu, Dhuusamarreeb, Xudur and Garbaharey.
- The Logistics Cluster facilitates dedicated cargo airlifts of COVID-19 supplies on behalf of the FMOH, Office of the Prime Minister, WHO and other key health partners. As of 11 June, over 40 MT have been dispatched to Dhuusamarreeb, Kismayo, Baidoa, Jowhar, Hargeysa, Belet Weyne, Garowe and Barawe; including hospital beds and other medical supplies.
- A warehousing capacity assessment is being implemented by the Logistics Cluster to consolidate storage needs of humanitarian partners. This will enable the Cluster to facilitate the timely provision of logistics transportation and storage services to meet partners' requirements.



WASH

- IOM has reached 5,126 households with hygiene promotion activities in Baidoa, Afmadow, Kismayo, Doolow, Baardheere, Luuq and Wajale; recruited 30 hygiene promoters in Mogadishu and installed 15 handwashing points in Baidoa.
- IOM has finalised the rehabilitation, solarisation and extension of Cawagle borehole in Cabudwaaq, Galmudug State. The host community of Cabudwaaq and three IDP settlements, totaling 11,475 households, are now benefiting from safe and clean water.
- The Danish Refugee Council distributed hygiene kits to 1,300 households in five villages of Woqooyi Galbeed region, Somaliland State.
- World Vision International, in collaboration with the Somaliland Ministry of Health Development distributed COVID-19 prevention materials (disinfectant soap, hand sanitizers, face masks, etc.) to seven health facilities and the Burco General Hospital, to support 389 health workers in these facilities for three to five months.
- In Puntland, UNICEF distributed chlorine, soap and hygiene kits to 31 health facilities as part of PPE provision for COVID-19 response.
- WASH partners rehabilitated the Tabta community borehole in Jubaland. Hygiene promotion activities including COVID-19 awareness on key hygiene practices are continuing in Badhadhe and Afmadow districts.
- Some 56 SRCS volunteers have been trained on dissemination of hygiene promotion and COVID-19 prevention messages in Baardheere, Ceel Waaq, Dhobley and Afgooye in Jubaland.
- Some 8,055 households (48,330 beneficiaries) in Bardhere district, 4,992 households (29,952 beneficiaries) in Ceel Waaq district, 3,500 households (21,000 beneficiaries) in Dhobley and 6,524 households (39,144 beneficiaries) in Afgooye received soap and chlorine tablets from ICRC plus COVID-19 prevention pamphlets.
- In IDP camps across the country, 82 SRCS volunteers were trained; 2,985 health promotion sessions have been held, reaching 29,580 people; 38 handwashing stations established, and 25,714 pieces of soap distributed.
- WASH partners (PAH, IOM, CONCERN) provided water to 12,000 IDP households in Kahda and Daynille, Banadir region, as well as hygiene promotion activities for 4,500 households. WASH cluster gave 90 kg of chlorine and 200 cartons of soap to Martino hospital in Mogadishu.
- WASH Cluster partners reached 38,500 IDPs with hygiene promotion activities in Banadir. Save the Children constructed 5 latrines in Martini hospital as part of COVID-19 response.



Education

- UNICEF is supporting 96,505 children (39,571 girls) through offline and online distance learning platforms. In Somaliland, radio and TV lessons are being rolled out for grades 6, 7, 8, 10, 11 and 12, and currently the lessons for grades 5 and 9 are being aired.
- On 11 June, Puntland postponed grade 8 and 12 examinations within 30 days. In addition, Quranic schools were instructed to only accommodate children less than 10 years old with strict precautionary measures.
- Puntland Learning Passport – a platform that aims to keep children learning online during the school closure was established after rounds of technical discussion with the Ministry of Education. The platform is up and customised; construction of the site including key features and uploading recorded lessons for grades 8 and 12 is ongoing.
- In Galmudug, the State Ministry of Education directed all primary schools with grade 8 candidates to open on 15 June. However, the grade eight examination will start on 11 July and prior to this period, candidates will be given thorough revision to prepare. This is a relaxation of the directive issued on 20 March that closed all learning institutions in Galmudug due to COVID-19.
- Tisqaad (Maturing), a radio programme targeting children, parents and teachers in Central South Somalia, raised awareness through drama and short stories, while integrating COVID-19 preventive messages like on handwashing and social distancing
- In Banadir, OCHA is liaising with partners to bridge the existing gaps following reports by the Education Cluster that



Useful information on the COVID-19 pandemic is available at: <https://covid19som-ochasom.hub.arcgis.com/>

147 schools have closed in Mogadishu, forcing 30,944 children (16,255 boys and 14,689 girls) to stay at home.

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