

Highlights

1,089	916	52	121	1,238	215
Confirmed cases	Active cases	Reported fatalities	Recovered cases	Tests done in Mogadishu	Isolation beds

Situation Overview

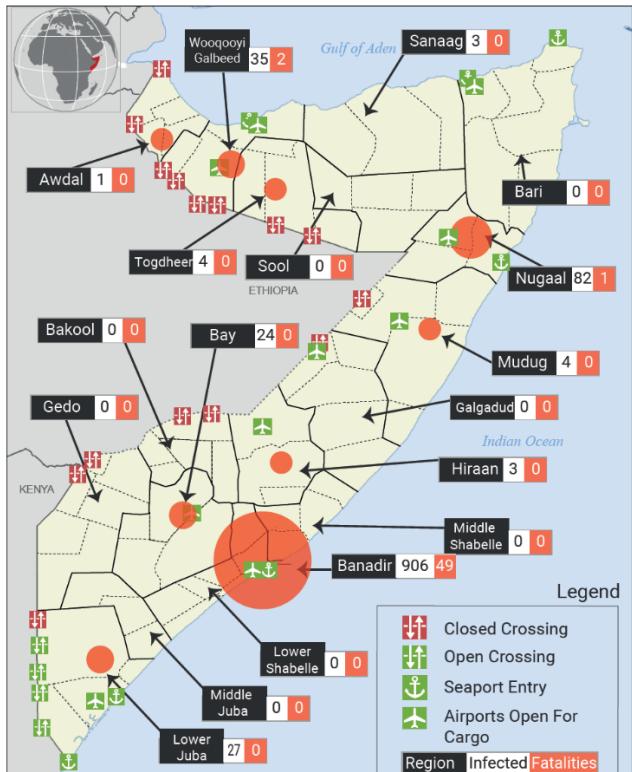
Somalia now has the second highest number of confirmed COVID-19 in the Horn of Africa region. From 3-12 May, the number rose from 722 to 1,089 with 52 deaths and 121 recoveries. The majority of new cases are being reported in Banadir region, making it the epicentre of the pandemic. However, there are increasing numbers now reported in Somaliland, Puntland, Galmudug, Hirshabelle, South West state and Jubaland. During the week of 2-8 May, four health workers tested positive for COVID-19 in Kismayo General Hospital. As of 12 May, a total of 69 health workers (six per cent of the overall confirmed caseload) have tested positive for COVID-19.

The pandemic threatens to reverse previous gains as well as disrupt ongoing interventions in Somalia's health sector. On 10 May, WHO¹ warned that while it is imperative to fight the coronavirus, essential health services that directly affect health and save lives need to be maintained. According to WHO, unless coronavirus transmission is slowed down quickly, the surge in cases and the increasing demand for care will put such enormous pressure on Somalia's fragile health system that it may reach breaking point.² Moreover, the country is grappling with floods that have affected over 612,000 people. This is further exacerbated by the desert locust infestation, already reported in Somaliland, Puntland and Galmudug; thus, creating a triple threat.

COVID-19 impact

In the last two months, COVID-19 has changed lives and livelihoods across the country. The changes in modes of business and reduction of activities including closure of some markets, hotels and restaurants due to COVID-19 restrictions have impacted daily-wage workers, casual labourers and low-income households. At the same time, the humanitarian footprint in-country has reduced with the majority of UN and NGO staff either in alternate working arrangements outside the country, working in a restrictive environment or operating from home.

Imports and exports have been negatively affected. Port fees and taxes on imports represent a significant portion of income for the Federal Government and member states. According to the [World Bank](#), trade taxes accounted for an average of 69 per cent of domestic revenue over the past six years, representing on average 1.8 per cent of Somalia's Gross Domestic Product (GDP)³. The closure of seaports and land borders for a long period presents significant losses in domestic revenue and contraction of GDP.



¹ WHO Information Note. 10 May 2020.

² Ibid.

³ Somalia Economic Update Edition 4, August 2019, The World Bank – available at <https://bit.ly/3cNp86V>

WFP⁴ reported that the cost of public transport in Puntland has increased by 25 to 35 per cent due to COVID-19 directives that limit numbers of passengers using public transportation. In South West State, trade flow has reportedly been disrupted because truck drivers on Baidoa-Waajid route are withdrawing their services due to fear of contracting COVID-19. In Jubaland, closure of the Kenya-Somalia border has affected trade flow in Ceel Waak town resulting in increased in food prices. In Banadir region, small urban markets, which are usually active in the evening hours, have declined.

On the other hand, fuel prices have declined⁵ in Somaliland and Puntland States, and in Mogadishu due to a global reduction in oil prices due to COVID-19. On 19 April, Saudi Arabia lifted a recent ban on livestock exports from Somalia⁶, leading to **increased activity** in Mogadishu, Berbera and Bossaso ports.

Federal Government and Member States responses

Since 16 March when the first case was confirmed, the Federal Government of Somalia and member states have issued 48 COVID-19 related directives/statements. No new directives were issued during this reporting period.

The Somaliland Fundraising Committee for COVID-19 launched a campaign to provide 60,000 households with one-month food assistance costing US\$50 per household. The committee plans to raise \$2 million from the local business community out of a target of \$3 million; the Somaliland Government has contributed \$1 million. As of 7 May, Somaliland has reported a total of 283 tests of which 12 were positive, two deaths and 11 people in quarantine. Local testing has now started in Hargeisa.

During the week of 2-8 May, Puntland deployed 20 trained rapid response teams to Qhardo, Gaalkacyo and Garowe to investigate suspected cases. Since the beginning of the COVID-19 outbreak in Somalia, Puntland State has collected 77 samples which were tested in both the Kenya Medical Research Institute and Garowe laboratories. At least 84 cases have been confirmed with four deaths and one recovery; the second highest number of cases outside Banadir region.

In Galmudug State, the Deputy President met the COVID-19 task force committee and health workers on 1 May. He appealed to the Federal Government of Somalia and the international community to support the task force committee.

In Hirshabelle State, concerns remain over lack of isolation centres, testing, ventilators and other equipment for case management services, and training for health professionals. Among flood-affected people, identified priority requirements include the need for social distancing and COVID-19 prevention messages.

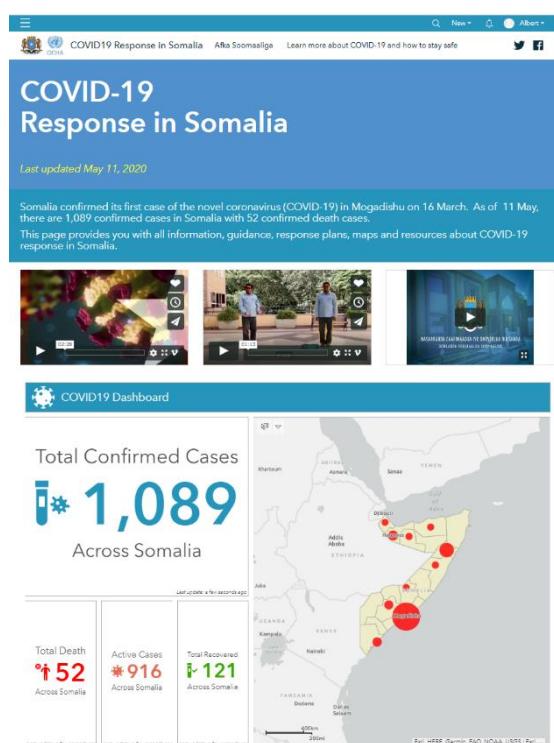
The South West State Ministry of Health and WHO are setting up isolation centers in Marka and Baraawe. On 5 May, the Federal Government delivered medical supplies including COVID-19 test kits to the coastal town of Baraawe, Lower Shabelle region, where several suspected cases were reported. Doctors who accompanied the delivery trained local medical practitioners and collected 14 samples for testing in Mogadishu. On 7 May, the state established a RCCE task force under the guidance of the Incident Management System Team.

Jubaland received medical equipment and supplies from the Federal Ministry of Health and WHO, increasing the capacity of the Jubaland Ministry of Health to conduct more tests and case detection. Authorities are seeking to identify additional doctors from health partners to work in Kismayo General Hospital after four out of eight doctors at the facility were confirmed COVID-19 positive. Meanwhile, rapid response teams have been trained on case definitions for COVID-19 and have visited 2,500 homes and screened 4,594 people in Doolow, Luuq, Kismayo and Dhobley town.

⁴ WFP Somalia Joint Markets and Supply Chain Weekly Update, W1 28 April – 3 May 2020.

⁵ Ibid.

⁶ Ibid.



Humanitarian responses to COVID-19

Risk Communications and Community Engagement (RCCE) has gained pace. WHO reports that in Puntland, ten Radio and TV COVID-19 awareness messages were aired between 2-8 May. A call centre has been launched and is fully functional. UNICEF has deployed 165 house-to-house trained social community mobilisers. In Banadir, 17 religious leaders were trained on COVID-19 key messages and prevention. A multi-agency RCCE task force is promoting awareness in Mogadishu and targets an estimated 3 million residents. Additionally, WHO reports that radio spots and TV broadcasting are ongoing countrywide, intended to reach six million people every week.

In areas served by ICRC-supported primary health care clinics, 19,470 health promotion sessions in groups of ten have been organised through health workers and religious leaders, with 186,004 people attending notably in Banadir, Lower Juba, Gedo, Hiraan, Lower Shabelle, Middle Shabelle and Galgadud; 1,035 sessions attended by 5,652 people were held at hospital level. In places of detention, the ICRC and Somalia Red Crescent Society (SRCS) are providing information sessions on COVID-19 prevention, posters and other materials to detainees, prison staff and managers. Phones and SIM cards are provided to allow detainees to maintain contact with their families where family visits have been suspended.

On behalf of the humanitarian community, OCHA requested US\$176.4 m in the revised Global Humanitarian Response Plan (GHRP) for the COVID-19 response in Somalia after clusters reviewed the 2020 Humanitarian Response Plan and identified areas for scale up, reduction or adjustment in light of the coronavirus. However, funding towards the revised **2020 Somalia Humanitarian Response Plan** (HRP) remains woefully low. Currently, the plan is only 17 per cent funded (\$210.8 million out of \$1.125 billion).

Three laboratories capable of detecting COVID-19 are now functional at Mogadishu, Garowe and Hargeisa. On 6 May, WHO reported that 1,480 sample collection kits have been distributed across the country, with the support of WFP. Two quarantine sites (100 beds in Mogadishu, eight beds in Gabley) are fully operational. In addition, 11 isolation sites with 215 beds are operational including 71 beds in Mogadishu, 38 in Baidoa, 13 in Kismayo, 15 in Afmadow, 12 in Doolow, 16 in Hargeisa, two in Ceerigaabo, 18 in Garowe and 20 in Gaalkacyo north.

In the coming week, five isolation sites will be operational with 120 beds in Mogadishu, Kismayo , Dhusamarreeb and Jowhar. WHO also reported that 176 health facilities have been identified for triage and referral, as well as infection, prevention and control. As of 6 May, 1,238 samples had been tested at the national laboratory in Mogadishu and 239 samples shipped to Nairobi. Meanwhile, IOM reports that a total of 845 people entering Doolow from Ethiopia were screened at the point of entry. However, hundreds of migrants are stranded in Bossaso, Puntland, due to the closure of border and sea crossing points brought on by the COVID-19 pandemic. IOM is providing the migrants with direct assistance and basic health services through the Migration Reception Centre in Bossaso.

Somalia Humanitarian Fund

The **Somalia Humanitarian Fund** (SHF) advisory board has approved an additional allocation of \$400,000 to expand treatment facilities at Martini hospital in Mogadishu through the provision of a pre- fab structure. The board, chaired by the Humanitarian Coordinator, also endorsed the Somalia-specific Flexibility Guidance to support partners to respond to COVID-19 in tandem with prioritised responses to pressing humanitarian needs while also ensuring accountable use of funds. The guidance further stipulates that SHF Funds will provide support to the humanitarian component of the Somalia COVID-19 Preparedness and Response plan. The SHF contribution to the fight against COVID-19 now totals \$2.57 million

In addition, using funds received from the **Central Emergency Response Fund** (CERF) at the global level, WHO, UNICEF and IOM have allocated US\$1 million, \$1.145 million and \$0.45 million respectively, to support COVID-19 responses in Somalia. WHO will provide life-saving assistance including detecting and testing suspected cases, preventing and interrupting the transmission of the disease, providing safe and effective clinical care and ensuring access to essential health care services.

IOM will provide multi-sectoral assistance through life-saving services, camp coordination and camp management, health and protection in Somaliland, Puntland, South West and Jubaland states and Banadir region; particularly targeting IDPs. UNICEF will focus on health care and nutrition for women, children and vulnerable communities and ensure continuity of health, education, nutrition and child protection services; risk communication and community engagement; surveillance, rapid response and case investigation; and infection prevention and control.

Sector responses to COVID-19

Health

- WHO intensified its response to COVID-19 in Somalia and has deployed over 4,000 community health care workers, each having to visit at least 5,000 households every month for active case identification and contact tracing throughout the country. The community health care workers are being supervised by an additional 44 rapid response teams, formed at the district level.
- The **Early Warning, Alert and Response Network** (EWARN) system has been rolled out to all privately owned medical facilities that are admitting and treating patients with acute respiratory diseases of unknown origin. WHO is training staff at these facilities on the use of a syndromic case definition of COVID-19, early recognition and reporting of suspected cases. Currently, 535 of 1,075 health facilities in Somalia are included in EWARN.
- WHO reports that Standard Operating Procedures (SOPs) on surveillance, case management and contact tracing are being finalised. SoPs on integrated RCCE, surveillance, contact tracing and case management have been finalised in collaboration with other UN agencies.
- During the week of 2-8 May, WHO distributed approximately 2,000 sample collection kits to different regions. With the support of WFP, samples were airlifted from different states and regions to the National Public Health Laboratory in Mogadishu for testing and a few sent to Kenya Medical Research Institute for quality checks.
- UNSO is supporting the Federal Government to deliver COVID medical supplies to federal member states. The plan is to airlift about 22 tonnes of medical supplies to different destinations including Kismayo, Baidoa, Jowhar, Dhusamarreeb, Marka and Belet Weyne.
- The EU supported WHO on 3 May to transport 750 kgs of vital hospital supplies and medical equipment from Mogadishu to Kismayo. The supplies will be used to support up to 600 COVID-19 patients in Kismayo's Max Falka isolation facility, which is to open in the coming week.



Logistics

- The **Logistics Cluster** was activated on 26 April to facilitate the provision of air, sea, road transport and common storage facilities (in 10 locations across Somalia) on behalf of the humanitarian community. Due to current funding constraints, services are being provided on a full cost recovery basis.
- All ports remain operational (Mogadishu, Kismayo, Berbera, and Bossaso), while the following airports are open for cargo but closed to passenger flights: Mogadishu, Egal, Garowe, Bossaso, Gaalkacyo, Baidoa, Cabudwaaq, Belet Weyne, Baardheere, Buurdhuuba, Garbahaarey, Kismayo, Luuq.
- The Cluster is prioritising the coordination of airlifts from Nairobi (Kenya) and Mogadishu to locations throughout Somalia, as well as facilitating the transport of cargo arriving at the COVID-19 regional hub in Addis Ababa (Ethiopia) upon request.
- The Cluster plans to facilitate the expansion of airlift capacity and frequency as soon as sufficient resources become available. So far, the Cluster has:
 - On behalf of IMC, coordinated the transport of medical supplies, PPE, and other NFIs to Gaalkacyo and Baidoa. An additional flight is planned for Baidoa in coming days.
 - Coordinated the transportation of five pre-fabs donated by UN agencies to the Federal Government of Somalia for Banadir hospital in Mogadishu.
 - Supported the Federal Ministry of Health (FMoH) through the transportation of urgent medical items for COVID-19 response: so far over 6.5 MT of COVID-19 supplies dispatched to Dhusamarreeb, Kismayo, Baidoa, Jowhar, Hargeisa, Garowe and Baraawe.
 - A mobile unit for the storage of medical items that is being loaned to the FMoH in Mogadishu.



WASH

- Over a 1,000 masks have been provided for prison staff, soap distributed to over 4,045 detainees and 738 prison staff by ICRC and SRCS. More than 100 equipped handwashing stations have been set up while 36,000 laundry soaps, 9,000 kg washing powder and other cleaning materials have been provided by ICRC and SRCS.
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- 8.5 million chlorine tablets and 284,856 pieces of soap have been prepositioned in nine SRCS branches. In addition, 42 SRCS volunteers have been trained on hygiene promotion and COVID-19 prevention in Baardheere, Ceel Waak and Dhobley; 8,055 households (48,330 beneficiaries) in Baardhere and 4,992 (29,952 beneficiaries) in Ceel Waq districts have received soap and chlorine tablets alongside COVID-19 prevention pamphlets.
- The WASH Cluster in South West State responded to an appeal by the Ministry of Energy and Water Resources to meet needs in the Baidoa isolation centre. Cluster partners assessed the gaps and have committed to construct two water towers, water connections to the 20 halls/rooms, kitchen and to install 10 hand washing facilities.
- UNICEF will support emergency water trucking in the Baidoa isolation centre for a month until more permanent WASH infrastructure is put in place.
- IOM has reached 3,281 households with hygiene promotion activities in Jubaland and South West State. Also installed 22 handwashing points (10 in Baidoa, 12 in Kismayo).
- In Hiraan region, Save the Children distributed 2,000 of hygiene kits to combat COVID-19 in IDP sites in Hawo Tako and Kooshin, and chlorinating 44 water sources in Belet Weyne town.



CCCM

- Completed risk communications activities in 852 IDP sites out of the total of 2,134 sites in Somalia, covering 999,206 people (38 per cent of the 2.6 million IDPs in the country). The activities included translating WHO/MOH materials into Somali language and using local dialects to reach audiences.
- Trained 900 community leaders from 215 IDP sites in Baidoa (61 per cent female) on COVID-19 prevention as well as frontline staff in Banadir region.
- Working with the site leaders in South West State to operationalize the CCCM remote management plan in case of a total lockdown, ensuring that the IDP communities are aware about service delivery, emergency referral pathways, including health, GBV and child protection and threats of evictions, and can inform the CCCM partners.
- Mobilising resources to provide solar chargers for community committees to ensure interrupted communication with CCCM partners in South West State. IDPs will have access to information on COVID-19; and a hotline to share complaints and feedback on service provision.



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

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