

FAST FACTS



Confirmed
COVID-19 cases
In Somalia

873



Recovered
cases

87



Reported
Fatalities

39

1. Overview

The confirmed COVID-19 cases in Somalia continue to rise exponentially, as of 6 May 2020 Somalia health officials have reported a total of 873 laboratory-confirmed cases and 39 deaths and 87 recoveries across the country. The rising numbers are reported to be community transmission. With an already poor health system, further spread of the virus could only worsen Somalia's situation and will threaten the essential health service delivery.

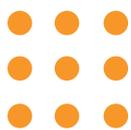
In addition to COVID-19, the country is facing a flood situation that has been reported in many parts of the country. According to FAO-managed Somali Water and Land Information Management (SWALIM), the 2020 Gu' rains (April-June) have intensified across Somalia, triggering flash flooding in South West State, Jubaland, Banadir, Puntland and Somaliland from 20 to 23 April. Also, there are reports of riverine flooding in Jubaland. The country is also working to contain a desert locust infestation. With 2.6 million displaced people, Somalia already has one of the

highest maternal mortality rates in the world, thus the virus is threatening the vulnerable people and women of reproductive age who are about 3.5 million and 387,450 are pregnant women.

The measures to contain the spread of the virus including lockdowns is hugely impacting the livelihood sources of the vulnerable communities including Internally Displaced Persons (IDPs). Before the coronavirus pandemic, Somalia was reporting very high intimate partner violence (IPV) cases, according to the GBVIMS. 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.

3.5 Million

The number of vulnerable people and women of reproductive age



2. UNFPA Supported Services and Beneficiaries (15th – 30th April 2020)

Women benefitting from Sexual and Reproductive Health (SRH) services (including antenatal and postnatal care, emergency obstetric, and new-born care services).	People benefitting from birth spacing services, information, and counseling	People reached with services related to gender-based violence (prevention, risk mitigation, and response)	People benefitting from SRH and GBV awareness-raising and information campaign including coronavirus prevention	Health care providers and midwives benefitting from the training on coronavirus prevention guidelines
14,661 including 893 of normal deliveries assisted by Skilled Birth	1,375	2,584	10,608	42

3. UNFPA Response Activities

UNFPA Somalia is implementing COVID-19 preparedness and response activities across the strategic pillars identified in the Government and WHO Preparedness and Response Strategy. Huge efforts are being made 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. The following is the breakdown of the key response activities across the country:

Continuity of SRH services and information

- Despite the challenges posed by the COVID-19 pandemic UNFPA maintained the continuity of and access to quality life-saving essential SRH information and services for women, adolescents, and youth.
- On 27 April 2020, the first batch of COVID-19 testing results were announced in Garowe, Puntland. This remarkable milestone is a result of UNFPA and the World Health Organization (WHO) who worked together to enable laboratory capacity to be in place under the leadership of the Ministry of Health to ensure needed testing capacity for COVID-19
- Supporting the prevention and mitigation efforts of the Spread & Transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities across the country
- 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 at 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 IDPs
 - Production of materials for social media, multimedia (videos, radio, web-based) dissemination; and
- Training for health care workers including midwives on Infection Prevention and Control and Case Management using WHO guidelines for service providers.



Addressing Gender-Based Violence

- UNFPA is ensuring the continuity of and access to life-saving GBV prevention and response services (such as the provision of clinical care, psychosocial support, and legal aid and material support to survivors of GBV) for women, adolescents and youth.
- Advocacy and support for the procurement of essential hygiene and sanitation items (sanitary pads, soap and 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.
- The GBV sub-cluster and service providers have updated their referral pathways and sensitization sessions are conducted with frontline aid workers on GBV and PSEA.
- 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.
- UNFPA Somalia supported the GBV 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 added in the inter-agency country preparedness and response plan.
- UNFPA Somalia and GBV service providers are mobilizing resources for tailored dignity kits to women and girls in response to the emergency flash floods in many regions of the country.
- Supporting the training and sensitization of social workers, counselors, and legal aid focal points on measures to curb the spread of COVID-19 during GBV service delivery.

Engaging Young People

- UNFPA continues to support young people through mobile caravans in Somalia. Support extends to other key activities including mobilization and sensitization on signs/symptoms and prevention of COVID-19 through TVs, radios, and social media platforms. Large billboards on approaches to washing hands using soap and detergents/sanitizers are produced and mounted across areas.



SRH Commodities

- UNFPA continues to ensure the availability of reproductive health kits including clean delivery kits and birth spacing supplies for pregnant mothers and women of reproductive health age. Also, the availability of post-rape treatment kits for survivors of gender-based violence. UNFPA is currently procuring Personal Protective Equipment (PPE) for Infection Prevention & Control (IPC) for health care workers including midwives across the country.

4. Resource Mobilization

- UNFPA Somalia has secured **USD 250,000** of internal resources to scale up COVID-19 response but the agency's preparedness and response plan to COVID-19 requires **USD 5,580,000**. Due to the level of needs, more funding is required to support the scale-up of response. Also, UNFPA Somalia is reaching out to bilateral donors to mobilize the required funding for the UNFPA 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 in 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.

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 time-critical activities and functions related to managing staff safety and security. UNFPA is well-positioned despite possible restrictions on physical movement and has established systems and tools required to continue signing work plans and disbursing cash in a paperless fashion including e-signatures and e-filing systems.