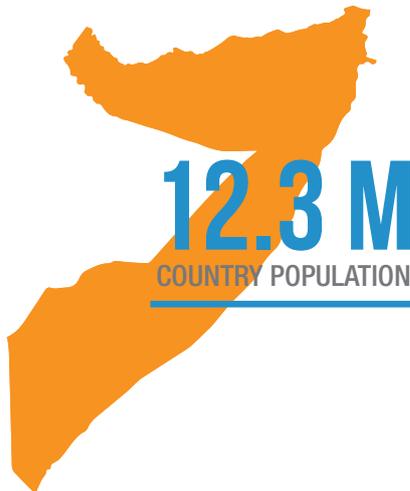


Situation Report - Somalia

FAST FACTS



3.5 M

WOMEN OF REPRODUCTIVE AGE



387,450

PREGNANT WOMEN



2.7 M

ADOLESCENTS AND YOUTH (AGE 10-24)

1. Overview

The novel Coronavirus (2019-nCoV) is a new strain of coronavirus first reported to WHO end of December 2019 in Wuhan, the capital of China's Hubei province. On 16 March, the Ministry of Health of Somalia officially declared the detection of first laboratory-confirmed case of COVID-19 in the country.

As Somalia remains in a protracted and complex humanitarian crisis, the advent of COVID-19 adds yet another challenge in an already fragile environment. The protracted crisis is largely driven by climatic shocks, years of conflict, widespread poverty and long-term vulnerability. Climate-related events, mainly drought and flooding, have increased in frequency and intensity, exacerbating humanitarian needs and undermining community resilience.

An estimated 2.6 million displaced people are living in 2,000 overcrowded settlements across the country. The Government of Somalia has declared a national emergency over the worst desert locust outbreak in over 25 years. According to the 2020 Humanitarian Response Plan (HRP 2020), an estimated 5.2 million people need humanitarian assistance in 2020.

2. COVID-19 and sexual and reproductive/maternal health services



Historically, pregnant women have been disproportionately affected by respiratory infections. There are limited pregnancy-specific data available on the 2019-nCoV, but any febrile respiratory illness in pregnancy should be treated seriously with immediate diagnosis, appropriate care and precautions to avert infections. Somalia already has one of the highest maternal mortality rates in the world and an estimated one out of every 22 women is likely to die due to pregnancy or childbirth-related causes during her life course. The maternal mortality ratio stood at 732 deaths per 100,000 live births in 2018.

3. COVID-19 and Gender Based Violence

Women and girls are disproportionately affected by the secondary impact of an epidemic such as social and economic consequences. Gender is a key factor in affecting health outcomes and patterns of exposure during infectious disease epidemics, often leading to higher infection rates and long-term recovery implications (WHO 2002).

In households where men have fallen ill or died from the epidemic, women and children may be left to fend for themselves, making them vulnerable to violence and sexual exploitation. With schools suspended, young girls and boys can find themselves exposed to heightened risk of exploitation and abuse. Also during an epidemic, schools and youth centers may shut down, and young people may lose access to social networks and support systems, negatively impacting their ability to receive correct information and also to cope with stressful situations.

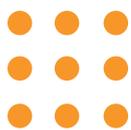
4. UNFPA Preparedness and Response to COVID-19

Sexual and reproductive health is a significant public health issue, including in epidemics and UNFPA Somalia is working closely with the Federal Ministry of Health as part of the UN-Wide coordinated response to the COVID-19 pandemic to ensure the accessibility and availability health services. Also UNFPA is working with its implementing partners across the country to ensure SRH and GBV services are available for communities and specifically to women, adolescents girls and youth.

Sexual and Reproductive Health:

- Prevention of Spread & Transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities.
 - Establish isolation areas for pregnant women / newly delivered mothers suspected to be COVID-19 positive during consultations in every UNFPA-supported EmONC facility for referral and quarantine.
 - Procurement and distribution of Personal Protective Equipment (PPE), sanitizers, N95 masks, soap, gowns/goggles for health professionals including midwives for both Infection Prevention & Control (IPC) at UNFPA-supported EmONCs facilities across the country.
 - Procurement and distribution of Integrated Emergency Reproductive Health Kits (IERH) and equipment to ensure service continuity in all locations.
- Awareness raising through radio and TV stations and adapting, developing and printing of Information, Education and Communication and (IEC) materials for prevention, risk mitigation and referral.
- Training on Infection Prevention & Control and Case Management using WHO guidelines for service providers including midwives and community health workers.
- Contribution to the joint UN impact assessment on the socioeconomic and health impact of the pandemic.





Gender Based Violence

- Procure and provide dignity kits which has 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 to women health workers and community workers including midwives.
- Ensure GBV risk mitigation and prevention among all humanitarian interventions through updating the referral pathway and sensitization sessions with frontline aid workers on GBV and PSEA.
- Train social workers, counsellors and legal aid focal points to put in place measures to curb the spread of COVID-19 during GBV service delivery.

Youth

- Engagement of youth on prevention and risk communication for COVID-19 Support sensitization and train of Young People including Youth Center managers and Youth Leaders to lead the outreach campaigns and put in place measures to curb the spread of COVID-19 among young people



5. Resource Mobilization

UNFPA is currently using its own resources including reprogramming. And due to the level of needs more funding is required to support scale-up of response. Also UNFPA will reach out bilateral donors to mobilize the required funding of UNFPA COVID-19 response plan for SRH, GBV activities (including services, supplies, information and coordination).

6. Coordination

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 reproductive 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), inter-cluster coordination group (ICCG). UNFPA is leading the national and sub-national GBV sub-cluster under the protection cluster and reproductive health working group under the health cluster and participating health cluster and protection cluster.

7. Business Continuity

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

In the News



Learn more about UNFPA Somalia's response to COVID19

<https://somalia.unfpa.org/en/video/learn-more-about-unfpa-somalias-response-covid19>



UNFPA Somalia's Preparedness and Response to COVID-19

<https://somalia.unfpa.org/en/publications/unfpa-somalias-preparedness-and-response-covid-19>

Video

Publication