

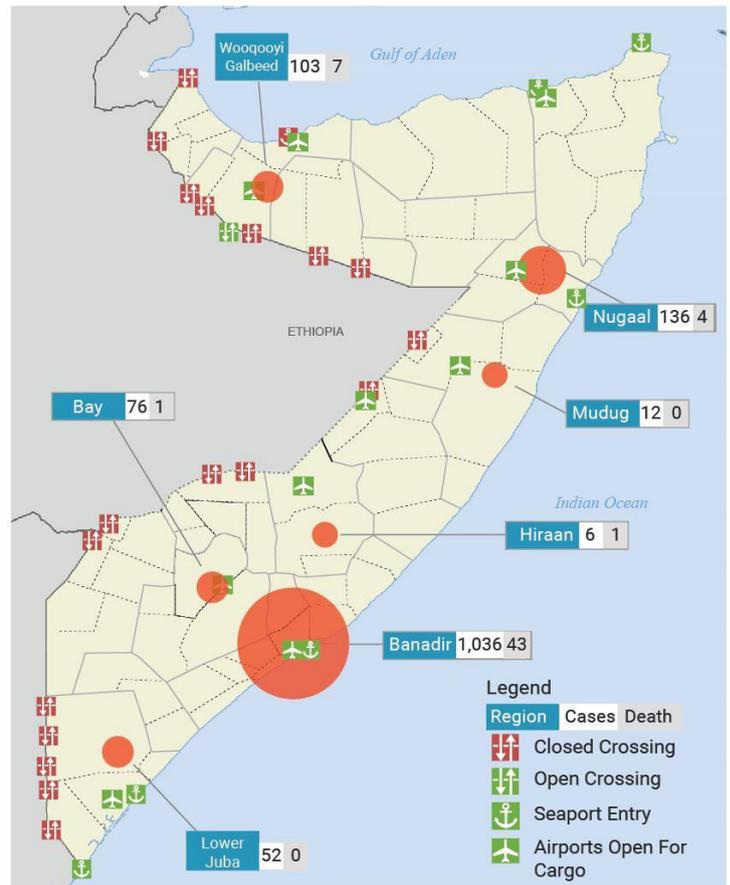
Highlights



Situation Overview

Two months after Somalia reported the first confirmed COVID-19 case on 16 March, the numbers have surged to 1,421 cases (72 per cent male, 28 per cent female), 56 deaths and 152 recoveries as of 17 May. As a result, Somalia now has one of the highest numbers of confirmed COVID-19 cases in east Africa region. Although the majority of the cases are in Banadir region, the number reported in other parts of the country is increasing. Cases continue to be underreported, and according to WHO, the actual rates are likely to be higher. The confirmed cases include four doctors at Kismayo general hospital who tested positive for COVID and are now in self quarantine; a situation that has affected normal operations at the facility.

The Federal Government and member states, United Nations and partners are working tirelessly to mitigate the spread and impact of the pandemic: targeting six million people every week through risk communication and community engagement, assisting the authorities to detect, prevent and interrupt COVID-19 transmission and supporting access to life-saving health care services across the country. Treatment and isolation facilities have been expanded, COVID-19 restrictions and measures instituted such as closing educational insitutions, community health and rapid response teams trained and deployed, health equipment delivered to various locations, and three laboratories capable of detecting COVID-19 are now functional at Mogadishu, Garowe and Hargeyisa.



COVID-19 impact

With widespread flooding across the country and a resurgence of the locust infestation already in parts of Somalia, and the existing humanitarian and socio-economic needs before the COVID-19 crisis started, Somalia is facing a triple threat for which urgent support and assistance is required to ensure gains made over the past decade do not unravel. Already, the outbreak of COVID-19 has had a significant economic impact. The Federal Government is projecting an 11 percent

decline in nominal GDP for 2020¹, remittances that are received by an estimated 40 per cent of Somali households have dropped by as much as 50 per cent and revenue collection has dropped.

Flooding has displaced 412,000 people in 29 districts as of 17 May, forcing many of them to seek shelter on higher ground, often in crowded shelters in nearby villages. This, according to WHO², could elevate the risk of COVID-19 transmission as the virus can easily be transmitted in densely populated settings. Apart from the elevated risk for the elderly and people with underlying conditions, there are also concerns that the virus could take toll on persons with disabilities. An estimated 15 per cent of Somalia's population³ live with some form of disability. In addition, the Shelter Cluster has identified 237 IDP sites that host over 98,000 IDP households as high-risk sites for virus transmission.

Federal Government and Member States responses

The Federal Ministry of Health (FMoH) in partnership with Nomad Innovation laboratory has set up a [COVID-19 dashboard](#) for real data monitoring. Since March, the Federal Government and members states have initiated a number of responses to coronavirus. These include 51 measures to mitigate the spread and impact of COVID-19 in Somalia. However, all key ports remain operational (Mogadishu, Kismayo, Berbera, and Bossaso) in addition to the Berbera corridor. Airports continue to be open for cargo but closed for passengers.

In Somaliland, the isolation centre in Hargeisa had admitted ten patients as of 15 May, of whom three were discharged. Currently 64 people are in quarantine in a hotel, but the authorities have prepared a quarantine centre in an empty school outside Hargeisa. As of 18 May, 121 cases and nine deaths have been reported in Somaliland.

In Puntland State, a weekly meeting of the COVID-19 UN task force on 14 May discussed the level of preparedness capacity to respond to the increasing number of cases. WHO reports that 20 rapid response teams have been trained and deployed in Garowe, Gardo, Galkayo and Garowe to investigate suspected cases and contacts. As of 17 May, Puntland has confirmed 136 cases – the second highest after Banadir region.

The Galmudug State Ministry of Health in Galmudug has appealed for assistance to curb COVID-19, noting that isolation centres in the state lack adequate facilities like ICU beds and ventilators. The ministry also appealed for support to establish local testing capacity. Currently, samples are transported to Mogadishu for testing. The isolation center in Galkaacyo is under construction and is due for completion next week, but lacks equipment and staff. So far, WHO has supported the recruitment of 42 staff for the Dhuusamarreeb isolation centre. Galmudug has reported 12 cases.

Hirshabelle State is grappling with widespread flooding, but humanitarian partners are applying protocols of social distancing and use of PPEs during the flood response activities. The state has so far reported six COVID-19 cases.

In South West State, the Federal Government of Somalia delivered 40 hospital beds to the state Ministry of Health on 14 May for use in the isolation centre in Baidoa. As of 17 May, 76 cases of COVID-19 had been reported in the state.



¹ Somalia COVID-19 Country Preparedness and Response Plan (CPRP). April 2020.

² WHO Statement. 15 May 2020.

³ Somalia Humanitarian Response Plan 2020.

The Jubaland healthcare system is facing further strain after 20 health workers tested positive for COVID-19. In addition, the Ministry of Health has reported limited availability of PPEs. According to the Ministry of Health, four patients died due to COVID-19 during the week of 14 May. Total confirmed cases in Jubaland stand at 52. In Gedo region, a first case was reported in Belet Xaawo, prompting the Jubaland state president to hint at a potential closure of mosques to curb further spread. On 13 May, Jubaland State received 30 hospital beds and 96 tents from the Federal Government.

Banadir region remains the epicentre of the epidemic with 1,036 confirmed cases as of 17 May. To minimise further spread of the virus, authorities have imposed a curfew, closed schools and restricted large gatherings. Testing, isolation and treatment facilities have been expanded. As of 11 May, 1,357 samples had been collected and tested at the National Public Health Laboratory in Mogadishu. WHO has trained 351 surveillance teams in case finding and contact tracing.

Humanitarian responses to COVID-19

Risk Communication and Community Engagement (RCCE)

Risk Communication and Community Engagement (RCCE) activities have picked up in the majority of states. In Somaliland, WFP, UNICEF and UNHCR have distributed posters at food distribution points, translated SOPs on social distancing/radio messages, and distributed pamphlets to refugees, asylum seekers and host communities. Community surveillance teams have reached 33,000 people with COVID-19 messages and contact tracing. In South West State, all clusters are engaged in RCCE activities against COVID-19. In Jubaland, UNICEF and several INGOs are conducting awareness activities through health and hygiene promoters, posters, TV and radio

An assessment by the CCCM Cluster and DTM Somalia⁴ found that the majority of IDPs have heard about COVID-19. Sixty-five per cent of respondents recognized sneezing and coughing as modes of transmission while 90 per cent recognized fever as a symptom. The assessment, which was conducted from 21 April to 4 May, also found some level of information about transmission. Radio, humanitarian workers and phones were found to be the main avenue for receiving COVID-19 information. The CCCM Cluster has conducted RCCE sessions in 852 IDP sites out a total 2,134 IDP sites in Somalia, covering 999,206 individuals (38 per cent out of total IDP population of 2.6 million).

Funding Updates

International support is being mobilised for the [Somalia COVID-19 Preparedness and Response Plan \(CPRP\)](#) that was launched on 23 April. The plan seeks US\$689 million to respond to the **direct public health and indirect immediate humanitarian and socio-economic consequences of COVID-19**. So far, using funds received from the [Central Emergency Response Fund \(CERF\)](#) at the global level, WHO, UNICEF and IOM have allocated \$1 million, \$1.145 million and \$0.45 million respectively, to support COVID-19 responses in Somalia. In addition, the [Somalia Humanitarian Fund \(SHF\)](#) has contributed \$2.57 million to the COVID-19 response including \$400,000 to expand treatment facilities at Martino hospital in Mogadishu.

On 15 May, the [World Bank](#) approved a \$137.5 million grant to help Somalia respond to and recover from drought and flooding, but has made amendments to support current shocks such as COVID-19. The Somalia Crisis Response Project includes a \$20.5 million emergency investment in COVID-19 response in immediate prevention and containment measures including risk communication, surveillance and contact tracing, together with the procurement of medical equipment and supplies. The project will also support national capacity for severe case management, enhanced laboratory testing capacity, and an integrated disease surveillance and response system.

The [European Union](#) is providing €48 million for Somalia to address humanitarian needs including the impact of the coronavirus pandemic, which will support the health facilities in the provision of basic services, epidemics control and prepare them to face the coronavirus pandemic, among other activities.

Sector responses to COVID-19



⁴ CCCM Cluster and DTM Assessment. May 2020.

- WHO Somalia is supporting an intensified response operation and has deployed over 4,000 community health care workers throughout Somalia, each to visit at least 5,000 households every month for active case identification and contact tracing. They are supervised by 44 rapid response district teams.
- Information on locations of suspected cases is automatically relayed to the district rapid response team using Open Data Kit – an open source software for collecting, managing and using data in resource-constrained environments. The teams investigate and take appropriate action to test, isolate and quarantine, as needed.
- A donation of oxygen concentrators from UNICEF and ICRC was handed over to Garowe and Galkaacyo north isolation centre as well as Baidoa district hospital isolation centre during the week of 15 May. WHO provided enough medical supplies to Marino hospital to treat 10,000 patients for three months and trained 21 doctors.
- WHO is supporting the recruitment of 48 health staff for the 35-bed isolation facility in Jubaland. WASH partners including UNICEF are provided hand washing facilities and put up latrines in the isolation center while Trócaire is supporting three isolation facilities in Dhobley, Belet Xaawo and Doolow.
- IOM, WHO, GIZ and an INGO partner are supporting MOH on screening activities at the point of entry in Kismayo, Dhobley, Doolow and Belet Xaawo.
- WHO conducted a two-day training of trainers on COVID-19 in Mogadishu in order to boost preparedness. The training was attended by representatives from the Federal Ministry of Health, Airport staff and other health workers.



Logistics

- The Cluster is facilitating airlifts of COVID-19 supplies on a full-cost recovery basis on behalf of the Federal Ministry of Health (FMoH), the Office of the Prime Minister, WHO and other key health partners - from Nairobi (Kenya) and Mogadishu to locations throughout Somalia, as well as facilitating the transport of cargo arriving in Mogadishu and the COVID-19 regional hub in Addis Ababa (Ethiopia) upon request
- As of 13 May, almost 10 MT have been dispatched to Dhuusamareeb, Kismayo, Baidoa, Jowhar, Hargeisa, Garowe and Baraawe on behalf of the FMoH. The Cluster has facilitated the delivery on loan of one Mobile Storage Unit to the FMoH for storing medical equipment.



WASH

- In Togdheer region. Somaliland, humanitarian agencies are installing hand washing facilities, conducting awareness campaigns, and distributing hygiene kits and IEC materials to IDPs and host communities. UNICEF has drilled a borehole in Burco and distributed hygiene kits to 18,000 IDPs. However, the region faces gaps in availability of PPEs and ambulances.
- IOM has reached 3,281 households with hygiene promotion activities in Jubaland and South West State and installed 12 handwashing points in Kismayo. UNICEF is distributing 20,000 hygiene kits in Lower Juba and Gedo. The Danish Refugee Council distributed 1,000 hygiene kits in Doolow IDP settlements on 13 May.
- The Cluster has distributed hygiene kits to 7,300 families in Baidoa, South West State and 150 handwashing facilities are being installed in Baidoa isolation centres.



Education

- 62,070 (28,467 girls) children reached with educational assistance, 54,691 (25,117 girls) school children reached with COVID-19 prevention and control messages through print materials, and 23,861 (10,874 girls) children reached with COVID-19 prevention and control messages through radio.



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

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