1. Overview

- COVID-19 cases continue to rise in Somalia. Confirmed COVID-19 cases had reached 2,658, with 649 recoveries and 88 fatalities as of 16 June 2020. Most new cases are a result of community transmission; women constitute nearly two-thirds of these new cases. Due to the limited testing capacity in other states, Banadir remains the region with the highest numbers, 1,385 cases with 53 deaths. At least 84 health workers are affected across the country; and as a result, WHO has issued guidelines and recommendations to ensure health care workers and responders at risk of infection are protected.

- The pandemic has exacerbated pre-existing vulnerabilities of women and girls and affected livelihoods for the poor families and internally displaced persons across the country. The number of women and girls facing abuse, including sexual violence, has significantly increased due to the restrictions on movement, as well as economic and social stresses induced by the COVID-19 pandemic. Intimate partner violence (IPV) cases remained the highest GBV type reported across the country, according to the Gender-Based Violence Information Management System (GBVIMS) quarter one 2020 report.

To date, funding for the GBV response across Somalia remains low despite the increased threats to women and girls affected by the current crises in the country.
UNFPA Somalia continues to support the government and work with UN agencies and national and international partners to minimize disruption to the lifesaving sexual and reproductive health (SRH) and gender-based violence (GBV) services. UNFPA Somali also supports the COVID-19 risk communication and community engagement, provides protective personal equipment (PPE) and supports the safety of patients and health workers through strengthening infection, prevention and control.

Also, UNFPA Somalia has updated and activated its business continuity plan to ensure time-critical activities and functions related to managing staff safety and security despite the COVID-19 crisis and restrictions on physical movement in Somalia. The UNFPA country office has established systems and tools, including e-signatures and e-filing system, required to continue signing work plans and disbursing cash in a paperless fashion.

2. UNFPA Supported Services and Beneficiaries (20 May to 10 June 2020)

<table>
<thead>
<tr>
<th>Women benefitting from SRH services (including antenatal and postnatal care, emergency obstetric and newborn care services)</th>
<th>People benefitting from 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 from SRH and GBV awareness-raising and information campaign including coronavirus prevention</th>
<th>Health care providers and midwives benefitting from the training on coronavirus prevention guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,842 including 1,893 of normal deliveries assisted by Skilled Birth</td>
<td>982</td>
<td>2,103</td>
<td>95,754</td>
<td>58</td>
</tr>
</tbody>
</table>

3. UNFPA Response Summary

**Coordination**

- UNFPA Somalia is working closely with the Federal Government and the Federal Member States, UN agencies, and other partners to ensure the continuity of SRH and GBV services. UNFPA is engaged in the various coordination mechanisms including the UN Country Team and Humanitarian Coordination Team, and supports the national COVID-19 preparedness and response plans ensuring integration of SRH and GBV concerns.
- UNFPA is leading the national and sub-national GBV sub-cluster under the protection cluster and reproductive health working group under the health cluster.
- UNFPA Somalia has produced COVID-19 vulnerability mapping by risk factor and related indicators for Benadir Region, Baidoa and Galkayo from the Somali Health and Demographic Survey (SHDS). The products are hugely appreciated by the government and humanitarian partners and specifically those engaged in the COVID-19 Risk Communication & Community Engagement (RCCE) activities.
Continuity of SRH interventions, including protection of health workforce

- UNFPA continues to provide leadership and support for the continuity of and access to quality life-saving essential SRH information and services for women, adolescents and youth during COVID-19 pandemic, despite the funding challenges this year.

- UNFPA continues to support De Martino Hospital in Mogadishu which is currently serving as the government-designated National Referral Center for COVID-19 case management and isolation for the entire country.

- Providing support to 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 and supporting the procurement of Personal Protective Equipment (PPE) for Infection Prevention & Control (IPC) for health care workers, including midwives.

- UNFPA and its partners have trained university students to become knowledge-sharing champions on reproductive health on issues such as sexually transmitted illnesses & HIV, family planning in the context of COVID19.

- UNFPA and its partners are supporting the mobilization of medical doctors, religious leaders and civil society leaders for radio talk shows on #EndFGM campaign to reach out to more people as Somalia sees a rise in Female Genital Mutilation during the COVID19 lockdown. UNFPA Somalia continues to support the training for health care workers including midwives on Infection Prevention and Control (IPC) and Case Management using WHO guidelines for service providers.

Addressing Gender Based Violence

- UNFPA is ensuring the continuity of and access to lifesaving GBV prevention and response services to women, adolescents and youth such as the provision of clinical care, psychosocial support and legal aid and material support to survivors of GBV.

- Amidst COVID-19 response, UNFPA and partners conducted capacity strengthening workshops for service providers in providing basic psychosocial support for survivors of gender-based violence.
UNFPA is providing continued support to GBV One Stop Centres across the country which integrate care for survivors of Gender-Based Violence with reproductive health services

UNFPA supported the development of GBV COVID-19 messages, including guidelines. These were disseminated using service sites and during the distribution of dignity and hygiene kits

Conducting webinars for FGM and COVID-19 for service providers to provide needed coordination and advocacy

Supporting the training and sensitization of social workers, counsellors and legal aid focal points to put in place measures to curb the spread of COVID-19 during GBV service delivery

Risk communication and community engagement

UNFPA Somalia continues to support and engage with the government and partners in risk communication and community engagement as follows:

- Supporting risk communication and community engagement by all humanitarian partners: UNFPA Somalia has produced COVID-19 vulnerability mapping by risk factor and related indicators for Benadir Region, Baidoa and Galkayo from the SHDS
4. Resource Mobilization

- The UNFPA Somalia preparedness and response plan to COVID-19 requires **USD 5,580,000**. The Country Office has thus far been able to raise USD 1,000,000 from its existing donor pool. The CO has also been able to receive internal UNFPA emergency funding amounting to USD 406,600. More funding is required to support the scaling up of the response due to the level of needs. Also, noted is the overall declining trend of funding for GBV service provision in the country and this is due to reprioritization and the struggle to get GBV prioritized within contingency plans for COVID-19 at the UN and the national level.

- UNFPA is reaching out to bilateral donors to mobilize the required funding for UNFPA Somalia’s COVID-19 response plan for SRH and GBV activities including services, supplies, information and coordination.