

Highlights

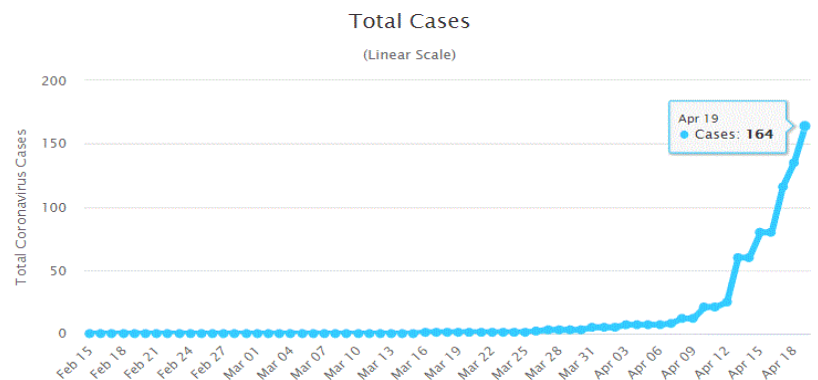
240	46	164	7	2	14
Tests done in Somalia	People in Quarantine	Confirmed Cases	Reported Fatalities	Recovered Cases	Isolation Facilities

Situation Overview

The number of coronavirus (COVID-19) cases in Somalia spiked, pushing the total number of confirmed cases since 16 March to 164. The cases include 15 health workers, some of whom are staff of the Ministry of Health and Human Services. Most of the cases are in Mogadishu but there are five in Somaliland; and two in Kismayo in Jubaland, including one an internally displaced person (IDP). Seven fatalities and two recoveries have been reported thus far.

The majority of the cases, including the first fatality, have no travel history signifying local transmission of COVID-19 and WHO says further transmission of the virus can be expected. There is an increased risk that cases may go undetected or undiagnosed if community transmission begins and becomes widespread. The impact on the 2.6 million IDPs living in more than 2,000 crowded settlements with limited access to health and water, sanitation and hygiene services would be catastrophic.

Progress is being made on in-country testing. This past week, Somalia received COVID-19 testing equipment and 240 tests have been conducted as of 18 April. In addition, there are substantial efforts from international partners to support the preparedness and response efforts. Somalia recently cleared its arrears with the International Development Association¹ and will benefit from the World Bank Group's US\$14 billion global package of fast-track financing to assist companies and countries in their efforts to prevent, detect and respond to COVID-19. However, additional resources will be required to meet current and new humanitarian challenges brought by possible further spread of the pandemic.



COVID-19 Impact

Economy

- Commodity prices:** Largely due to COVID-19 related measures, there is an increase in basic commodity prices. Export restrictions in source markets like Oman and India are already having a ripple effect in markets in Somalia². COVID-19 related panic buying, and the approaching Ramadan season have led to increases in retail and wholesale prices of imported food items in markets. The March Consumer Price Index published by the Federal Directorate of National Statistics indicates an increase of up to 2.12 per cent.

¹ World Bank Statement, 5 March 2020

² WFP Joint Markets and Supply Chain Weekly Update, 12-19 April

- *Socio-economic impact:* The Somali economy will see a drop-in livestock exports due to import restrictions imposed by markets in the Middle East. According to WFP, countries in the East African region like Somalia are highly exposed to spill-over effects of demand shocks in export destinations, and disruptions in exports are likely to have serious adverse impacts on local economies and livelihoods. In addition, the COVID-19 pandemic is likely to cause a decline in remittances from the diaspora because large numbers of the diaspora have been impacted by lockdowns, layoffs and trade disruptions. Remittances – estimated at \$1.6 billion annually³ - are a vital family support mechanism and anchor the livelihoods of many people especially in urban areas. The situation is likely to be exacerbated by reports by various financial lenders, including banks, placing limitations on the number of cash withdrawals due to limited cash availability.

Humanitarian Operations

- *Humanitarian footprint:* The requirements for physical distancing and the suspension of air travel to and within Somalia have significantly reduced the humanitarian footprint in the country. However, operations are continuing through local staff and partners working within a restricted environment while most international staff work remotely. Access to areas of operation is limited due to restrictions on flights and movement of people. In addition, delays for cargo clearance due to operational impediments slow down movement of humanitarian supplies.
- *Strain on health services:* Humanitarian partners are concerned that the increased demand for healthcare due to COVID-19 threatens to further strain already limited health services across Somalia. This will affect other aspects of health delivery, including maternal health. On 11 April, a Turkish-run hospital in Mogadishu - one of the biggest health facilities in the city - partially closed operations after three doctors tested positive for COVID-19. The partial closure is a serious setback to health care provision in the city.

Education

- *Closure of schools:* According to the Education Cluster, the closure of schools throughout Somalia has affected an estimated 1.5 million school children, in addition to those who were already out of school. CARE⁴ notes that the school closures have also reinforced social norms that disadvantage girls and practices of gender inequality.

Government Response to COVID-19

To mitigate the spread of COVID-19, the Federal Government of Somalia banned large gatherings to ensure social distancing, closed academic institutions, imposed a curfew in Mogadishu, suspended international passenger flights and closed borders; among other restrictions. Similar measures have been announced at state levels. To ameliorate the impact, the Government announced a three-month tax exemption from 15 April on imported rice and dates; and a 50 per cent tax reduction on imported wheat flour and vegetable oil.⁵

In addition, the Prime Minister (PM) chairs the Somali National Crisis Committee/National Emergency Commission which meets daily with line ministries and other partners, including the private sector, religious leaders, civil society. Separately, the Somali National COVID-19 Incident Management System holds technical meetings chaired by the Ministry of Health and attended by international partners.

With support from WHO, the Federal Ministry of Health received COVID-19 testing equipment and has so far conducted in Mogadishu a total of 240 tests. The start of local testing is a major boost to ongoing efforts to contain the virus. In addition, the United Arab Emirates (UAE), in collaboration with the WHO, delivered a plane load of 27 MT of medical supplies to help 27,000 healthcare workers in combating the COVID-19 pandemic.

Humanitarian Response to COVID-19

Humanitarian partners have scaled up preparedness and response against COVID-19. Under the leadership of the Ministry of Health, a Risk Communication and Community Engagement (RCCE) task force was launched on 7 April. The task force

³ CARE Somalia Statement, 17 April 2020.

⁴ ditto

⁵ WFP Joint Markets and Supply Chain Weekly Update, 12-19 April

comprises a wide range of actors including NGOs, UN agencies, Government entities, media partners (Radio ergo, Africa's Voices Foundation) and AMISOM. Through the inter-cluster group and individual clusters, a number of humanitarian actors have initiated RCCE activities. OCHA is the secretariat and has created an [RCCE resources](#) repository.

The priority for humanitarian partners is to avert large-scale community transmission by scaling up risk communications, testing, aggressive contact tracing and efficient management of all close contacts. UNDP in conjunction with the PM's office has set up a COVID-19 [communications hub](#) and is using Somali and international media experts to make creative videos, animations, radio spots and social media graphics. Various agencies have created awareness-raising materials and are sharing these online or through various Somali media outlets.

Humanitarian actors have donated critical equipment such as personal protective equipment for health workers and are undertaking measures to mitigate the risk to IDPs, refugees, asylum seekers and host communities. Advocacy is ongoing for an immediate moratorium on evictions of IDPs, given that reportedly more than 48,000 persons have been evicted from the settlements they live in so far this year. Monitoring of the impact of COVID-19 on human rights in Somalia has been strengthened. To minimise the risk in places of detention, advocacy with relevant authorities has resulted in the release of more than 720 inmates on minor offences.

A logistics working group has been re-activated to handle the COVID-19 related logistical issues. Detailed information from the working group is available [here](#).



Cluster Responses to COVID-19

Health Cluster

- Trained 1,000 health care workers in case management and infection prevention and control. Distributed 2,000 personal protective equipment items to health workers. Have identified the need for more personal protective equipment for health workers.
- Supported the establishment of 14 isolation centers (100 beds) and provided 46 ICU beds. Following up 400 close contacts. Shipped 90 laboratory samples for testing. Providing case management guidelines and isolation centre support.
- Maintaining essential health services: triage, re-allocating resources and scaling-up response. Have identified the need for more ICU and isolation equipment, and triage capacity at health facilities.
- Supporting the Federal Ministry of Health on preparedness and response planning, needs and costing, surveillance and laboratory assistance, stand-up investigative teams and supplies as well as equipment.
- Engaged in RCCE with health care workers and communities, sharing approved guidance. Supporting CCCM and Protection Clusters with guidance materials. Have identified the need for increased risk communications messaging and to address rumors. Also, skills building for health care workers

Camp Coordination and Camp Management Cluster

- Cluster partners are carrying out RCCE activities in IDP sites in coordination with WASH and Health Clusters, and the district health ministry. As of April 15, RCCE activities have been completed or are ongoing in 617 sites (29 per cent of all IDP sites) in Somalia covering 556,060 individuals.

- In addition to COVID-19 messages, CCCM partners are updating referral pathways at the site and district-levels and have reached 95,872 individuals through site maintenance activities that mitigate the spread of COVID-19 (rehabilitating communal infrastructure).
- Cluster partners are supporting humanitarian stakeholders through creating an IDP site priority tool (highlights sites most vulnerable to the spread of COVID-19), messaging in IDP sites guidance note, and risk communication activity tracker for IDP sites

Shelter Cluster

- Cluster partners have identified 237 high-risk sites, with 66 sites having more than 500 households, that need decongestion. The total population to be covered is 424,746 individuals (70,791 households). Decongestion will involve identifying available land, distribution of shelter kits, expansion of existing sites and rearranging shelters where feasible.
- UNHCR has allocated \$420,000 for decongestion at shelter and settlements level of the high risk IDP sites (locations to be determined), covering 12,000 individuals in the coming six to eight weeks. However, a total of \$30 million is needed.
- Efforts are underway to procure household items including bedding items (sleeping mats and blankets) that indirectly contribute to decongestion within households and jerrycans for storage of safe water and hygiene practices.

Water, Sanitation and Hygiene Cluster

- A total of 150,482 individuals reached so far through hygiene kits distribution and hygiene promotion focusing on hand washing; COVID-19 RCCE materials developed and disseminated.
- The Cluster conducted an analysis of trends of water prices and issued a map for implementing partners to inform and prioritise their interventions. A cluster strategy was developed to upscale existing regional supply hubs in central and south Somalia.
- Frequency of subnational WASH cluster coordination activities increased using online tools and at state levels.

UN agencies and partners

- Information, guidance, response plans, maps and resources on COVID-19 responses in Somalia: <https://covid19som-ochasom.hub.arcgis.com/>
- COVID-19 Response in Somalia: <https://www.humanitarianresponse.info/en/operations/somalia/covid-19>
- National Contingency Plan for Preparedness and Response to Coronavirus COVID-19: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/national_contingency_plan_for_preparedness_and_response_to_coronavirus_covid-19-_somalia.pdf
- Somalia Federal Ministry of Health: <http://moh.gov.so/en/>
- The latest information on COVID-19 from WHO: https://www.who.int/health-topics/coronavirus#tab=tab_1
- WHO daily situation reports: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
- Global research on COVID-19: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/globalresearch-on-novel-coronavirus-2019-ncov>
- Consolidated information from Reliefweb on COVID-19: <https://reliefweb.int/topics/covid-19>
- OCHA COVID-19 humanitarian icons, see: <https://www.unocha.org/story/ocha-releases-humanitarian-icons-help-covid-19-response>

Useful information on the COVID-19 pandemic is available at:

Inter-Agency Standing Committee (IASC)

- IASC-endorsed COVID-19 guidance – new materials: <https://interagencystandingcommittee.org/covid-19outbreak-readiness-and-response>
- Gender Alert for COVID-19 Outbreak: <https://interagencystandingcommittee.org/interim-guidance-gender-alert-covid-19-outbreak-developed-iasc-reference-group-gender-humanitarian>
- Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response: <https://interagencystandingcommittee.org/other/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19-response>
- Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>

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