1. Overview

As of 13 April 2020, Somalia health officials confirmed 60 cases of COVID-19, almost double the cases reported a day before. A high number of the cases have no travel history which indicates possible community transmission. Most confirmed cases are reported in Mogadishu with a number of health care workers also testing positive. Given the protracted and complex humanitarian context in Somalia, a further spread of the virus will complicate an already weak and poor health system which lacks the capacity to protect and prevent. There are 2.6 million displaced people in the country. An estimated 30 per cent of the population (5.2 million people) required some form of humanitarian assistance before COVID-19. This number will increase if the virus spreads.

Before the coronavirus pandemic, Somalia was reporting very high intimate partner violence (IPV) cases according to the GBVIMS. With the COVID-19 lockdowns, movement restrictions have a huge impact on livelihood sources of the vulnerable communities including IDPs. The combination of economic and social stresses brought on by the pandemic, as well as restrictions on movement, have dramatically increased the numbers of women and girls facing abuse, in almost all countries, according to WHO. IPV cases remained the highest GBV type reported in Somalia and women also face increased risks of other forms of gender-based violence including sexual exploitation and abuse.

UNFPA and GBV sub-cluster members are scaling-up efforts to ensure women and girls can access GBV support services given the increase in reports of GBV cases, At the same time, maintaining the health and wellbeing of GBV case workers to adopt a flexible approach to ensure that life-saving services continues, without compromising the safety of survivors and GBV case workers.

UNFPA Somalia is implementing COVID-19 preparedness and response activities, across the strategic pillars identified in the Government and WHO Preparedness and Response Strategy, to ensure that continuity of lifesaving SRH and GBV information and services are prioritized within the national response strategy. UNFPA is actively engaged in Government and HCT/UNCT discussions in the country and acts as the lead or co-lead of SRH and GBV coordination groups in Somalia.
2. SNAPSHOT of UNFPA Response

<table>
<thead>
<tr>
<th>Women benefitting with SRH services (including antenatal and postnatal care, emergency obstetric and newborn care services)</th>
<th>People benefitting with birth Spacing services, information and counseling</th>
<th>People reached with services related to gender-based violence (prevention, risk mitigation and response)</th>
<th>People benefitting with SRH and GBV awareness raising and information campaign including coronavirus prevention</th>
<th>Health care providers and midwives benefitting training on coronavirus prevention guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>43,981 including 6,115 of normal deliveries assisted by skilled birth attendants</td>
<td>5,705</td>
<td>6,045</td>
<td>40,608</td>
<td>87</td>
</tr>
</tbody>
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3. UNFPA Response Activities

**Continuity of SRH services and information**

- UNFPA maintained the continuity of and access to quality life-saving essential SRH information and services for women, adolescents and youth despite COVID-19 pandemic challenges
- Supporting the prevention and mitigation efforts of the spread and transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities across the country:
  - Securing procurement of Personal Protective Equipment (PPE) for health care workers including midwives for both Infection Prevention & Control (IPC)
- Risk communication and awareness campaigns, including debunking of myths, rumors and stigma, for women of reproductive age:
  - Ensuring health education messages are included and targeting women of reproductive age and pregnant women in the inter-agency risk communication and the community engagement
  - Sharing of SRH information, awareness raising and advocacy targeting women of reproductive age, youth, elderly men and women, female health workers and Internally Displaced Populations;
  - Producing materials for social media, multimedia (videos, radio, web-based) dissemination
- Training for health care workers, including midwives, on Infection Prevention & Control and Case Management using WHO guidelines for service providers
- UNFPA has closely collaborated with WHO to examine the capabilities of Puntland Bureau of Forensic Science in Garowe to carry out tests on COVID-19. Efforts are yet to yield results, but so far it is clear that the bureau has the capacity but lacks test kits to complete the process.
Addressing Gender Based Violence

- UNFPA is ensuring the continuity of and access to lifesaving GBV prevention and response services, such as provision of clinical care, psychosocial support and legal aid and material support to survivors of GBV for women, adolescents and youth
- UNFPA Somalia supported the GBV sub-clusters’ preparedness and response plan to ensure that women, girls, and survivors of GBV are protected and have access to treatment. The preparedness and response plan is part of the overall protection cluster plan in the inter-agency country preparedness and response plan
- Referral pathways are updated, and sensitization sessions are conducted with frontline aid workers on GBV and PSEA
- Supporting the training and sensitization of social workers, counsellors and legal aid focal points which are conducted to put in place measures to curb the spread of COVID-19 during GBV service delivery
- Advocacy and support for the procurement of essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers) to women and girls, particularly those hospitalized for screening, isolation and treatment for COVID-19, to maintain their hygiene and dignity, as well as health workers and community workers including midwives
- Providing technical support and guidance for the development and production of animated awareness messages including videos and radio shows on COVID-19 and related GBV vulnerabilities including increased domestic violence

Engaging Young People

- Support and guidance for young people’s engagement in Somalia. Key activities include mobilization and sensitization on signs/symptoms and prevention of COVID-19 through TV, radios and social media platforms. Large billboards on approaches to washing hands using soap and detergents/sanitizers emphasized. Communities are informed on the significance of staying at home and social distancing and these through mobile caravan conducted by the youth and supported by UNFPA
4. Resource Mobilization

- UNFPA Somalia has secured USD 250,000 from internal resources to scale up COVID-19 response. However, the agency’s preparedness and response plan to COVID-19 requires USD 5,580,000. More funding is required to support scaling up of the response due to the level of needs. Also, UNFPA will reach out to bilateral donors to mobilize the required funding for UNFPA Somalia’s COVID-19 response plan for SRH, GBV activities (including services, supplies, information and coordination).

5. Coordination and Partnership

- UNFPA Somalia is working closely with the Federal Ministry of Health and Human Services as part of the UN-wide coordinated response to the COVID-19 pandemic to ensure the accessibility and availability of health services as well as gender-based violence services.
- UNFPA is fully participating the Government-led COVID-19 coordination, UN coordination for COVID-19, Heads of Humanitarian Agencies (HoHA), humanitarian country team (HCT) and the inter-cluster coordination group (ICCG).
- UNFPA is leading the national and sub-national GBV sub-cluster under the protection cluster and the reproductive health working group under the health cluster and participating health cluster and protection cluster.

6. Business Continuity

To scale up response and preparedness to COVID-19 in Somalia, UNFPA Somalia has updated and activated its business continuity plan to ensure timely response to critical activities and functions related to managing staff safety and security. UNFPA Somalia is well positioned despite possible restrictions on physical movement. The country office has established systems and tools required to continue with signing of work plans and disbursing cash in a paperless manner through e-signatures and e-filing system.