UNFPA

Somalia Country Office

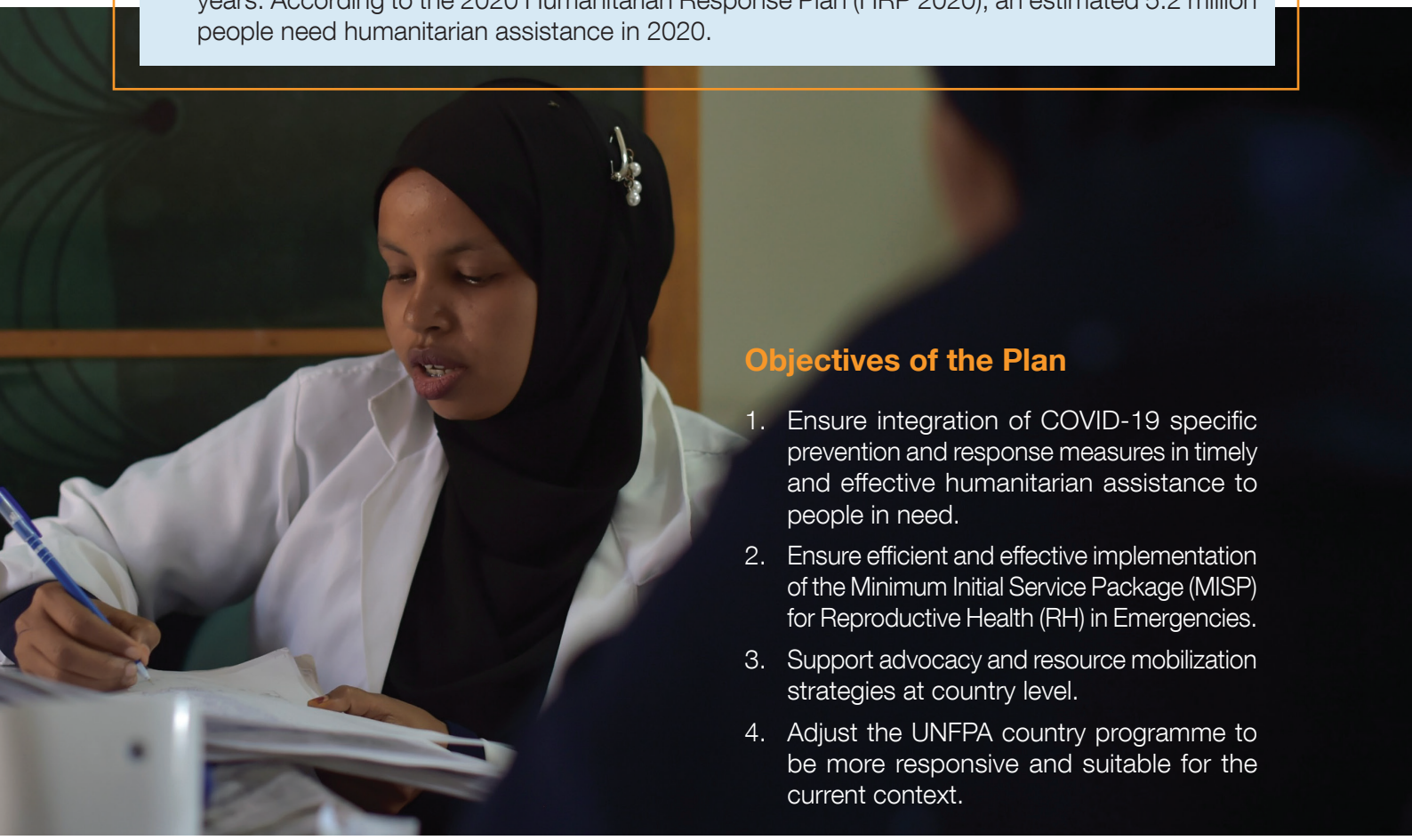
Preparedness and Response to COVID-19

March 2020

*Time frame - **up to 4 months***

Summary of the situation

- The novel Coronavirus (2019-nCoV) is a new strain of coronavirus first reported to WHO end of December 2019 in Wuhan, the capital of China's Hubei province. As of 17 March 2020, the virus had spread to some 150 countries, infecting more than 170,00 people and causing 7,019 deaths.
- On 16 March 2020 Somalia confirmed the first case of COVID-19. Prior to that, the Government had shared a national contingency plan for preparedness and response for COVID-19 and established an emergency task force comprised of Government Line Ministries, Donors, UN agencies and NGOs. Also the Government set up a quarantine facility in Mogadishu, banned international flights for 2 weeks, prohibited public gatherings, and closed schools and universities.
- As Somalia remains in a protracted and complex humanitarian crisis, the advent of COVHID-19 adds yet another challenge in an already fragile environment. The protracted crisis is largely driven by climatic shocks, years of conflict, widespread poverty and long-term vulnerability. Climate-related events, mainly drought and flooding, have increased in frequency and intensity, exacerbating humanitarian needs and undermining community resilience. An estimated 2.6 million displaced people are living in 2,000 overcrowded settlements across the country. The Government of Somalia has declared a national emergency over the worst desert locust outbreak in over 25 years. According to the 2020 Humanitarian Response Plan (HRP 2020), an estimated 5.2 million people need humanitarian assistance in 2020.



Objectives of the Plan

1. Ensure integration of COVID-19 specific prevention and response measures in timely and effective humanitarian assistance to people in need.
2. Ensure efficient and effective implementation of the Minimum Initial Service Package (MISP) for Reproductive Health (RH) in Emergencies.
3. Support advocacy and resource mobilization strategies at country level.
4. Adjust the UNFPA country programme to be more responsive and suitable for the current context.

Key Figures

TARGETED BY UNFPA	Male	Female	Total
Women of reproductive age (age 15-49, estimated)		253,280	**253,280**
Pregnant women (estimated)		33,530	**33,530**
Adolescents and youth (age 10-24, estimated)	9,511	63,550	**73,061**

ESTIMATED FUNDING	Required
Estimated funding for SRH and GBV activities (including services, supplies, information and coordination)	**5,580,000**
Total estimated funding	**5,580,000**

COVID-19 and sexual and reproductive/ maternal health services

Historically, pregnant women have been disproportionately affected by respiratory infections. During the 2009 H1N1 pandemic and the 2003 SARS epidemic, respiratory infections in pregnant women led to higher mortality rates, intensive care unit (ICU) admissions and other co-morbidities compared to non-pregnant women[1 2]. There are limited pregnancy-specific data available on the 2019-nCoV, but any febrile respiratory illness in pregnancy should be treated seriously with immediate diagnosis, appropriate care and precautions to avert infections.

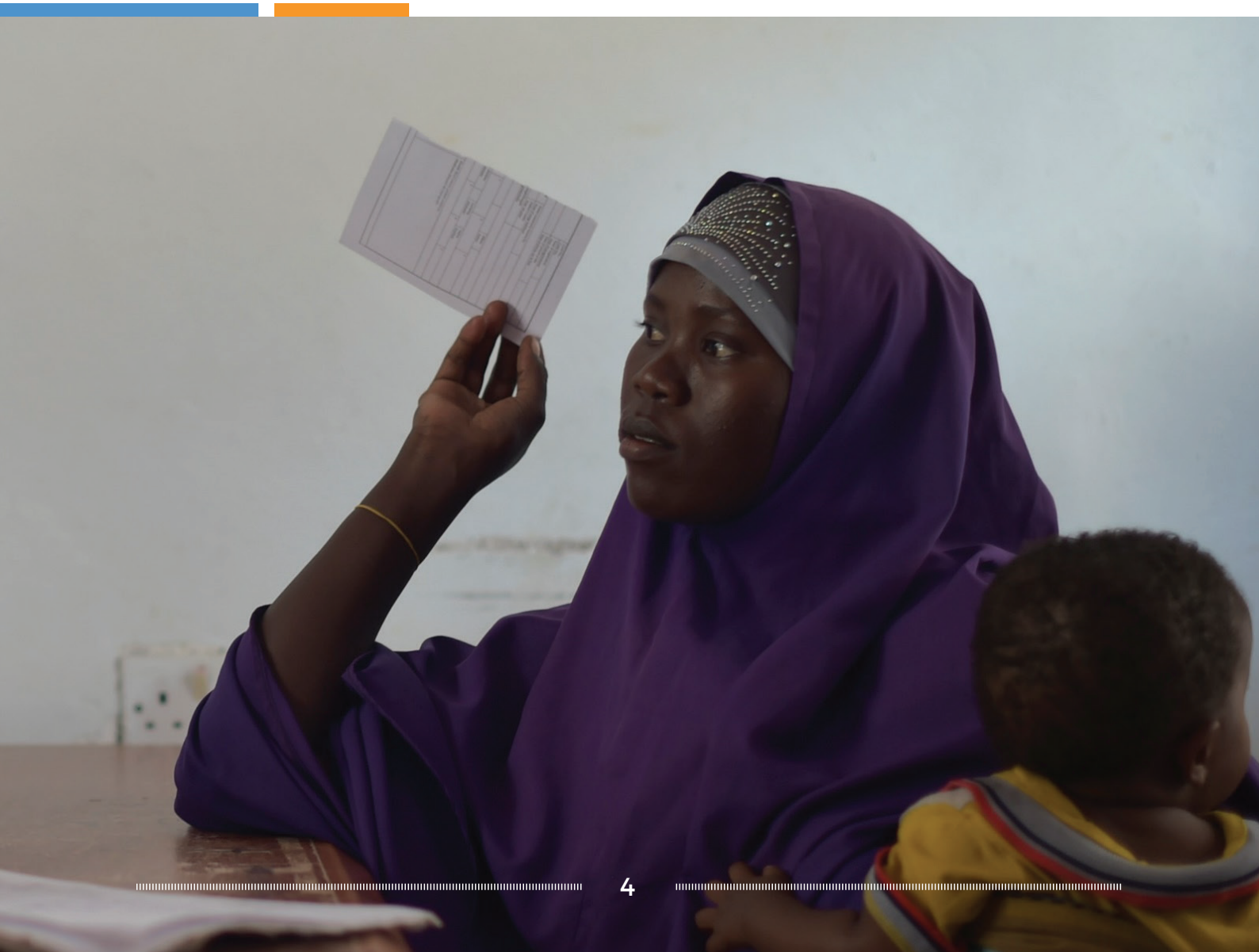
Somalia already has one of the highest maternal mortality rates in the world and an estimated one out of every 22 women is likely to die due to pregnancy or childbirth-related causes during her life course. The maternal mortality ratio stood at 732 deaths per 100,000 live births in 2018. Access to maternal health information and services is low with 22% of women being assisted by any skilled personnel. Caesarean section rate is estimated at less than 2 per cent, noting that the WHO standard for expected C-section needs is between 5 - 15%. The fertility rate is high (average of 6.4 children per woman). The modern contraceptive prevalence rate is less than 15 percent, while unmet need for family planning is 26%. Poverty, low status of women, suboptimal nutritional status and widespread harmful traditional practices contribute further to the high burden of ill-health among mothers and new-borns. Obstetric fistula is widespread and available evidence points to high incidences of female genital mutilation, child marriage and early

[1]Larsen JW. Influenza and pregnancy. Clin Obstet Gynecol 1982;

[2]Stockman LA, Lowther SA, Coy K, Saw J, Parashar UD. SARS during pregnancy, United States [letter]. Emerg Infect Dis [serial on the Internet]. 2004 Sep

pregnancy as some of the contributing factors. The majority of existing health facilities in the different regions of Somalia are scattered and distant from each other. Facilities are understaffed and also lack regular provision of health supplies due to a weak supply chain system. Access is also constrained by limited and very poor quality of public transportation.

During an epidemic, such as in the case of global pandemic COVID-19 infection, health systems resources will be stretched, negatively affecting availability of and access to reproductive and maternal health care, including the capacity to offer safe deliveries. Maternal and new-born health services need to be continuously accessible, particularly access to referral-level facilities capable of providing Basic and Comprehensive Emergency Obstetric and Newborn Care (BEmONC and CEmONC) to manage pregnancy-related complications. Access to life-saving sexual and reproductive health information and services is in line with the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations, and highlights the importance of providing integrated services to women, adolescents and youth.



COVID-19 and Gender Based Violence

Women and girls are disproportionately affected by the secondary impact of an epidemic such as social and economic consequences. Gender is a key factor in affecting health outcomes and patterns of exposure during infectious disease epidemics, often leading to higher infection rates and long-term recovery implications[3]. As primary caretakers of the sick and elderly, women are more exposed to diseases, increasing their vulnerability to infection. Feeding and washing persons infected with the virus increase the risk they face of contracting the disease. Gender roles are also such that health care workers and health facility service staff (e.g. cleaners, cooks), particularly at community level, tend to be predominantly female, a factor that contributes to higher exposure and infection rates for females than males in most countries.

Crises compound existing gender inequalities, increasing harm and risks for women, girls and gender diverse people both in the home and in the community. Previous epidemics such as the Ebola outbreak in 2015 saw an increase in violence, sexual exploitation and abuse of women and girls due to increased financial stress on families, increased demands of household chores in caring for the sick, decreased access to livelihoods, more frequent and longer journeys to obtain food or water which increases exposure to sexual assault, and disintegration of social protection structures as resources are diverted towards responding to the outbreak[4]. In resource-strapped environments, vendors may insist on trading sex with women and girls in exchange for necessary supplies that are scarce. In households where men have fallen ill or died from the epidemic, women and children may be left to fend for themselves, making them vulnerable to violence and sexual exploitation. With schools suspended, young girls and boys can find themselves exposed to heightened risk of exploitation and abuse.

Also during an epidemic, schools and youth centers may shut down, and young people may lose access to social networks and support systems, negatively impacting their ability to receive correct information and also to cope with stressful situations. Access to contraception and professional psychosocial support mechanisms are an important consideration in such contexts. Provision of integrated SRH information and services, as an essential service package, should continue in the face of a public health emergency to prevent excess morbidity, mortality and psychological stress among the population.

[3]Addressing sex and gender in epidemic-prone infectious diseases, WHO (2002).

[4]Ebola impact revealed: an assessment of the different impact of the outbreak on women and men in Liberia (2015)

Response Strategy

Effective and coordinated clinical and public health services, as well as community engagement and mobilization, are key to an epidemic response. **Sexual and reproductive health is a significant public health issue, including in epidemics** and UNFPA Somalia is working closely with the Federal Ministry of Health and Human Services as part of the UN-wide coordinated response to the COVID-19 pandemic to ensure the accessibility and availability of health services as well as gender-based violence services. Collaboration and partnership with WHO in supporting the Ministry of Health and relevant line ministries is key to ensuring that accurate information is provided to women of reproductive age and pregnant women on infection precautions, potential risks and how to seek timely medical care. Also UNFPA is working with its implementing partners across the country to ensure SRH and GBV services are available for communities and specifically to women, adolescents girls and youth while ensuring delivery modalities seeking to reduce infection risks. The following are the overview of the UNFPA Somalia's planned response and resource needs to the current epidemic of COVID-19:

Priority Areas	Activities	Budget (USD)
Prevention of Spread & Transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities	Establish isolation areas for pregnant women / newly delivered mothers suspected to be COVID-19 positive during consultations in every UNFPA-supported EmoNC facility for referral and quarantine	1,200,000
	Procurement and distribution of Personal Protective Equipment (PPE), sanitizers, N95 masks, soap, gowns/goggles for health professionals including midwives for both Infection Prevention & Control (IPC) at UNFPA-supported EmONCs facilities across the country	1,800,000
	Procurement and distribution of Integrated Emergency Reproductive Health Kits (IERH) and equipment to ensure service continuity in all locations	850,000
Risk communication and awareness campaigns (including debunking of myths, rumours and stigma) for women of reproductive age with a particular focus on vulnerable populations including IDPs, persons with disabilities and marginalized communities	Awareness raising through radio and TV stations and adapting, developing and printing of Information, Education and Communication and (IEC) materials for prevention, risk mitigation and referral	280,000
Capacity building for health care providers on COVID-19 prevention, mitigation and response	Training on Infection Prevention & Control and Case Management using WHO guidelines for service providers including midwives and community health workers	165,000
Impact assessment of the pandemic on health and socioeconomic	Contribute to the joint UN impact assessment on the socioeconomic and health impact of the pandemic.	250,000
Sub total		**4,545,000**
Sustain and expand GBV prevention mitigation, and response services to vulnerable women and girls with a particular focus on vulnerable populations including IDPs, persons with disabilities and marginalized communities	Procure and provide essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers) to women and girls, particularly those hospitalized for screening, isolation and treatment for COVID-19, to maintain their hygiene and dignity, as well as women and girls in the women and girls safe spaces.	427,500
	Procure and provide essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers) for health workers and community workers including midwives	187,500
	Ensure GBV risk mitigation and prevention among all humanitarian interventions through updating the referral pathway and sensitization sessions with frontline aid workers on GBV and PSEA	85,000
	Train social workers, counsellors and legal aid focal points to put in place measures to curb the spread of COVID-19 during GBV service delivery.	145,000
	Support the develop animated awareness messages including videos and radio shows of COVID-19 and related GBV vulnerabilities including increased domestic violence	45,000
Sub total		**890,000**
Engagement of youth on prevention and risk communication for COVID-19	Support sensitization and train of Young People including Youth Center managers and Youth Leaders to lead the outreach campaigns and put in place measures to curb the spread of COVID-19 among young people.	**145,000**
Sub total		**145,000**
G. total		**5,580,000**

Contacts

Mr. Anders Thomsen
UNFPA Somalia Representative
thomsen@unfpa.org

Mr. Ridwan Abdi
Humanitarian Specialist
rabdi@unfpa.org

Ms. Pilirani Semu-Banda
Communications & Partnerships Specialist
semu-banda@unfpa.org