SOMALIA COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)

COVID-19

UN and partners' support towards the immediate humanitarian and socio-economic consequences of COVID-19

August 2020 (v2)

Introduction and Scope

The Somalia COVID-19 Country Preparedness and Response Plan (CPRP) is a joint effort by UN agencies and cluster partners, including NGOs, to respond to the direct public health and indirect immediate humanitarian (component 1) and socio-economic (component 2) consequences of COVID-19. This CPRP does not yet cover new programming designed to "build back better" and to support specific recovery goals in the future. Rather, it provides a six-to-nine-month framework for the humanitarian, development and political workstreams of the UN to adapt existing programmes to the changing context and accelerate and/or scale up interventions that will mitigate the impact of COVID-19. In this sense it focuses on the 'nexus' between humanitarian, development and peacebuilding work. Together, the two components of the CPRP reflect the priorities in Windows 1 and 2 in the Secretary General's UN Response and Recovery Fund.

The plan is aligned and includes support to key interventions within the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19, launched on 27 March 2020. Objective 1 of the humanitarian component of the CPRP is in direct support to the Ministry of Health and Human Services' National Preparedness and Response Plan to COVID-19, which was launched on 26 March 2020.

Table 1. CPRP Components and Objectives

HUMANITARIAN COMPONENT		SOCIO ECONOMIC COMPONENT
Objective 1: Direct support to the Ministry of Health and Human Services' National Preparedness and Response Plan to COVID-19	**Objective 2:** Support to the indirect but immediate humanitarian consequences of the pandemic, particularly continuity of critical interventions identified within the Somalia HRP for 2020 over the next six months.	**Objective 3:** Mitigate the most extreme socio-economic consequences of COVID-19 in Somalia for the most vulnerable.

Table 2. Overall CPRP Financial Requirements

HUMANITARIAN COMPONENT	SOCIO-ECONOMIC COMPONENT	TOTAL
$255,664,666	**$271,179,632**	**$526,844,297**

In recognition of the evolving and shifting situation, the CPRP remains a living document and will be reviewed and updated on a regular basis.

CORONA VIRUS - COVID-19
COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)
Component 1: Humanitarian

Impact of COVID-19

Direct health impact on people and systems

Somalia's capacities to prevent, detect and respond to any global health security threat scored six out of 100 as measured by the Health Emergency Preparedness Index in 2016. There are two healthcare workers per 100,000 people, compared to the global standard of 25 per 100,000. Disease outbreaks such as cholera – with a current outbreak ongoing since December 2017– strain the country's health systems. Less than 20 per cent of the limited health facilities have the required equipment and supplies to manage epidemics. In this context the current pandemic poses serious concern considering the high level of vulnerability across the country.

Somalia confirmed its first case of the novel coronavirus (COVID-19) in Mogadishu 16 March. As of 7 July 2020 , there were 3,006 cases of COVID-19 in Somalia, including 133 health workers, with 1,051 recoveries and 92 fatalities. With a population of over 12.3 million people, Somalia has 18 isolation facilities with 376 functional beds. While the utilization rate of isolation beds is approximately 17 per cent, individual centers may experience spikes in cases that overwhelm their capacity. Testing and contact tracing is ongoing, including in overcrowded IDP settlements. The situation is critical considering that Somalia has a total displacement population of 2.6 million, including more than 632,000 people displaced in 2020 due to insecurity and flooding. Health partners have deployed over 1,000 rapid response teams (RRTs) in areas with a high concentration of IDPs , reaching over 4,000 IDP settlements by the third week of June.

Indirect impacts on people and systems (livelihoods, education, travel, mobility and protection)

The Somali economy is heavily reliant on imports. The lock down of key supply markets , the closure of borders and restrictions on domestic movements are beginning to have an impact. As retailers begin to stockpile, rising prices on key imported commodities are impacting low-income earners, particularly IDPs and rural communities. Moreover, reports indicate that remittances, received by an estimated 40 per cent of Somali households, have dropped by as much as 50 per cent.

With the Federal Government of Somalia (FGS) projecting an 11 per cent decline in nominal GDP through 2020 , an economic slowdown threatens to impact negatively on access to livelihoods and income generating activities across Somalia, and to place additional pressures on households trying to meet basic needs.

In addition Somalia is experiencing a triple threat: COVID-19-related humanitarian consequences, flooding and the worst Desert Locust upsurge in decades. Heavy Gu' (April-June) rains caused flooding in 39 districts affecting 1.3 million people, with 29 people killed and 505,000 displaced. Flooding contributed to increased acute watery diarrhea (AWD)/cholera, while above average rains created a conducive environment for further locust breeding. . Notwithstanding ongoing locust control efforts, preliminary estimates indicate that the overall 2020 Gu' season crop harvest could be 15 to 25 per cent lower than the long-term average, due to the combined impacts of Desert Locusts and other pest infestation and flooding. Without sustained humanitarian assistance, 3.5 million people are projected to fall into Crisis or emergency food insecurity (IPC Phase 3 or higher), during the third quarter of the year. A 13 per cent increase in monthly new admissions of acutely malnourished children has been reported between January and March 2020, compared to the first-quarter average monthly admission for 2016-2019. This can be attributed to sporadic disease outbreaks (AWD/cholera and measles outbreak), and worsening of the food security situation in many areas. Movement restrictions and other COVID-19-related Government directives, disruptions to imports and domestic supply chains, and access challenges due to flooding have impacted the availability of basic commodities, as well as an increase in prices. Despite the Federal Government of Somalia (FGS) suspension of taxes on basic commodities from April-June to mitigate possible shortages of and price surges on food items, the purchasing power of many Somalis, especially daily-wage workers and casual labourers, is significantly reduced. The lack of commercial flights and limited road transport because of the constrained access, has affected the ability of the humanitarian community to reach impacted populations.

Whilst the resumption of livestock export in April 2020 after Saudi Arabia lifted its ban has provided job opportunities at the ports in Somaliland, Puntland and Jubaland, a 30-50 per cent decline in livestock exports, from average yearly exports, is expected from June to August , the peak annual period of livestock demand. In addition, the labour market remains stagnant due to COVID-19 restrictions, especially for the most vulnerable, including IDPs. Residents living in cities already isolated by the presence of Al Shabab (AS) have been particularly affected by the suspension of internal flights; with no choice but to transport goods by road, they have often been forced to give up their goods when attacked by AS.

Closure of schools has left over 1.1 million students without a physical classroom. While some states have shifted learning to radio, TV and internet, which is only accessible to 12 percent (132,000 children, of which 48,218 girls) of all the students, the vast majority of registered students are currently at home. This is on top of over three million out-of-school children even prior to the COVID-19 pandemic. As of June, Education Cluster Partners provided 201,375 (95,129 girls) children with prevention and control messages through printed materials, Radio, and Online platform.

With an estimated 232,000 people forcibly evicted in 2019 and 66,000 in 2020 (as of May), humanitarians have advocated with national authorities for a nation-wide moratorium on evictions during the COVID-19 response. In April, a directive was issued in South West State to suspend evictions in Baidoa. Although advocacy continues for broader adoption of a moratorium, evictions are still on the rise, especially in Banadir and Jubaland.

Due to the spread of COVID-19 all the schools across Somalia were closed in mid-March by the government as a precautionary measure. The school closure has disrupted the learning of over 1.1 million children. This will have a negative impact not only on children's right to education but also on other human rights including the right to food and nutrition. The indirect, or secondary effects on children will be considerable. Interrupting education services has serious, long-term consequences for economies and societies such as increased inequality, poorer nutrition and health, including mental health, outcomes, increased protection risks such as gender-based violence, abuse and exploitation, early marriage, child labour, and recruitment into armed groups, and overall reduced social cohesion. The longer marginalized children are out of school, the less likely they are to return resulting in drop out in the long run. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest. In addition, protection related risks associated with family separation due to infection within households; increased gender based violence (including domestic violence), particularly against women and girl; neglect and exploitation of children and vulnerable households, as well as stigmatization and targeting against specific communities, particularly marginalized groups, migrants and refugees remain high. People with disability may also be particular exposed to violence and neglect, as well as denied access to healthcare. School children are also directly affected. In March, school closures have left approximately 1 million students without any access to education.

As a key source, transit and, to some extent, destination country for irregular migratory flows, Somalia continues to have an influx of migrants from neighbouring countries through irregular migration routes especially from Ethiopia, with the aim of reaching Yemen/KSA. Due to fear of COVID-19 transmission and increased stigmatization, host communities are less willing to support migrant population, further exposing them to heightened vulnerabilities to protection risks. Migrants expressed concern over their capacity to support themselves during the journey as COVID-19 restrictions have reduced daily job opportunities, indicating longer stay in Somalia than usual.

Most affected and at-risk population groups

Somalia has 2.6 million internally displaced persons (IDPs) who have limited access to quality essential healthcare, water and sanitation services and live in more than 2,000 sites in crowded living conditions in urban and semi-urban areas. The elderly – approximately 2.7 per cent of the population – and the urban poor are also considered vulnerable groups who could be worst affected by COVID-19.

Recognizing the significant contextual shifts since the finalization of the 2020 HRP (January), the HCT in Somalia launched a rigorous HRP prioritization exercise in March to ensure a needs-based, prioritized and credible humanitarian ask in response to the "triple threat." Clusters and partners reviewed the people in need (PiN), people targeted, the financial requirements and existing projects. As a result, they identified interventions requiring scale up, reduction and adjustment in light of COVID-19. Along with the PiN, the revised intersectoral people targeted has increased slightly to about 3 million people. Most sectoral PiN and targets remained the same, except for the PiN for Education and WASH which increased, while the PiN for Food Security and Shelter decreased. Poor urban and IDP households are among those most affected, as they depend on daily wages and rely directly or indirectly on remittances to fill critical gaps in income and food sources. Moreover, urban and remote IDP sites are high-risk, as overcrowded, dense living conditions create an environment conducive to COVID-19 transmission.

People in Somalia from both the host communities and displaced populations like migrants and internally displaced persons are all disproportionally experiencing the impacts of the pandemic due to their weakened social support structures, bleak socioeconomic prospects, unequal access to healthcare and basic social services, precarious housing, tenuous living and working conditions, vulnerability to misinformation and social stigma, risks of exploitation and abuse. This further leads to increased levels of uncertainty, distress, and instability of individuals, families, and communities.

There are limited provisions for and access to mental health and psychosocial support, to address emotional and social suffering and prevent long term burden on health, social and economic systems. There are underlying issues on social stigma brought about by misinformation and can potentially target vulnerable groups including migrants, displaced communities, people who were affected by COVID-19, especially those with increased protection risks.

Summary of Covid-19 response priorities

Ongoing response

At least 294,300 people have received essential health assistance and 33,260 people received case management services, while at least 690,000 people have benefitted from infection prevention and control activities. Over 40 metric tonnes (MT) of essential medical supplies and hospital beds have been airlifted to various states, 2,000 PPEs distributed, 20 ventilators delivered to Martino hospital in Mogadishu and 3,346 community health workers trained. WASH and Health partners have intensified AWD/Cholera prevention and response activities, increased training for private water operators to ensure safe water handling and strengthened coordination with state-level Health and Water Resource Ministries. The Protection and CCCM clusters have worked jointly to reinforce the referral systems for protection cases identified. Humanitarian partners have provided combined two-month food rations and scaled up food assistance, reaching 2.3 million people in May. Moreover, 296,387 mothers and caretakers of children 6 to 23 months received individual infant and young child feeding (IYCF) counselling, and 88,613 children under the age of 5 years were admitted for severe acute malnutrition treatment. 5,300 people have benefited from emergency shelter assistance and 32,152 people have benefited from NFI assistance aimed at decongestion of about 237 IDPs sites (hosting 590,000 individuals) at high-risk of COVID-19 transmission. Among the 10.9 million people reached through COVID-19 risk communication and community engagement, 1 million are IDPs in 881 sites. At the same time, agencies and partners have ensured the continuity of critical interventions in the 2020 HRP using modified modalities, leading to adjustments in programmes, presence and activities.

Under COVID-19 response, Ministries of Education in Puntland and Somaliland supported to ensure 132,000 children (41% girls) have access to distance learning lessons through radio and TV and cluster partners reached 201,375 (95,129 girls) children with awareness messages on prevention and transmission. Despite the pandemic, 558 teachers (25 per cent females) have continued to be supported through monthly emergency incentives, and the Ministries of Education organized under strict COVID-19 protocols the final examinations for grade 8 and/or 12 students, ensuring these children can graduate from their respective level, and consequently proceed to secondary school or university.

Response gaps and challenges

Despite the efforts and progress made the national coordination committee to institute preparedness, there are still significant gaps in the health sector in Somalia, particularly in terms of surveillance, laboratory testing and personal protective equipment supply, to enable quick identification, diagnosis and tracing of all suspected cases. Both urban and remote IDP sites remain invariably at-risk to COVID19 transmission as overcrowding, congested living conditions create an environment conducive to the spread of COVID-19. The situation remains one of high concern as more displaced people are arriving in camps, moved by both flooding and continuous conflict. However, access constraints could limit the ability to reach people who are living in hard-to-reach areas and areas controlled by non-State actors.

Delivery of services has been affected by the insufficient PPEs and trained health care workers. Moreover, security has not improved having a direct impact on humanitarian interventions, and deliveries of supplies. Partners have had to adapt the existing programmes to the new reality of COVID-19, this includes the suspension or reduction of some activities, whilst the risk of poor health outcomes due to a wide range of hazards including malnutrition, water-borne diseases and vaccine-preventable illnesses could dramatically increase prompting a significant shift in current programmes. Essential health services need to be scaled up, with a particular focus on high-risk groups, such as IDPs. Additional isolation centers are required, while systematic and structural changes to healthcare facilities for triage and infection prevention and control (IPC) are critical to maintain service provision. Gender-based violence referral, mental health services and psychosocial support must be expanded. Continuity of critical WASH interventions to mitigate post-floods and cholera impact, especially in high-risk locations such as displaced sites and at points of entry, is critical. In addition to the constraints imposed by COVID-19, most clusters are underfunded, requiring partners to further reduce activities. This unprecedented closure of schools has long-lasting implications in the lives of girls and boys, depriving them of learning and social engagement, impacting the mental health and risk of disengagement with school system resulting in drop out in the long run. Disruptions to instructional time in the classroom can have a severe impact on a child's ability to learn. The ongoing distance learning programme cannot be accessed by all children because the technology used by the radio and TV stations do not reach to most rural areas. And moreover, the poor and marginalized children do not have access to such technology platforms.

Objectives

The humanitarian component of the Somalia COVID-19 country preparedness and response plan (CPRP) is a joint initiative between key UN agencies, the Inter-Cluster Coordination Group (ICCG) and cluster partners. Aligned with the Global COVID-19 Humanitarian Response Plan and Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19, the CPRP outlines measures to be taken at the country level to contain the spread of the virus. The plan also conforms with the WHO "Operational Planning Guidelines to Support Country Preparedness and Response"

Activities and funding requirements outlined in the CPRP are based on scenario 2 and 3:

Scenario 1: One or a few more cases are identified in Somalia, are isolated quickly and control measures are put in place.

Scenario 2 (current): Somalia experiences cases that in time increase as a result of geographic location and/or common exposure (cluster of cases)

Scenario 3: Somalia experiences larger outbreaks of community transmission causing direct and indirect impact on humanitarian operations.

Therefore, this component of the CPRP aims to fulfil two key objectives over the next six to nine months:

1. *Direct support to the Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19.*
2. *Support to the indirect but immediate humanitarian consequences of the pandemic, particularly continuity of critical interventions identified within the 2020 Somalia HRP over the next six months.*

Preparedness and Response Pillars and Strategic Areas of Interventions

The response approach remains guided by humanitarian principles as well as by inclusivity, gender, protection and community engagement principles. Engagement with and support to local organizations is key to ensuring delivery of responses outlined in the CPRP, with due acknowledgment of the limited mobility and access constraints facing international actors.

As the situation evolves, the CPRP will continue to be reviewed and updated.

Objective 1: ***Direct support to the Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19.***

WHO is leading the health response, including support to the national plans of the Federal Government of Somalia (FGS). An UN-wide technical task force has been formed from the Agencies, Funds and Programmes (AFP) to support the Government. The Health Cluster is working closely with the Federal Ministry of Health (FMH), along with WHO in support of COVID-19 preparedness, planning and response and is focusing on the following 10 strategic response areas: 1. Country-level coordination, planning and monitoring; 2. Risk Communication and Community Engagement; 3. Surveillance, rapid response teams and case investigation: 4. Points of Entry; 5. National laboratories; 6. Infection, prevention and control; 7. Case management; 8. Operational Support and Logistics; 9. Essential health services; 10. Psychological care.

While acknowledging the importance of securing long-term support towards health infrastructure in Somalia, the humanitarian component is short-term and focuses on life-saving and emergency interventions in light of COVID-19. Currently, priority and funding is focused on limiting the spread of the virus through supporting risk management and infection prevention and control (IPC) measures both in the community and at the facility level. In addition, surveillance, rapid response teams, and laboratory testing are being prioritized to enable quick identification, diagnosis and tracing of all suspected cases. Furthermore, efforts are underway to increase the number of ICUs and isolation centers, and ensure sufficient services are provided within them. Procurement of PPEs, generators and ventilators have also been expedited in order to increase overall capacity to respond.

Table: Overview of Financial Requirements to support objective one: Direct support to the Health Preparedness and Response component of the Federal Government of Somalia's Comprehensive Socio-Economic Impact and Response Plan for Covid-19.

STRATEGIC RESPONSE AREAS	MINISTRY OF HEALTH AND HUMAN SERVICES, FGS FINANCIAL REQUIREMENTS FOR STRATEGIC RESPONSE AREAS AMOUNT (USD)	UN AND PARTNER FUNDING REQUIREMENTS [6]TO MEET STRATEGIC RESPONSE AREAS OUTLINED IN THE FGS MINISTRY OF HEALTH AND HUMAN SERVICES COVID19 NATIONAL PLAN AMOUNT (USD)
1.Country-level coordination, planning and monitoring	3,610,000	3,637,485
2.Risk communication and community engagement	6,140,000	4,533,506
3.Surveillance, rapid response teams and case investigation	4,012,500	10,677,146
4.Points of entry	3,130,000	3,303,625
5. National laboratories	2,187,500	2,333,480
6. Infection prevention and control	4,850,000	12,529,802
7. Case management, including nutrition and food assistance	14,237,800	17,284,463
8.Operational support and logistics	1,024,000	6,202,468
9. Essential health services	7,420,000	8,893,740
10.Psychosocial care	1,820,000	1,685,820
TOTAL	**$57,647,800**	**$71,081,535**

Objective 2: *Support to the indirect, but immediate humanitarian consequences of the pandemic, particularly continuity of critical interventions identified within the 2020 Somalia HRP over the next six months.*

The COVID-19 pandemic is generating new humanitarian needs, especially as compelled by the impact of the locust infestation as well as Gu' flooding. At the same time, the impact of this pandemic has the potential to affect the humanitarian outcomes of people already targeted in the HRP, particularly the 2.6 million people living in highly congested IDP sites, by exposing them to additional risk and exhausting coping capacities.

In terms of humanitarian impact on ongoing operations as prioritised in the 2020 HRP, clusters have carried out an extensive review of their operations, and consequently suspended reduced or adjusted some planned interventions, as well as scaled up other critical ones, and finally initiating new activities required to respond to the new needs generated by the COVID-19 outbreak. Specifically, large-scale distributions and school feeding programmes have been suspended, face-to-face-services and in-person monitoring and trainings have been minimised or suspended. Many clusters have highlighted the need for frontloading of supplies in case access is further hampered and to ensure continuation of critical support to vulnerable populations. In addition, all clusters are intensifying RCCE activities to inform communities about risks and ways to prevent and control the spread of infection. Clusters like WASH and Health will be required to scale up the routine hygiene activities which they are already undertaking.

While adjusting the current response and modalities to ensure that the COVID-19 outbreak is contained, clusters and partners are also working towards ensuring the continuity of the activities planned under the 2020 HRP.

Cluster specific COVID-19-related activities and modes of delivery

Camp Coordination and Camp Management

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
2.4M	1.4M	$8,079,546

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

While health partners have deployed rapid response teams (RRTs) in areas with a high concentration of IDPs, and disinfection and information campaigns are ongoing, there is still concern that ample testing is not occurring at the IDP site-level with various barriers preventing certain populations from accessing primary health facilities outside of sites.

The onslaught of the COVID-19 pandemic has had negative implications on household income and human development for IDPs. Certain access restrictions have depressed employment opportunities for IDPs. Furthermore, misinformation and false notions of the virus have made it especially difficult for CCCM partners to ensure that behavioral changes are occurring in the aftermath of Risk Communication and Community Engagement (RCCE) exercises.

Both urban and remote IDP sites remain invariably at-risk to COVID19 transmission as overcrowding, congested living conditions create an environment conducive to the spread of COVID-19. The situation remains one of high concern as more displaced people are arriving in camps, moved by both flooding and continuous conflict.

Section 2 – UPDATED RESPONSE

The Camp Coordination and Camp Management (CCCM) Cluster has been working in coordination with the Ministry of Health, to address the needs which have arisen due to COVID-19. CCCM partners have recognised the need to change suspend or postpone some of their activities as a result of the pandemic, locust upsurge and flooding, as well as modifying the modes of delivery.

The focus has now shifted to remote management of CCCM activities through partners' staff, community mobilisers, CMC members and local authorities at districts level. CCCM Cluster has suspended safety audits, as well as converting trainings and workshops into 'Communicating with Communities' activities aimed at spreading COVID-19 awareness . CCCM team continued to disseminate information to ensure IDPs are aware of the risks, signs and symptoms and mode of transmissions of COVID-19 and know the appropriate mitigation measure to reduce the risks. Awareness raising sessions were conducted at the information centres, marketplaces or during community meetings, focusing on how to practice social distancing. CCCM partners have reached a total of 881 IDP sites with Risk Communication Awareness sessions on COVID-19 and Community Engagement (RCCE) activities, with a bulk of these activities conducted in joint collaboration with WASH, Health and local authority stakeholders, ensuring that site focal points and leaders are heavily involved.

Moreover, joint coordination with WASH and Health partners have allowed for enhanced hygiene promotion and sanitation activities in sites with high-risk of COVID-19 transmission.

Continued tightening of health referral pathways and collaborative activities with health Rapid Response Teams (RRTs), such as augmenting trainings for camp management committees (CMCs) and other site-level governance structures, is a synergy that is still required. CCCM remains chronically underfunded, with around 10 per cent of its HRP requirements funded, which has not allowed partners to implement some other priority activities such as enhancing site maintenance and improvement activities in priority sites that are vulnerable to the spread of COVID-19, and support Camp Management Committees (CMCs) to promote priority messaging. Low funding level has created a scenario where only 8 per cent of IDP sites in Banadir are currently being covered by CCCM partners.

Education

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
1.1M	900k	$36,823,637

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

The Education Cluster saw a decline in the number of People in Need because of the changed focus, from children in and out of school in need of Education in Emergencies (EiE) assistance (based on multi-facetted needs analysis from the JMCNA), to only focusing on children who were enrolled prior to school closure. The target has gone up because the Education Cluster is trying to reach as many as possible of more than 1.1 million children who are now out of school due to school closures.

Section 2 – UPDATED RESPONSE

The nation-wide closure of schools due to COVID-19 has led the Education Cluster and its partners to completely alter their response. This included reducing face-to-face trainings and suspending transitional learning spaces (TLS) construction. However, many activities are similar to the usual EiE response but delivered through different modalities.

Significant changes have included the development of distance learning programs (Radio, online, TV), remote PSS through head teachers' network, increased focus on WASH rehabilitation (for school re-opening in August) and less focus on general TLS construction. The response focuses on retention rather than on expansion of access and enrolment of new students. The response is implemented in three phases: 1) prevention and control, 2) distance learning and wellbeing, and 3) safe re-opening of schools. The Federal Government of Somalia (FGS), Somaliland and Puntland have initiated online distance learning such as radio and TV to complete the remaining academic syllabus. These alternative learning delivery modalities are anticipated to continue when the academic year starts in August, if the COVID-19 pandemic still exists, and or phased safe school re-opening does not allow all students to resume traditional school-based education due to lack of space and the need to respect social/physical distancing and other COVID-19 prevention measures.

Enabling Programmes

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
5.1M	2M	$6,319,250

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

OCHA and partners continue to work on strengthening the coordination and the capacity of relevant Federal Government of Somalia (FGS) counterparts; national and subnational coordination forums and partners, in enabling effective humanitarian response and ensuring a coherent response to crises in Somalia. This was also seen in the joint response to COVID-19, where a new coordination structure under the UN Task Force focusing on key pillars has come into effect, seeing technical leads working with the Federal Ministry of Health, State Ministries and partners to implement a common strategy. Enabling Programmes has recognised the need to increase their coordinated efforts due to the stretched capacity in country and the shifting need to provide an alternate delivery model due to COVID-19.

Section 2 – UPDATED RESPONSE

Whilst much of the strategy for Enabling Programmes remains the same, with a continued focus on the agreed collective outcomes, several activities have required modification to meet current needs. Risk Communication and Community Engagement (RCCE) activities have been scaled up, including the establishment of an RCCE Task Force, involving Government and a range of agencies. Radio Ergo has created specific programmes to share messaging surrounding COVID-19. The radio drama entitled BED-DHAWR (roughly translated as 'Safe-keeper') gave advice about social distancing and hygiene, as well as 'Radio Sheikh', which engaged a Religious Leader to share important messages on COVID-19 and safe practices. Radio Ergo have also worked with medical doctors from FMoH and the Health Cluster in putting together the CV19 Radio Doctor segment.

The most significant change for Enabling Programmes was the re-activation of the Logistics Cluster in April 2020 to respond to the new needs arising from the COVID-19 outbreak in Somalia, as well as locust response and flooding. WFP, through the joint efforts of the Logistics Cluster and the Humanitarian Air Service (UNHAS), has been supporting the air transportation of key

health partners including the Federal Ministry of Health (FMoH), the Office of the Prime Minister (OPM) and the WHO; facilitating the delivery of medical supplies and personnel to locations throughout Somalia, inaccessible by road. The Logistics Cluster installed a mobile storage unit in Mogadishu on behalf of the FMoH to accommodate medical supplies . While items such as PPE kits and medicines were delivered, the response teams also collected testing samples and trained key medical personnel in 22 locations. From January to June, UNHAS, with its fleet of mixed aircraft (passenger and/or cargo), including a helicopter to support the floods response, made a total of 1,214 flights, to support 99 user organisations, transporting 4,507 passengers and 200 MT of light cargo. UNHAS has also supported the timely movement of medical teams, as well as blood samples to laboratories.

Activities related to needs assessments both sector specific or inter-sectorial such as the JMCNA and FSNAU have required a revised approach this year due to COVID-19. The JMCNA will predominately be conducted through remote phone calls by enumerators working at home, ensuring also that new and extensive data quality control procedures are put in place. FSNAU is currently reviewing the best modality to carry out the post-Gu' assessment.

Despite the official border closures, the flow of migrants, although decreased, still continues. The two main ports in Yemen have not been closed so there will be an anticipated increase in spontaneous returns since the Assisted Voluntary Returns have been suspended with the closure of seaports along the Somali coastline. As such, the dangers of being dropped at sea before reaching the shorelines by smugglers may increase for the migrants but also the potential of stigma by host communities should the COVID-19 outbreak happen in areas of return. Moreover, the majority of migrants are either unaware of COVID-19 or fail to see it as a serious health issue. This requires a targeted response to ensure that all the migrants on the move have access to information on impacts of irregular migration and COVID-19 prevention measures, medical screening, appropriate medical care and access to basic relief items. More way stations along the migratory routes should be established to provide basic assistance and awareness raising to the migrants and host communities. Recognising that mobility is a determinant of health and risk exposure, there is a need to urgently adopt innovative, systematic, multi-sectoral and inclusive responses to mitigate, prepare for and respond to COVID-19 amongst the migrant population. IOM is supporting the Government in trying to minimize transmission, and mitigate the impact of the outbreak, including its social and economic impact, along migratory routes.

Food Security

PEOPLE IN NEED
3.5M

REVISED PIN
3.1M

COVID-19 RESPONSE REQUIREMENTS
$64,055,842

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

The level of acute food insecurity has increased significantly since the beginning of the year. The severely acute food insecure people were about 1.1 million by early 2020, as determined by the post Dyer seasonal assessment result. This figure increased and is projected to reach 3.5 million. Multiple shocks such as desert locusts, flooding, COVID-19 and impact of previous shocks contributed for the reported increase of acute food insecurity. Food security projections signify a dramatic deterioration with 2.7 million being in IPC 3 or worse (April to June) and then surging further to 3.5 million for the period July-September.

POPULATION GROUP	APRIL-JUNE		JULY-SEP		PERCENT INCREASE
	# of IPC 3+	percent of IPC 3+	# of IPC 3+	percent of IPC 3+	
Rural	720,000	26%	844,000	24%	**17%**
IDPS	952,000	35%	1,034,000	30%	9%
urban	1,065,000	39%	1,570,000	46%	**47%**
TOTAL	**2,737,000**		**3,448,000**		

Section 2 – UPDATED RESPONSE

The level of assistance has been significantly affected due to the pandemic. Delays in project approvals and changing priorities and availability of resources have contributed to an initial reduction in the response. Partners have, however, quickly adapted to the situation and increased levels of response significantly in April and May 2020 (70 per cent of the target) to mitigate impact of the triple threat shocks to acute food insecurity. In addition, FSC partners have secured funds to reach 2.3 million people between July and September 2020. Resources are being mobilised to extend coverage to reach 3.1 million people through September (ongoing discussion with donors)

To mitigate the food security implications resulting from the COVID-19 impact and restrictions, humanitarian partners have proactively adapted food security support in line with COVID-19 measures, by providing combined two-month food rations and scaling up food assistance. A number of activities needed to be modified or suspended due to COVID-19, such as Cash-for-Work and vocational trainings, due to the gatherings of people involved with such activities. In exceptional cases, including when partners put in place safety measures (such as PPEs) to mitigate the risks, these activities are being continued. School meals have been suspended as schools are closed and the provision of cooked meals/wet feeding in Mogadishu was also suspended. Some partners adopted e-cash and e-vouchers for cash and voucher assistance (CVA)/mobile money to avoid direct cash distribution and voucher fairs including input distribution.

Some partners adopted providing two months support package in advance (frontloading) as measures minimising contact in the context of COVID-19. The provision of take-home rations for school children while at home and the provision of cooked meals to confirmed cases in the isolation units has also been implemented. The objective of food provision to COVID-19 confirmed cases under isolation or treatment centers is to improve treatment outcomes through food and nutrition support. Mainstreaming COVID 19 risk communication messaging into various programme implementation steps has been crucial for the Food Security Cluster.

The desert locust control operation is still on going by federal and state ministries of agriculture with financial and technical/ financial support of FAO in Puntland, Somaliland and Galmudug. About 21, 800 Hectares have been treated with bio pesticides on the ground and aerial control operation so far. FAO is procuring additional bio pesticide to further support control operation targeting 230,000 Ha. The survey and control operation is supported by 40 vehicles and two helicopters. Livelihood support is planned parallel to the control operation. About 30,000 pastoralists are targeted for support with 3,400 MT of rangeland cubes. In addition, 54,300 households are targeted for livelihoods support in the current cropping season. Impact assessment on crop production is ongoing with partners in the field. The result will better inform the livelihood support response strategy, considering the desert locust impact. Desert locust community sensitisation messaging was introduced to complement the ongoing control measures.

Health

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
3.1M	2.5M	$47,637,525

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

Somalia's capacities to prevent, detect and respond to any global health security threat scored six out of 100 as measured by the Health Emergency Preparedness Index in 2016. There are two healthcare workers per 100,000 people, compared to the global standard of 4.28 per 10,000-. Disease outbreaks such as the current AWD/Cholera outbreak, measles, and malaria strain the country's health systems. Significant gaps remain in the health sector, particularly in terms of surveillance, laboratory testing, to enable quick identification, diagnosis and tracing of all suspected cases.

Lack of personal protective equipment (PPE) and inadequate water and sanitation in healthcare facilities (HCF) creates unsafe conditions for HCWs and patients; contributing to disruptions in essential services: acute and primary care; child health and vaccination; reproductive health, as well as GBV services and mental health services.

Section 2 – UPDATED RESPONSE

Health services and capacity building activities were adjusted, providing new delivery modalities to maintain physical distancing and staff/public safety, along with a strategic shift to COVID-19 and flood response, while safely maintaining essential health services and targeted mobile outreach services. Several planned activities were suspended e.g. construction and rehabilitation work, group counseling and expansion into new districts, while reducing others: capacity building and training, routine project monitoring and vaccination campaigns. These will negatively affect the delivery of an effective essential health services package, increasing the risk for poor health outcomes due to a wide range of hazards including malnutrition, reproductive health and vaccine preventable illness.

COVID-19 response includes: case management training and resources, establishment of 18 isolation centers and 114 new EWAR reporting sites (HCFs), over 1,000 Rapid Response

Teams for investigation, and community engagement . Partners are scaling-up integrated services for GBV (CMR) and mental health and psychosocial support. Around 130 Community Health Workers and over 750 health workers received trainings on COVID-19 awareness, protection and case detection. As a result, 93 per cent of health facilities have now established hand washing and 68 percent triage stations.

The Cluster partners continue to work in close collaboration with the FMoH and State Health Authorities through joint planning, meetings (IMS) and capacity building to address the pressing need to scale-up core essential services in the face of COVID-19: provision of acute and essential services with a much greater focus on provider and patient safety; infection prevention and control (IPC) in HCFs with WASH; improvement in case management capacity for most common health threats and emergencies and maternal and child health services, including vaccination.

Multi Purpose Cash

COVID-19 RESPONSE REQUIREMENTS

$3 1,433,234

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

Market monitoring to ascertain functionality of markets and appropriateness of cash and voucher assistance is being conducted by different partners including FSNAU, WFP –VAM, the Logistics Cluster, WASH and Shelter Clusters, among others. The Somalia Cash Working Group (CWG) using market data from these sources provides monthly monitoring updates looking at changes in the cost of the minimum expenditure baskets for both the full MEB and the food basket, people's ability to access markets, in addition to an overview of market performance (supply chains and port data). The CWG is in discussion on triggers to inform use of cash as a viable response at scale. However, Cash Voucher Assistance (CVA) continues to be implemented in areas where partners are operational and using existing delivery mechanisms where possible.

MPCA continues to be an effective conduit to aid displaced populations, supporting dignified assistance and value for money. Vulnerabilities in some areas have been further exacerbated due to the triple threat of COVID-19, locusts and floods. IDPs, the elderly, people with disabilities and women and girls remain the most exposed to risks, due to a lack of social support systems, inadequate housing and multiple other barriers faced. UNHCR has recognised that people movements have been suspended. However, IDPs, refugees and asylum seekers are still amongst the highest recipients of Cash Voucher Assistance (CVA), as casual labour, such as porters and construction work which are common revenues sources for IDP populations have been suspended as a result of COVID-19. The vulnerabilities caused from food insecurities have also increased largely to urban areas.

According to the CWG, the total reported cash distributed in Somalia in the second quarter of 2020 increased from US$9.2 million in March to approximately US$16.3 million and US$28.2 million in April and May, respectively . This is expected to increase as the response continues to scale up.

Section 2 – UPDATED RESPONSE

In response to COVID-19, the CWG developed a guidance note to help CVA practitioners in Somalia. The note explores different ways to mitigate the spread and impact of COVID-19 through ongoing CVA, informs on the adaption of CVA programming in the context of COVID-19, and explores ways in which CVA can contribute to early measures to address the impact of COVID-19. The CWG also compiled and shared best practices from partners on CVA adaptations to COVID-19 to promote learning across the different partners. The CWG recommended the prioritisation of digital cash, over vouchers and material assistance to prevent the potential transmission of COVID-19, as well as providing practical tips to partners on how to reinforce existing cash programmes.

CVA using mobile money platforms has become more common in Somalia and is now considered a preferred method for money transfer, allowing for humanitarian intervention to use this system for cash and voucher programming. A number of partners, such as IOM, UNHCR and COOPI, have re-purposed funding to respond to COVID-19 by taking this paperless approach and one which requires less face-to-face contact, to mitigate potential exposure to the virus. Some partners like WFP, have front loaded payments for 2 months in advance, for those most vulnerable, in order for people to stock up on essential items. Other partners have been encouraged to follow this example. Some partners have also negotiated with donors to modify conditional cash payments into unconditional payments. A loan fund facility is up and running, giving out no-interest loans and the Somalia Cash Consortium instituted a call center to register people in need of cash assistance, with over 3,000 people having already registered and received their first cash transfer. Vocational training for returnees has also been moved online.

Recent months have seen the expansion of safety nets programming in Somalia with the roll-out of the Government-led safety net for human capital (e.g. World Bank supported Baxnaano social safety net program) and planned shock (locusts and other shocks) responsive safety nets from different development partners. The CWG is working with the Donor Working Group – Technical Assistance Facility to map and overlay safety nets with ongoing multi-purpose cash assistance to improve coordination and avoid overlaps.

Nutrition

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
2.7M	1.6M	$1,842,255

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

In the aftermath of the "triple threat" in Somalia, of COVID-19, locusts and floods, the Nutrition Cluster is closely monitoring the situation in terms of any increase and/or decrease in the admissions rates of acute wasted (GAM) boys and girls in the nutrition facilities. In terms of other needs, one of the major requirement and constraint is the lack of protective equipment for the front line nutrition workforce, despite the key modification in the revision of HRP that was directed towards RCCE and also to improve awareness raising and social mobilization component to prevent spread of COVID 19. The need to provide life-saving nutrition services in a protective and safe environment has been underscored at times by the cluster and partners as well.

Section 2 – UPDATED RESPONSE

The suspension of many face-to-face activities such as trainings, was a required action taken by the Nutrition Cluster due to COVID-19. In other instances, precautions like social distancing and the provision of protective equipment for all frontline nutrition workers have been adhered to as much as possible, in order to provide lifesaving nutrition services in a safe environment and prevent the spread of the virus. Access to sufficient amounts of personal protective equipment has been a challenge. The distribution days at the nutrition sites is staggered in order to prevent the spread of the virus by minimising social contacts and ensuring social distancing. The modified service delivery guidelines have been agreed and shared with all partners and trainings have been provided to the frontline workers.

The shift in focus to Risk Communication Community Engagement (RCCE) has led to increased numbers of social workers having been trained to conduct one-on-one messaging, observing social distancing, as well as online trainings for CHW on modified guidelines and IYCF to ensure continued quality emergency nutrition programming with appropriate IPC measures. Awareness raising of mothers, caregivers and community on how to protect themselves, others and children from COVID-19 has also taken place; there is a recognition that further social mobilisation is required. Additional priority area for consideration is to protect the infants of mothers that are COVID-19 positive and to ensure the continuity of breast feeding while adopting the safety measures and doing so, CHW and mobilizers have already been trained in this regard. The continued provision of treatment and preventive nutrition services is still taking place: 296,387 mothers and caretakers of children 6 to 23 months received individual infant and young child feeding (IYCF) counselling. Accordingly, 88,613 children under the age of 5 years were admitted for severe acute malnutrition treatment. Partners reported no closure of nutrition facilities due to the impact of COVID-19. Mothers have also been provided with MUAC tapes and simplified guidance to measure their nutrition status in the household reducing community workers contact, exposure, and spread of COVID-19. Cluster partners have been trained to monitor the bi-weekly admission trends in the nutrition sites. The purpose is to respond quickly to a sudden increase in cases and also to ensure bi-weekly reporting. This will further boost the rapid response and early warning mechanism and will also show the trends in the wasting admission rates.

Protection

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
3.2M	1.9M	$16,769,708

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

The number of women and girls facing abuse, including sexual violence, has significantly increased due to the movement restrictions, as well as economic and social stresses induced by the COVID-19 pandemic. Intimate partner violence (IPV) cases remained the highest GBV type reported across the country.

Seventy one percent of child protection partners reported that children are experiencing psychological distress. Child protection partners have witnessed increased fear and anxiety amongst children, due to disruption of their daily routines. COVID-19 control measures instituted by the government, including closure of schools including school-feeding programmes, closure of children facilities and group activities

have eroded children's sense of protection and community support. Child Protection partners have reported witnessing increased violence against children at home and by parents/ caregivers because of their own stress and anxiety as well as inability to provide for their families. There is also the increased risk of boys being recruited by armed actors due to redundancy.

In a number of districts, the enforcement of COVID-19 prevention measures (such as curfew) was occasionally ensured through use of force by security forces. As a result of economic hardship, people, in particular women and girls, have to venture further away from their settlements and get exposed to risks of violence (including GBV), also when going through check points, or coming back after curfew.

Urban centres which were already isolated through the presence of Al Shabab, were particularly affected by the suspension of internal flights, their only safe ways to bring commodities from outside. Urban residents were forced to take considerable risks for their safety to transport goods on the road, often forced to leave them behind when attacked by Al Shabab

Section 2 – UPDATED RESPONSE

During May 2020, protection partners reached a total of 72,284 individuals (45 per cent children, 55 per cent women and girls) with protection information and services. This represents a significant increase (16 per cent) compared to April 2020, reflecting a gradually restored ability to reach out to people in need of services in the COVID-19 context, as well as strengthened awareness raising efforts (regarding risk communication). As of May 2020, a total of 380,000 people has been reached with protection services and information, including 155,000 people by GBV partners, and about 28,000 by HLP partners. Child Protection partners reached a total 156,911 people including 91,191 children, with child protection services (child protection messaging, information sharing, PSS and case management) across Somalia. Various guidance documents were developed to support partners to adapt delivery modalities, including on remote case management, on disability inclusion in the COVID response and on child protection prevention and child friendly risk communications. Furthermore, about 200 students and social workers were deployed to provide PSS across Somalia in collaboration line ministries and universities. The Protection Cluster, and its Child Protection and Gender Based Violence Area of Responsibility (AoRs), have worked with the CCCM cluster to reinforce the referral systems for protection cases, as well as to improve the mapping of eviction risks facing IDPs in sites. The Protection Cluster also monitored the protection risks which could be triggered or aggravated by COVID-19. The Humanitarian Country Team adopted a revised version of the Centrality of Protection strategy for 2021-2022, which now includes an additional annex highlighting the relevance of the strategy's priorities in the response to COVID-19 in Somalia.

Limited access aggravated by the health-related restrictions on movements for humanitarian personnel, can leave communities exposed to exclusion from humanitarian assistance, sexual exploitation and abuse. In their response to COVID-19, protection partners suspended in-person training and capacity building and moved to virtual options or smaller groups, where possible. Other activities which have continued but under changed modality, have included remote case management, family-based PSS, awareness-raising, provision of dignity and hygiene kits and other material assistance, safe/houses/shelters, legal assistance, eviction monitoring and prevention, land survey and clearance, victim assistance, protection monitoring and strengthening of community-based protection mechanisms. Along with activity modifications, new activities and the scale up of critical services for extremely vulnerable children have also been required in response to COVID-19. These include the setup of helplines for case management and evictions, as well as establishing peer support groups through social media. RCCE activities, including child friendly messaging have also been up scaled, along with the distribution of PPEs to organisations who are carrying out remote case management for serious cases.

The Protection Cluster observed a decrease in the number of people reached in April, going down from 100,000 to 62,000. During May 2020, protection partners reached a total of 72,284 individuals (45 per cent children, 55 per cent women and girls) with protection information and services. This represents a significant increase (16 per cent) compared to April 2020, reflecting a gradually restored ability to reach people in need of services in the COVID-19 context, as well as strengthened awareness raising efforts (regarding risk communication). Lack of mobile phone network creates difficulties for child protection partners to support remote case management and other services. Closure of children facilities and limited social activities of children both in CFS's and community as preventative measures for COVID-19 required partners to adjust programming to ensure continuity of care for at-risk children as well as mitigate against secondary child protection risks

Shelter

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
2.1M	1.3M	$6,323,500

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

The Shelter Cluster focused on decongestion of a number of sites to prevent the spread of COVID-19. High population density as is the case in most of the IDP sites in Somalia, is a key factor for transmission pathways. In over 80 per cent of IDP sites, Buul (makeshift shelter) is a common shelter type that does not provide protection against weather elements, does not offer privacy and adequate space to live in. Decongestion at shelter and settlement level can help reduce the risk of COVID-19 transmission and improve overall living conditions. Expansion of existing sites where additional land is available, re-arranging shelters where feasible, construction of emergency shelters and provision of NFI kits help to decongest sites and shelters thus reducing the risk of transmission.

Section 2 – UPDATED RESPONSE

Overall, the target for all HRP activities has been reduced because of several reasons. The construction of planned transitional and durable shelter has been temporarily suspended, as these activities require extensive community engagement and participation, which is not feasible currently because of the restrictions imposed due to the COVID-19 outbreak.

Furthermore, these activities cannot be implemented in a short period of time without sustained access to the target population. Due to lack of funding, some partners will not be able to implement planned emergency shelter and NFI activities.

The distribution of emergency shelter and NFI kits has continued and been prioritised as life-saving activities in the current context. Funding constraints have also affected this activity however, and partners who have not received funding yet have reduced their target during HRP revision. A total of 237 IDP sites have been identified as high-risk sites that need to be decongested, covering close to 600,000 people. Access constraints could limit the ability to reach people living in hard-to-reach areas and areas controlled by non-state actors. Since January, 15,300 people have been reached with shelter assistance and 32,152 people have been reached with NFI assistance in nine sites. Ongoing NFIs activities are reaching 36,849 people across 13 sites.

WASH

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
4.4M	2.7M	$32,320,169

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

COVID-19 restrictions have had a severe impact on the implementation of sustainable WASH interventions, obliging partners to re-programme or delay resilience-focused activities, such as construction of new water infrastructures which had to be suspended or delayed as supply of construction items are delayed because of the current COVID-19 restrictions. Alternative options are being explored, to get materials locally and prioritise impactful activities which address chronic needs in highly vulnerable locations. Somalia has also experienced floods in two consecutive seasons October/ November 2019 and April/ June 2020 which had a devastating impact on WASH infrastructure as water sources are contaminated and sanitation facilities damaged leaving behind significant water and sanitation gaps, especially in displaced settlements and flood prone areas. This has triggered aa sharp increase in the number of acute watery diarrhea and cholera cases in Somalia in which, as of mid- June, 4,437 confirmed cases have been reported. This year, the cases are significantly higher than the same period last year. This increase in cholera cases is attributed to lack of safe water and sanitation services faced by the affected populations.

Despite this situation, WASH partners have not been able to achieve their mid-year targets population with basic WASH services and as of May 2020, have only reached 107,295 people with emergency sanitation services and 560,385 people with temporary water supply, representing 10 per cent and 25 per cent respectively of the total target population. This is due to funding gaps, limiting partner capacity to deliver lifesaving interventions.

Section 2 – UPDATED RESPONSE

WASH response has been adapted to shift the focus on activities addressing the direct consequences of COVID-19 and floods. Sustainable access to safe water supply was reduced due to funding constraints and the need to focus the emergency response on key interventions, such as hygiene promotion and hygiene kits distribution, to reduce morbidity/mortality in IDP settlements and other crowded settings. Several other activities have also been scaled up to limit the spread of the COVID-19 virus: risk management and infection prevention and control (IPC) both at community and facility levels, access to handwashing facilities with soap and continuous supply of soap in health care and public spaces. To date, over 690,000 people have been reached with essential WASH supplies across Somalia.

The WASH cluster has also worked on the installation/rehabilitation of WASH infrastructures in health and nutrition facilities, as well as delivering basic WASH services at health centres and COVID-19 isolation/quarantine centres. The use of cash and vouchers have also been increased, and market-based programmes have become a valid alternative option to abate COVID-19 restrictions and promote local markets.

Despite these achievements, the response from WASH partners is constrained due to funding gaps and un-addressed gaps still exist in water supply, sanitation and essential hygiene supplies critical for COVID-19 prevention. While the recent floods impact on WASH, the increasing number of cholera and acute watery diarrhea (AWD) and COVID-19 crisis remains a current threat in Somalia, the situation is unlikely to change for the better as the next deyr season (Oct/Nov,2020) is likely to trigger floods and another spike in AWD/cholera cases is highly possible which will have severe impact on the population due to poor access to health care and sanitation services.

While ensuring the continuity of critical WASH interventions to respond to the COVID-19 crisis and mitigate post-floods and cholera impact, putting in place preparedness measures for the next deyr season remains a priority for WASH partners, targeting in particular displaced populations in urban/peri-urban and at points of entry.. It is also important to continue implementing integrated WASH/health interventions, to jointly respond to COVID-19 and prevent a further increase in AWD/cholera cases, as well as further raise awareness to prevent the spread of COVID19 through risk communication and community engagement, and support compliance to recommended measures through hygiene promotion, hygiene kit distribution and access to water.

Refugee Response

PEOPLE IN NEED	REVISED PIN	COVID-19 RESPONSE REQUIREMENTS
59k	35.7k	$1,300,000

Section 1 – NEEDS ANALYSIS: CHANGES DUE TO COVID

The majority of refugees, asylum seekers and returnees live in poor urban areas with limited public health facilities, poor water and sanitation, inadequate housing, as well as limited social protection systems and face specific barriers and vulnerabilities that have been further stretched due to the COVID-19 situation increasing their vulnerability to protection risks (including risks of gender-based violence). Furthermore, many refugees and asylum seekers are neglected, stigmatised, and face difficulties in accessing health services, social protection and other services that are otherwise available to the general population. The COVID-19 pandemic has therefore became an "emergency on top of an emergency", risking lives and putting pressure on already fragile health systems, poor housing conditions and limited livelihood opportunities and socioeconomic welfare with extreme impact on the most vulnerable including the elderly, children, women, girls and people with disabilities. These have been further worsened by other emergencies including floods and infestation of desert locusts in the country

These emergencies coupled with the increasing impact of COVID-19 may result into higher case-fatalities and heightened protection risks amongst refugees and asylum seekers due to extreme poverty, congestion, overcrowded living conditions and limited health and WASH infrastructure. Flooding and the desert locusts infestation has also meant over-stretching available resources as the focus had to be shifted towards saving lives and away from securing durable solutions to the plight of refugees and asylum seekers.

Despite restrictions on movement in the COVID-19 context, UNHCR continues to provide life-saving assistance to refugees and asylum seekers, in a complex humanitarian situation, compounded by the COVID-19 pandemic, armed conflict, floods and an infestation of desert locusts.

Section 2 – UPDATED RESPONSE

UNHCR will further strengthen refugee responses considering the COVID-19 situation. UNHCR enhanced risk communication to promote community engagement with emphasis on hygiene promotion, hand washing with soap, respiratory hygiene, care seeking and physical social distancing using preferred and accessible communication channels with emphasis on two-way communication and also ensured continued access to essential health services, through improving health infrastructure and provision of health services through building or re-purposing health, isolation and quarantine facilities, especially in high-density living conditions most at risk of spread and infection with

COVID-19.

UNHCR has installed 48 handwashing stations in front of hospitals, health centers and reception centers ensuring that more than 1,100 persons who visit these facilities have access to handwashing points to protect themselves and others before entering these facilities. Three boreholes complete with solar panels and water pumps, generator/control rooms, water kiosks and elevated water tanks have been handed to Government partners. Hygiene kits and sanitary materials have also been distributed to minimise people movement and exposure to COVID-19.

UNHCR ensured persons of concern (PoC), who are particularly vulnerable to the pandemic, receive assistance in form of core relief items and cash-assistance, including through use of digital and innovative solutions. Cash grants have been distributed to assist with the restoration of livelihoods as many PoCs including refugees and asylum seekers, returnees and displaced persons have lost their employment because of the shrinking economy and are unable to meet their basic needs.

UNHCR also expanded investment in online and offline distance education as an alternative solution and ensuring refugee children have access to alternative education arrangements introduced locally. So far, 75 university students are benefiting from on online study arrangement.

Moreover, working with existing protection monitoring and reporting networks in collaboration with governments, local communities and partners, UNHCR will continue to mitigate potential protection risks to refugees and displaced people, including restrictions of access to territory and the right to seek asylum, and continuity of essential protection services, including registration, status determination, documentation, protection counselling, GBV and child protection.

Consolidated cluster funding requirements

Recognizing the significant contextual shifts since the finaliza¬-tion of the 2020 HRP (January), the HCT in Somalia launched a rigorous HRP prioritization exercise in March to ensure a needs-based prioritized and credible humanitarian ask in response to the Somalia Covi-19 pandemic as outlined in this document. Clusters and partners reviewed the people in need (PiN), people targeted, the financial requirements and existing projects. As a result, they identified interventions requiring scale up, reduction and adjustment in light of COVID-19. In light of this revision the HRP ask has been adjusted and the detailed requirements both overall and by cuter can be found on the online financial tracking system

CLUSTER	COVID-19 HRP SCALE UP ($)	OBJECTIVE 1. HEALTH COVID-19 ($)	OBJECTIVE 2. NON-HEALTH COVID-19 ($)	"TOTAL COVID-19 RELATED REQUIREMENTS ($)"
CCCM	24,451,983	-	8,079,546	32,531,529
Education	-	-	36,823,637	36,823,637
Enabling Programmes	31,107,356	-	6,319,250	37,426,606
FSC	281,337,039	-	64,055,842	345,392,881
Health	55,688,950	47,637,525	-	103,326,475
Multi-Purpose Cash	27,595,307	-	1,433,234	29,028,541
NUT	140,116,655	-	1,842,255	141,958,910
Protection	62,601,237	-	16,769,708	79,370,945
Shelter	48,086,276	-	6,323,500	54,409,776
WASH	78,884,603	32,320,169	-	111,204,772
RRP	34,452,455	-	1,300,000	35,752,455
MRP	-	1,000,000	1,700,000	2,700,000
TOTAL	**784,321,861**	**80,957,694**	**144,646,972**	**1,009,926,527**

* Covid-19 specific requirements taken from the HRP.

Coordination and Monitoring

The HC and the HCT oversees overall coordination with the National Coordination Committee set up in the Office of the Prime Minister (OPM) and implementation of the COVID-19 plan through the cluster lead agencies. OCHA supports inter-cluster coordination. A Technical Task Force under the MoH Incident Command Manager coordinates technical issues and provides guidance. Each Strategic area pillar has a technical lead and contributing agency leads that work in support of the government coordination structure to bring all actors together around the national plan. Activity coordination is through the designated clusters that include NGOs and UN Agencies. WHO supports coordination with the Federal Ministry of Health and state level ministries of health, and facilitates federal member state communication and reporting through designated emergency operation centers (EOC).

The plan will be monitored against a set of key performance indicators. Progress is being tracked and performance reviewed to adjust the plan as needed. The indicators being monitored are:

i. Percentage of funding of the plan.
ii. Percentage of utilisation of funded activities.
iii. Achievements per activity against the proposed target.

The information management assessment working group (IMAWG) is tasked with the implementation of monitoring assessments, including effective coordination and cooperation between clusters and OCHA. Both the ICCG and IMAWG will be further focused on concrete, results-based analyses of the CPRP aligned with the HRP strategic objectives. This will be done through increased usage and continued growth of the online Response, Planning and Monitoring tool (RPM), as well as a syncing of projects with the Financial Tracking Service (FTS) and the Projects Module. The CPRP as well as the HRP data is currently collected from local partners, and then delivered upwards through a monthly reporting system.

CORONA VIRUS - COVID-19
COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)
Component 2: Socio-economic

This component is designed to mitigate the most extreme socio-economic consequences of COVID-19 in Somalia for the most vulnerable, while supporting government and the Somali population to respond in a way that builds a better future. It responds to the Federal Government of Somalia's Socio-economic Impact and Required Response for COVID-19 (27 March 2020), which requires quick action by national and international actors working in close partnership, under transparent government-led, effective and focused coordination. This CPRP socio-economic component is designed to complement the COVID-19 humanitarian response detailed in Component 1 above. Effective CPRP implementation will necessitate strong, collaboration between UN actors, NGO partners, IFIs, donors, government stakeholders and the private sector.

This iteration of the plan has been updated to reflect the latest available analysis and to align with the global UN's global framework for immediate socio-economic response to COVID-19. It is structured around five streams of work:

1. Health first: Protecting health services and systems during the crisis
2. Protecting people: Social protection and basic services
3. Economic Response & Recovery: Protecting jobs, small and medium sized enterprises, and the informal sector workers
4. Macroeconomic response and multilateral collaboration
5. Social cohesion and community resilience

This crisis requires a coordinated response across the humanitarian-development-peace nexus and cannot rely on humanitarian action alone. This component serves as an integrated support package for the remainder of 2020 for the humanitarian, development and political workstreams of the UN to adapt existing programmes to the changing context and accelerate and/or scale up interventions beyond what is outlined in the humanitarian component of the CPRP. The CPRP does not cover new programming designed to "build back better," however, recovery goals will play a prominent role in the UN Sustainable Development Cooperation Framework.

The number of people considered highly vulnerable is expected to increase due to the impact of COVID-19 on livelihoods and remittances. The NDP-9 identifies vulnerable populations as internally displaced persons (IDPs), women, children and youth, elderly, rural poor (including nomadic and agro-pastoralists) and persons with disabilities. Populations in hard to reach areas also require special consideration. Whereas they may be impacted in different ways, these groups are expected to be especially affected by the socio-economic impact of COVID-19, as they are disproportionately affected by multi-dimensional poverty, driven by inequality and exacerbated by climate change-induced disasters. The fundamental rights of all persons, including the most vulnerable, must continue to be respected. OHCHR has issued COVID-19 related human rights guidelines to which all UN Agencies should adhere.

Socio-economic Impact of COVID-19: An emerging picture

As the direct impact of COVID-19 on the health of the Somali people becomes clearer, so will the secondary consequences and the required mitigating and response measures. Already anticipated economic consequences include reduced export revenue, severely reduced employment and livelihood opportunities, including reduction in human mobility intra and inter-regionally, and reduced remittances. According to the latest World Bank estimates, GDP is projected to decline by 2.5% in 2020 to US$ 4.6 billion, compared with a pre-crisis forecast of 3.2% growth. Federal, state and local governments expect shortfalls in domestic revenue, greatly hindering their ability to respond to the increased needs of Somalis.

Food insecurity is expected to rise due to loss of income and disrupted food supply chains. As livelihoods become threatened due to the economic downturn and climate change-induced disasters (Box 1), so there is a risk that the incidence of domestic violence, human rights violations, violence against vulnerable populations, inter and intra-communal and clan violence, and crime will rise. Displacement affected communities are especially vulnerable, and the number of forced evictions in urban areas may rise. Disinformation, increasing hate speech, discrimination vis-à-vis scapegoat groups of people and potential political misuse are also likely to increase.

The wider impact of COVID-19 further threatens to undo progress on certain 'must not fail' government priorities related to preserving the progress on the consolidation of an effective polity, notably, the general election planned for late 2020 or early 2021, the launch of a national reconciliation process, and the constitutional review process. The pandemic also risks undermining gains made in stabilisation and extension of state authority.

Box 1. Climate Change as a Threat Multiplier: *Climate change is the ultimate "threat multiplier" aggravating already fragile situations and potentially contributing to further social tensions and upheaval. Climate change effects on resource availability have already led to migration and increased competition over scarce resources. Seven key compound climate and fragility risks that should form the basis for united action have been defined: local resource competition, livelihood insecurity and migration, volatile food prices and provision, transboundary water management, and unintended effects of climate change policies.*

Somalia remains highly dependent on aid and remittances. The country received about US$ 1.9 billion in official development assistance in 2019. While total aid to Somalia is not expected to decline in the short term, it is unlikely to increase enough to meet greater needs and emerging priorities. Somalia's large diaspora community sends home approximately US$ 1.4 billion per year. The World Bank estimates remittances will fall 17% in 2020 due to a reduced financial capacity of the Somali diaspora and increased difficulties of moving funds into Somalia, potentially accelerating a more longer-term decline as second or third generation diaspora are less connected to relatives in Somalia.

The COVID-19 crisis needs a dedicated response to address the impacts of new challenges, as e.g. related to social distancing, closure of service and productive facilities and disturbances in the global market. However, the crisis also amplifies pre-existing vulnerabilities in Somalia including weak institutional capacities; limited diversification of the economy; low levels of integration in the global economy combined with high levels of dependency on imports in some sectors; high exposure to climatic shocks (floods and droughts); locust infestation; and high levels of inequality in society.

The COVID-19 crisis is likely to make addressing these vulnerabilities more complex and delay progress. On the other hand, the COVID-19 crisis may accelerate solutions related to mobile money transfer; the online economy; banking sector reform; and shifting local supply chains towards production of items that previously were imported.

The ninth National Development Plan (NDP9), which serves as Somalia's national poverty reduction strategy and plan for achieving the Sustainable Developmetn Goals (SDGs) in 2030, maintains central relevance in this context. It identifies the key drivers of poverty and lays out the strategy for strengthening resilience, building on the Recovery and Resilience Framework (RRF). While sector-specific interventions will need to adapt to changing realities, the needs of the most vulnerable remain largely the same, albeit with increased urgency.

Health first: Protecting health services and systems during the crisis

"Given the world's extensive economic and social interrelationships and trade— we are only as strong as the weakest health system."

Globally, even the strongest health systems are overwhelmed as a result of the COVID-19 pandemic. When health systems are unable to cope, deaths from preventable or treatable conditions can easily exceed deaths related to the pandemic. In Somalia, weak and fragmented health options are already under-resourced and underequipped to meet the need of the Somali people.

Efforts to protect health and nutrition services and systems during the crisis are being scaled up following a two-pronged approach. Targeted support is being provided for the continuity of essential, lifesaving services, while complementary investments in health systems recovery, preparedness and strengthening at all levels of government are being made now and should continue into the recovery phase. Investment in community-level preventive healthcare and nutrition is also necessary to reduce the population susceptibility to diseases/risks of disease outbreak thus minimizing the burden on the health system. Mental health and psychosocial services (MHPSS) should be widely integrated to the primary health care services in order to address the social and mental health consequences of COVID-19 and reduce the negative impact on livelihoods.

Table 2: Health at the centre of the CPRP

HEALTH IN SOMALIA COVID-19 PREPAREDNESS AND RESPONSE PLAN (CPRP): THE CPRP PLACES CONTINUATION OF SAFE, ESSENTIAL HEALTH SERVICES AT THE CORE OF THE RESPONSE PLAN	
Component 1 • Emergency support to the COVID-19 related health response (from laboratories to points of entry)	**Component 2** • Continuity of essential, lifesaving health services • Health systems recovery, preparedness and strengthening with focus on primary health care, Universal Health Coverage (UHC) and preparedness for future waves of COVID-19 (continuing into recovery phase)

WHO, UNICEF, IOM, UNFPA, and UNDP, along with international and national NGOs, are working to ensure continuity of essential health and nutrition services through investments in health preparedness and response. For example, UNICEF and WHO have reprogrammed GAVI funds as part of their response. Additional investments for protection for primary health care workers to remain in their posts are being made, in support of triage and assessment (to ensure patients with COVID-19 symptoms are safely separated from others); infection prevention and control; personal protective equipment (PPE) and modifications to protocols for staff and patient safety in the context of COVID-19. In addition, support for supply chain systems is being provided to ensure essential medical supplies and related commodities are available. These agencies have the potential to bring to scale previously planned health sector support, that has yet to be fully funded, which would not require new programming. Ensuring energy access for health facilities is a priority for addressing the potential increase of patients from COVID-19. UNDP, WHO and partners intend to address the energy gap in health care facilities through a rapid expansion of decentralized low-cost solar hybrid solutions.

Protecting people: Social protection and basic services

"Let's not forget this is essentially a human crisis. Most fundamentally, we need to focus on people – the most vulnerable" - UN Secretary-General's Call for Solidarity

The impact of the COVID-19 crisis is falling most heavily on the world's poorest and most vulnerable. This section describes how the UN, together with partners, will strive to reduce the impact of COVID-19 through gender responsive social protection and basic services in six areas: pro-poor social protection systems; essential food and nutrition services; water, sanitation and hygiene (WASH) services; sustained learning for all children and adolescents; and support for victims of sexual and gender-based violence (SGBV).

Social Protection:

As highlighted in the UN's global response plan, "fiscal stimulus at a large scale is required with targeted measures aimed at providing assistance to individuals hit hardest." **The UN and partners will scale up and expand resilient, pro-poor, and gender responsive cash transfer programmes.** The use of mobile money will be especially critical, given restricted access and movement into and within the country.

WFP and UNICEF are supporting government to reach the most vulnerable through a variety of rural and urban safety-nets to address food insecurity and loss of income. WFP is already accelerating registration of people and planning to expand transfers in the coming weeks for an urban safety net. Under the government-led, World Bank-funded Shock Responsive Safety Net for Human Capital Project (SNHCP), WFP expects to reach an additional 200,000 rural households by the third quarter of 2020. UNICEF is working with the Ministry of Labour and Social Affairs to strengthen government ownership in the social protection sector and to establish a government-owned Unified Social Registry. IOM and UN-HABITAT are using cash transfers to support local initiatives to provide subsidized water, shelter/NFIs, reintegration support, cash for work initiatives, etc. for identified vulnerable groups. FAO will provide unconditional cash transfers to small scale farmers in order to maintain their liquidity in the event that domestic food markets are disrupted by mobility restrictions. UNHCR has extended conditional cash transfers to targeted vulnerable households for purchasing health/sanitary materials (soap, gloves, masks) and/or accessing health care services.

Food and nutrition:

The main drivers and contributing factors of food insecurity in Somalia include insecurity, frequent and prolonged droughts and flooding, displacement, market and trade disruptions as well as poverty. The cumulative impact of recurrent shocks

increases the vulnerability of people eroding their capacity to recover from these shocks. Acute food security crisis in Somalia is protracted. From 2012 to 2019, an average of 3 million Somalis were classified as IPC 2 (stressed) and 1.6 million people faced severe food insecurity (IPC Phase 3 (crisis) and above). Malnutrition rates serious enough to require intervention remain above emergency levels affecting nearly a million children. COVID-19 intensifies both mortality and morbidity related to malnutrition, resulting in both more cases of acute malnutrition and in more deaths from a variety of causes.

Households classified in stressed food security phase (IPC 2) have only minimal adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies. When people in IPC 2 are neglected and/or insufficient level and type of support is provided, a large proportion of them slide into worse food security phases: this happened in 2011 and 2017. The high vulnerability of Somali people in IPC 2, combined with myriad shocks, means households facing stressed food security need development opportunities, improved access to services, protection and creation of livelihood assets, seasonal livelihood inputs, and social safety nets. This demands a two-pronged approach: addressing underlying causes while meeting short-term and immediate needs, including through safety nets.

Water, Sanitation and Hygiene (WASH):

The COVID-19 crisis has created a need for improved management of medical waste and safe and dignified burials to avoid serious long-term impacts on human health and ecosystems. To align and promote environmentally sustainable practices, UNDP plans to engage Federal and State level authorities, to assess the needs and to build capacities for safe, culturally appropriate and physically distanced burials, avoiding the risk of amplifying al-Shabaab narratives. UNDP has supported the Ministry of Endowment and Religious Affairs (MoERA) and the Ministry of Health to develop religious and safe burial (online) guidelines for health workers. Teams are in place for Benadir region and for each FMS have been identified and will be trained and supplied with PPE provided by ICRC.

Education:

The COVID-19 pandemic is disrupting learning for nearly 1.2 million children and adolescents across Somalia and putting further stress on an already fragile education system. Without a conducive and disease-free school environment, COVID-19 poses a risk to children's health and wellbeing. School closures - even when temporary - carry high social and economic costs. The disruptions they cause touch people across communities, but their impact is particularly severe for disadvantaged girls and boys, and their families. In addition to limiting opportunities for growth and development, school closures deprive children of the protection, nutrition, water and sanitation and health services they normally receive while in school. Children no longer receive key life-skills education and support, including protection awareness on gender-based violence, menstrual hygiene management, psychosocial support, and conflict resolution and management. The disadvantages are disproportionate for under-privileged learners who tend to have fewer educational opportunities beyond school. In the absence of alternative options, working parents often leave children alone when schools close and this can lead to risky behaviors, including increased influence of peer pressure and substance abuse. School closures put children at higher risk of violence and other forms of abuse as well as increase the likelihood of pregnancy and child marriage.

Key to the education response is promotion of equity by reaching the most vulnerable children, including girls, difficult to reach children, displaced, refugee and returnee children, pastoralists, those from the poorest families (urban/rural), and children with disabilities among others. UNICEF is working with the Ministries of Education (MoEs) and other partners on three key intervention areas: 1) enhancing the education system-level response to the pandemic, 2) support the planning, implementation and risk communications around safe school reopening, especially for girls, and 3) enhanced knowledge sharing and capacity building both for the current response and future pandemics.

UNICEF and UNHCR also assist MoEs to develop distance learning packages to enable children's continuous learning through different modalities, inclusive of radio, online and social media. Refugee university students enrolled in the Albert Einstein German Academic Refugee Initiative Fund (DAFI) program continue with studies through online learning methods. UNHCR works with Save the Children on pro-active alternative learning methods to ensure completion of the study term at the secondary and upper primary levels and continues to fund tuition for persons of concern enrolled in private schools who receive alternate learning.

SGBV Services:

Sexual and gender based violence (SGBV) is expected to rise as a result of the pandemic, as has been seen globally. Women and girls living in IDP camps and/or from minority clans and marginalized communities face heightened risks of SGBV, including abduction, forced marriage and rape. To address the anticipated increase in SGBV, a number of agencies (UNHCR, OHCHR, UNFPA, UNICEF, UN Women and UNDP) are planning to enhance support for prevention and response in an environment already constrained by limited infrastructural and human resources capacities. Messaging and tools (e.g. radio programmes, guidance notes for community leaders) are being developed to address SGBV concerns specifically adapted to the current climate. To succeed, campaigns will need to leverage existing community structures and channels of influence, including religious leaders, other respected community leaders and trusted national NGOs with pre-existing knowledge and visibility. The messaging will address issues of fear, anxiety and de-escalation of violence, and provide links with service providers. Hotline capacities are being enhanced to cope with a potential surge in calls and to also advocate and create awareness around SGBV/COVID.

Economic Response & Recovery: Protecting jobs, small and medium sized enterprises, and the informal sector workers

"This pandemic is also a jobs and livelihoods crisis that threatens the SDG progress"

The UN's response in the field of economic recovery focuses on safeguarding critical food value chains, employment intensive programming, support to micro, small and medium enterprises, and remittances.

Critical food value chains:

Protecting Somalia's existing food economy throughout the crisis will require focused action to address supply-side constraints to produce increased export earnings and / or to address unmet domestic food demand, including through direct import substitution. FAO will work with development partners to protect primary resource inputs and strengthen growth-potential value chains with a focus on staples, meat, fish and vegetables for domestic consumption. On-going value chain development programmes will be scaled up or repurposed to more effectively target sectors that have the potential to reduce demand for food imports. FAO will work with government and other development partners to monitor and analyze food trade volumes and food prices at numerous locations throughout Somalia with a view to enabling them to better plan and target market interventions.

In order to maintain food production throughout the crisis, FAO will provide essential input packages to approximately 11,000 small-scale producers – 3,000 for irrigated farming and 8,000 for rain-fed farming. As the trajectory of the crisis becomes clearer, FAO will advocate for emerging best practices with respect to reducing mobility e.g. localized collection centres and food banks, warehouse receipt systems, and e-commerce systems for small holders, as well as measures to protect the health and safety of farm workers.

Employment intensive programming:

UN-HABITAT and IOM are working to ensure ongoing and planned infrastructure work continues, with extra protective measures implemented for construction teams. The aim is to ensure continued employment for those hired under these operations so as to avoid further contributing to the anticipated economic downturn. UNIDO supported the rehabilitation of the Ministry of Commerce and Industry (MoCI), providing "on-the-job construction training": the equivalent of an apprenticeship programme, whereby the construction project was commissioned by UNIDO and the workers involved in the actual construction were young unemployed or underemployed Somali that have received construction trades trainings from other UN partners in Somalia.

MSMEs:

Quick financial and material injection will be provided to micro, small and medium enterprises (MSMEs) in urban and rural areas, especially those hosting large numbers of IDPs, refugees and migrants and those benefitting the most vulnerable (IOM, UNDP, UNHCR, UNIDO). This support is designed to support business continuity and avert business closure and laying off workers through grants, loans, micro-credit or in-kind. Similarly, FAO will provide unconditional cash transfers to small scale farming businesses in order to maintain their liquidity in the event that domestic food production is disrupted by mobility restrictions.

UNIDO's recalibrated agro-technology assistance supports start-up and growing MSMEs agro-industrial businesses in Kismayo, Baidoa, Mogadishu and Beledweyne to access new technologies, markets and financing facilities, and to manage the disruption from the COVID-19 lockdown and the economic downturn. An enterprise survey to review the impact of COVID19 on MSMEs operation launched in June in collaboration with the World Bank and the International Finance Cooperation. UNIDO is also promoting the procurement of locally produced protective equipment.

In consultation with the Ministry of Health and the Ministry of Humanitarian Affairs and Disaster Management, UNHCR and WHO have supported previously-trained women to produce Personnel Protective Equipment (in particular non-clinical and reusable face masks), with the goal of creating livelihood, public health and protection dividends simultaneously. Hano Academy, a vocational and polytechnic institution based in Mogadishu supported by UNHCR, has also begun the production of face masks and soap.

The Productive Sectors Development Programme (PSDP) supports government and private sector investments in Somali productive sectors that will generate economic growth and create and sustain jobs and economic opportunities (SMEs, businesses, etc.). It is adapting to COVID-19 by re-prioritizing value chain development interventions aimed at boosting local production of goods in high demand due to the crisis. A fully funded PSDP would quickly reduce critical production inefficiencies, address production competitiveness issues and boost volume capacities. Rapid capital injection into the MSMEs lending facilities – including through credit facilities – could boost local production of essential goods while protecting livelihoods and facilitating MSMEs survival. This can be done by prioritizing value chains requiring lower capital and lower technology investments, while focusing more easily-deployed and green technology, generally higher in jobs creation. PSDP has the potential to provide immediate support to Somalia productive sectors and contribute to an economic system that is able to sustain Somalia's complex achievements and protects the most vulnerable. PSDP was developed with FGS ministries, is led by the Ministry of Commerce and Industry and implemented by UNIDO, FAO and ILO.

Remittances:

The Somali economy is heavily dependent on remittances. Any reduction will directly affect household level income and overall food security. Remittances are likely to decline as the diaspora itself comes under economic stress and increased transmission bottlenecks from sending countries. USAID and DFID are co-leading remittance coordination discussions with participation from the U.S. State Department and Treasury Department, WB/IFC, IMF, the EU, Norway, Switzerland and other donors to develop a joint action plan to collectively address remittance bottlenecks and downstream economic impacts. The UN is part of this ongoing effort to to address transmission bottlenecks, e.g. by exploring options to facilitate and reduce the cost of remittances (IOM, UNDP). The UN is also considering using crowdsourcing

to mobilize funds for various economic activities in selected areas/ vulnerable populations, as well working with Somali diaspora to mobilize resources.

Macroeconomic response and multilateral collaboration

Macroeconomic policy:

UNDP, with support from UNIDO, IOM and the World Bank, is preparing a Socio-Economic Impact Analysis, which will include reviewing risks concerning the macro-economic and business level risks and how they have evolved or emerged under influence of the COVID-19 crisis.

UNIDO in collaboration with the Ministry of Commerce and Industry (MoCI) has been analyzing the impact of COVID-19 on the economy and articulated a focused government response. As a result a policy paper was drafted and adopted by MoCI examining possible interventions that will promote self-sufficiency. Discussion on potential advisory activities are ongoing and will be scaled-up as part of the PSDP interventions.

Social cohesion and community resilience

"Whole societies must come together. Every country must step up with public, private and civic sectors collaborating from the outset."

The UN's "Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19" emphasizes that national solidarity is key to leave no one behind. Despite the magnitude of this challenge in Somalia, a coordinated, Somali-led approach supported by the international community will be key to successfully tackling and recovering from the impact of COVID-19. Findings from the Ebola response in West Africa in 2014-2015 illustrate the critical importance of supporting and strengthening locally tailored responses that are grounded in evidence and locally defined needs. In Somalia, local authority involvement in coordination of the response initiatives will be critical to ensure support reaches the most vulnerable and also to strengthen the leadership and accountability of state institutions involved in delivering services. While capacity development efforts will continue, they are not detailed in this framework, which focuses on mitigation.

Displacement affected communities:

In addition to the activities identified in the humanitarian component of the CPRP, UN Agencies (IOM, UNDP, UNICEF, UNHCR, UN-HABITAT) and NGO partners are adapting and scaling up ongoing programming for displacement affected communities in line with the Somalia Preparedness and Response Plan for Displacement Affected Communities. This plan was formulated by the National Durable Solutions Secretariat in an effort led by the MOPIED, and coordinated with 14 Ministries and entities in the FGS and BRA. Reprogramming are being coordinated through the Durable Solutions Initiative. The severe socio-economic impact of COVID-19 is expected to result in increased tensions and conflict across clans, political affiliations and population groups. In line with the multi-partner REINTEG 3 Project funded by the European Union, and as part of continued efforts to promoting social cohesion and peace building, UNHCR plans to scale up awareness campaigns through CBIs for youth volunteers among IDPs, refugee returnees, the urban poor and host communities.

Eviction presents a significant challenge for displaced communities across Somalia, having affected 48,000 persons in 2020 (268,000 in 2019) and disrupted their livelihood and access to services. A moratorium on evictions being advocated by the UN and partners will protect vulnerable individuals and businesses alike. The UN's monitoring and early warning measures also help mitigate the adverse socio-economic impact of eviction.

Governance and fundamental freedoms:

Support focused and transparent coordination: The UN will support FGS-led coordination of the socio-economic response through the National Coordination Committee for COVID-19 in the Office of the Prime Minister including through a re-focused Aid Coordination Project (UNDP). The UN will make use of government-led coordination fora to coordinate with FGS, FMS and international partners on the delivery of the CPRP socio-economic component. It will also engage with disaster management institutions at FGS and FMS levels – work that will expand as recovery begins and as support to institutional capacity-building and resilience-building increases.

The COVID-19 crisis is revealing vulnerabilities and systemic weaknesses in crisis response, as well as limitations of the wider risk governance system in Somalia. Alongside the health institutions, disaster management authorities, both at Federal and State levels, need to be engaged and capacitated to ensure the COVID-19 response follows a multi-hazards risk management approach taking account of biological hazards. These institutions typically offer crisis coordination skills, rapid response protocols. Somalia's historical experience of recovering from recurrent humanitarian crises must be leveraged to support the COVID-19 response and sustainable recovery in Somalia.

Access challenges have always limited participation in coordination structures in Somalia, especially for FMS. This crisis and associated restrictions on movement and gatherings, is now forcing a reliance on digital platforms for communication and coordination. This is an opportunity to enhance the digital infrastructure of the FGS and FMS to enable remote work at scale by fast-tracking procurement of connectivity equipment and providing training. The UN will also support government to make greater use of the investments that have been made for coordination meetings as well as enhancing FMS-level coordination and locally-led initiatives. For example, the UN is providing communications equipment and tools (subscriptions, training) to secure continuous virtual communication between all relevant partners from FGS, FMS, civil society and constituencies involved in the constitutional review process and elections.

Local Governance: Local governments are at the frontline of the epidemic, but their capacity to respond rapidly depends heavily on context and resources. While strengthening local capacity is a longer-term objective, existing mechanisms to deliver support should be utilized and expanded to include emergency and recovery activities, including by way of collaboration between humanitarian and government agencies. The Joint Programme for Local Governance (JPLG) proposes to establish an emergency and recovery fund for local govern-

ments to respond to locally identified needs, following the established Local Development Fund (LDF) and Service Delivery Models (SDM). A simple call for proposals with guiding criteria (grant amounts, potential areas of support, preference for targeting needs of vulnerable groups) will be shared with all JPLG districts, with preference in grant provision. Some agencies are also exploring ways to involve local administrations in the distribution of items (e.g. soap) as part of the CPRP humanitarian component. IOM will also continue to support the capacity building of local administrations in promoting stability through integrating community-based socio-economic processes.

Mitigate risks, promote accountability and build trust: As issues of access are not new in the Somali context, the UN and its partners already have significant experience in remote-based management. However, this crisis presents new challenges and opportunities to ensure rigorous fiscal controls, robust management and accountability. With support from the Risk Management Unit, the UN will agree common approaches to address aid diversion, such as joint monitoring activities for common partners, adopting innovative ways of doing business while strengthening the safeguards for protecting UN managed resources and increasing accountability. There will be increased use of in-kind distributions; mobile money transfers; GPS/GIS monitoring tools and applications (photos, interviews, reports etc); and e-learning/ training platforms (webinars, seminars, skype, MS teams). UN and NGOs are also amending existing SOPs/memos or developing new ones to reflect the new way of doing business.

The UN will make use of fast-track, globally coordinated procurement mechanisms to streamline supply chains and reduce local competition for scarce resources (e.g. humanitarian resources, IT equipment). Innovative mechanisms such as real-time dashboards and use of the on-line Aid Information Management System will be introduced to improve transparency, response coordination and information sharing. The UN will support sharing of disaggregated data, information and insights within Somalia as well as inter-governmentally though IGAD and across Africa.

NEXT STEPS

With a focus on the short-term (6-9 months), the socio-economic component of the CPRP is prioritizing using existing structures and funding mechanisms (UNMPTF, Joint Programmes) as an effective way to channel the response and to build on established structures. Wherever possible the existing structures and mechanisms will be improved, including with systematic sex disaggregated data, to enhance visibility of how funding have targeted the most disenfranchised members of the communities.

Certain activities planned for 2020 will not be able to go ahead, or will need to be put on hold, given current COVID-19 precautions. Where appropriate, the UN is working with donors to identify alternative programming strategies and / or reprogramming with an explicit focus on mitigating the socio-economic impact of COVID-19.

One key piece of research that will inform the "build back better" phase will be the Somalia Socio-Economic Impact Assessment of COVID-19, which is being undertaken by UNDP with support from UNIDO, IOM and the World Bank. The accelerator labs can assist in mapping examples of how certain communities are overcoming challenges to highlight effective interventions at community level and possibly bring them to scale. New programming designed to "build back better" and to support specific recovery goals, which will be incorporated into the new UN Sustainable Development Cooperation Framework.

Financial Overview of CPRP Socio-economic Component

		2020 PLANNED SPENDING (SECURED)	ADDITIONAL FUNDING NEEDS
Health First	Health services & systems	93.8	17.8
Protecting People	Social Protection	172.7	64.8
	Food and nutrition	79.8	51.4
	WASH	28.2	11.6
	Education	41.8	14.1
Economic Recovery & Response	Critical food value chains	120.6	69
	MSMES	4.7	6.9
	EMPLOYMENT INTENSIVE PROGRAMMING	1.5	2.3
Macroc Response & Multilateral Collaboration	MACROECONOMIC POLICY	1	1.5
Social Cohesion & Community Resilience	DISPLACEMENT AFFECTED COMMUNITIES	33.9	15.5
	GOVERNANCE AND FUNDAMENTAL FREEDOMS	28.8	16.4
TOTAL		**607.1**	**271.2**

THEMES	AGENCIES	PROJECT TITLES	2020 PLANNED SPENDING / SECURED FUNDING (US$, MILLIONS)	FUNDING GAP, (US$, MILLIONS)
Health services & systems	IOM	Provision of Health and Nutrition support	1.2	
	IOM	Stabilization programme	0.3	
	UNFPA	UNFPA Country Programme	15	5.3
	UNICEF	UNICEF CP 2018-Feb 2021 EXT: Outcome 1 - Health	59.3	
	UNICEF	2020 UNICEF Humanitarian Action for Children - Health in emergencies	18	12.5
Social Protection	IOM	Disarmament, Demobilization and Reintegration	8	
	UNICEF	UNICEF CP 2018-Feb 2021 EXT: Outcome 6 - Social Protection	6.7	
	UNICEF	2020 UNICEF Humanitarian Action for Children - Humanitarian cash transfers	0.7	2.2
	WB/WFP/ UNICEF	Shock Responsive Safety Net for Human Capital Project	56	
	WFP	Resilience building through urban safety net cash transfers, school feeding and support to livelihoods (vocational skills training, assets creation) (SO2)	101.4	62.6
Food and nutrition	UNICEF	UNICEF CP 2018-Feb 2021 EXT: Outcome 2 - Nutrition	6.7	
	UNICEF	2020 UNICEF Humanitarian Action for Children - Nutrition in emergencies	17.7	23.4
	WFP	Treatment and prevention of malnutrition among children, adolescent girls, PLW/Gs and ART/TB-DOT clients through provision of specialized nutritious foods alongside behavior change communication (SO3)	55.4	28
WASH	UNICEF	UNICEF CP 2018-Feb 2021 EXT: Outcome 3 - Water, Sanitation, and Hygiene	9.4	
	UNICEF	2020 UNICEF Humanitarian Action for Children - WASH in emergencies	18.8	11.6
Education	UNICEF	UNICEF CP 2018-Feb 2021 EXT: Outcome 4 - Education	36.2	
	UNICEF	2020 UNICEF Humanitarian Action for Children - Education in emergencies	5.7	14.1

Critical food value chains	FAO	Building Resilience In Middle Shabelle (BRIMS)	1.1	
	FAO	Global Network Against Food Crises Partnership Programme - Country Investment Somalia (ProACT)	2.3	
	FAO	Livelihoods Protection for riverine and pastoral households with inputs to sustain crop production and livestock productive capacity	14.8	14.8
	FAO	Productive Social Safety Net for Rural Households	76	30.4
	FAO	Resilient and Inclusive Value Chain Development for Livestock, Fisheries and Agriculture in Somalia	15	15.5
	FAO	Rome-based Agencies programme to strengthen the resilience of livelihoods in protracted crisis	0	
	UNIDO	Agro-technology development for economic growth in South and Central Somalia -support for critical food value chains	0	1
	WFP	Support food systems (provision of services, skills, assets and infrastructure for the rehabilitation and strengthening of food supply chains) (SO4)	11.5	7.3
Employment intensive programming	UNDP	PCVE project	1.5	0.3
	UNIDO/ILO/ FAO	Productive Sectors Development Programme (PSDP) - employment intensive programming		2
MSMEs	IOM	Support micro and small enterprises to returnees, migrants, IDPs and host communities (IOM)		0.4
	UNDP	Investment Promotion	0.3	0.2
	UNDP	Somalia Drought Response and Recovery	1.2	1.3
	UNIDO	Agro-technology development for economic growth in South and Central Somalia - support to MSMEs	2.2	1
	UNIDO/ILO/ FAO	Productive Sectors Development Programme (PSDP) - support for critical food value chains		2
	UNIDO/ILO/ FAO	Productive Sectors Development Programme (PSDP) - support to MSMEs	1	2

Macroeconomic policy	UNIDO	Agro-technology development for economic growth in South and Central Somalia - Macro	0	0.5
	UNIDO/ILO/ FAO	Productive Sectors Development Programme (PSDP) - macro	1	1
Displacement affected communities	IOM	Assistance to Migrants	1.7	
	IOM	Camp Coordination and Camp Management	1.2	
	IOM	Durable solutions incl. Danwadaag		2.6
	IOM	Sustainable WASH solutions and capacity building	4.7	
	UN Habitat	Dhulka Nabaada (The Land of Peace): Supporting Land Reform in Somalia	0	
	UN Habitat	Midnimo (II) (Unity)	0	
	UN Habitat	Re-INTEG (UNDP, UN Habitat, UNHCR)	1.9	0.6
	UNDP	Midnimo (Durable Solutions)	0.7	1
	UNDP	Re-INTEG (UNDP, UN Habitat, UNHCR)	1.9	1
	UNDP	Saameynte (Durable Solutions)	0.5	1
	UNICEF	UNICEF CP 2018-Feb 2021 EXT: Outcome 5 - Child Protection	14.8	
	UNICEF	2020 UNICEF Humanitarian Action for Children - Child protection in emergencies	6.6	9.2
Governance and fundamental freedoms	ILO	UN JPLG	3.6	10
	IOM	Strengthen the government and institutions of Somalia through skill transfer and expertise from diaspora experts	5	
	UNDP	Anticorruption	0.3	
	UNDP	Digital Transformation	0.8	1
	UNDP	Gender Empowerment and Equality	1.1	0.5
	UNDP	Joint Programme on Local Governance (JPLG)	7	5
	UNDP	Planning, M&E and Statistics	2.2	0.5
	UNDP	Rajo –Response to COVID-19 through awareness creation	0.3	0.3
	UNDP	Support to Aid Management and Coordination in Somalia	2	
	WFP	Provision of technical support for strengthening national policies, capacities and systems (S05)	6.5	4.1

Business continuity	UNDP	Constitution Review Support Project	2.6	0.1
	UNDP	Joint Justice Programme	10	0.2
	UNDP	Joint Programme for Support to Universal Suffrage Elections in	7.7	0.1
	UNDP	Joint Programme Human Rights	2.2	0.2
	UNDP	Joint Security Sector Governance programme	5	0.2
	UNDP	Rule of Law Somaliland	1.5	0.1

End Notes

1. According to ICRC and the Somali Red Crescent Society, as of the 8th of June, 193 suspected COVID-19 cases have been traced and 454 case contacts identified in IDP camps; disinfection and information campaigns by Somali Red Crescent volunteers is ongoing in some 30 displacement camps, reaching more than 105,000 people.
2. In the third week of June over 4,000 IDPs settlements have been visited by the RRTs.
3. India, and Thailand among others.
4. WFP Somalia, Rapid Assessment: Impact of COVID-19 on Somalia Supply Chains, 3 April 2020.
5. Protection Cluster, Evictions Advocacy Brief, April 2020.
6. The Education PiN has gone down because the focus has changed, from children in and out of school in need of EiE assistance (based on multi-facetted needs analysis from the JMCNA), to only focusing on children who were enrolled prior to school closure. While, the Education target has gone up because partners are aiming at reaching as many as possible of the 1.1M children who are now out of school, due to its closure.
7. COVID-19 and recent Gu' floods which triggered new displacement and spike in cholera/acute watery diarrhea cases have increased the number of people in need of live-saving WASH assistance increase.
8. The Food Security PiN has decreased because activities looking at assisting the IPC 2 caseload initially included in the 2020 HRP - 900,000 people – have been taken out from the HRP, to be instead included in the Socio-Economic component of the Somalia COVID Preparedness and Response Plan (CPRP).
9. The Shelter target figure has gone down because of several reasons. The construction of all planned transitional and durable shelter has been temporarily suspended, as these activities require extensive community engagement and participation, which is not feasible currently because of the restrictions imposed due to the COVID outbreak. Moreover, due to lack of funding, some emergency shelter and NFI activities will not be implemented.
10. Health Cluster Somalia Service Disruption Survey (May 2020) https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/health_service_disruptions_somalia.pdf
11. IPC in healthcare facilities (HCFs) with WASH; improved case management capacity; maternal and child health services, including vaccination.
12. Issued on 12 February 2020.
13. UN and partner interventions remain aligned with the National Plan, but cover a wider range of support and services particularly for people of concern, including IDPs, refugees, migrants and other vulnerable population.
14. People in need and people targeted included in this document coincide with the people in need and people targeted under the HRP revision. The CPRP contribute to address both the direct and indirect consequences of the Covid-19 pandemic it is an integral part of the revised Humanitarian Response Plan for Somalia.
15. According to ICRC and the Somali Red Crescent Society, as of the 8th of June, 193 suspected COVID-19 cases have been traced and 454 case contacts identified in IDP camps; disinfection and information campaigns by Somali Red Crescent volunteers is ongoing in some 30 displacement camps, reaching more than 105,000 people.
16. CCCM cluster partners have been mobilized to assist in circulating Covid-19 messages with approval from MoH and WHO.
17. https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19percentage20inpercentage20Somaliapercentage20-percentage2018percentage20Junepercentage202020.pdf.
18. Gender-Based Violence Information Management System (GBVIMS) quarter one 2020 report. In May, sexual violence has also been reported by an increasing proportion of Key Informants of the Somalia Protection Monitoring System (https://protection.drchub.org/), raising from 7 percent in April to 25 percent in May, the highest percentage recorded during the past 12 months.
19. Perception survey conduct by the Child Protection Area of Responsibility in April/May 2020.
20. Child Protection in the context of COVID -19, survey report - April/May 2020, The survey was conducted using a KoBo Toolbox (a suite of tools for field data collection for use in challenging environments). A questionnaire was designed to capture both qualitative and quantitative data. Key areas of investigation were identified, and questions posted on a KoBo with the link sent to participants to fill in. In total, 35 respondents made up of 23 National NGO, 10 International NGO and 2 government agencies responded to the request; The response from participants were received and analyzed by the CP AoR. https://www.humanitarianresponse.info/en/oppercentageC3percentageA9rations/somalia/document/survey-report-child-protection-context-covid-19-somalia-may-2020

21. Survey conducted in May 2020 through the Somalia Protection Monitoring System of the Protection Cluster. Injuries due to use of force reported in Balcad, Waajid and Kahda districts.
22. A survey conducted early May 2020 through the Somalia Protection Monitoring System of the Protection Cluster.
23. The target population includes Ethiopian and other migrants in Somalia, spontaneous Somali returnees and the host communities along specific migratory routes.
24. UNHCR's overall funding requirement is $3.5million, which includes $1.3 million for refugee specific responses.
25. https://fts.unocha.org/appeals/831/summary
26. The total Covid-19 related requirement represent the total requirement under the CPRP July 2020 Update
27. The target population includes Ethiopian and other migrants in Somalia, spontaneous Somali returnees and the host communities along specific migratory routes.
28. The Government's Socio-economic Impact and Required Response describes key macroeconomic, sectorial, fiscal and health sector considerations that require additional and rapid support if the worst COVID-19 outcomes are to be avoided.
29. A UN FRAMEWORK FOR THE IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID-19, United Nations, April 2020 https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19.
30. Women headed households, IDP and minority women, poor rural women, women survivors of SGBV, and urban women providing services in the informal sector (cooperatives, small businesses, domestic workers, casual workers such as street cleaners, etc.), and women with different abilities are particularly vulnerable. However, women in general will be in a unfavourable position as they will need to take on more responsibilities in terms of providing care to family members – even if they are employed. There is also a trend that with the return to formal employment women will have fewer opportunities than men.
31. A small number of migrants (especially Ethiopians) and refugees hosted in Somalia, are also highly vulnerable and at risk of being targeted by xenophobia given the mobility dimension of this pandemic.
32. World Bank estimates as of 3 June 2020 – still under assessment as the situation evolves.
33. https://somalia.un.org/en/46669-aid-flows-somalia-2020\.
34. http://documents.worldbank.org/curated/en/691651583636465400/pdf/Somalia-Reengagement-and-Reform-Development-Policy-Financing-Project.pdf
35. SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19, United Nations, 31 March 2020, https://unsdg.un.org/resources/shared-responsibility-global-solidarity-responding-socio-economic-impacts-covid-19.
36. SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19, United Nations, 31 March 2020, https://unsdg.un.org/resources/shared-responsibility-global-solidarity-responding-socio-economic-impacts-covid-19.
37. Potential disparities in access to mobile money should be considered to ensure women, who may have less access to mobile money, are not excluded.
38. Nutrition insecurity is a result of limited caloric intake as well as limited food choices due to systemic underlying issues including high rates of poverty or immediate causes such as ill health and lack of access to clean water or sanitation.
39. In Somalia, the IPC analysis considers wealth breakdown of the population (poor, medium and better off) with over 80 percent of the people classified IPC 2 or worse being poor.
40. UNEP have developed these guidelines for waste management: www.unenvironment.org/ietc/resources/toolkits-manuals-and-guides/disaster-waste-management-guidelines
41. The education system in Somalia was already fragile before the COVID-19 pandemic as a result of multiple crises, including the impact of long-lasting civil war, continued violence by armed groups, clan conflicts, and natural disasters including recurrent droughts and floods.
42. Many children and adolescents rely on free or discounted meals provided at schools for food and healthy nutrition.
43. A UN FRAMEWORK FOR THE IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID-19, United Nations, April 2020 https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19
44. This plan complements the National COVID-19 Contingency Plan and the National Socio Economic Impact Appeal. As per population targets, the primary focus will be persons living in informal settlements, displaced communities and urban poor; support is directed at interventions for WASH, awareness raising and info packages and mobile health teams.

COUNTRY PREPAREDNESS AND RESPONSE PLAN (CPRP)

SOMALIA