



Somalia

COVID-19

Situation Report No. 11

unicef 
for every child

Reporting Period: 24 October 2020 – 23 November 2020

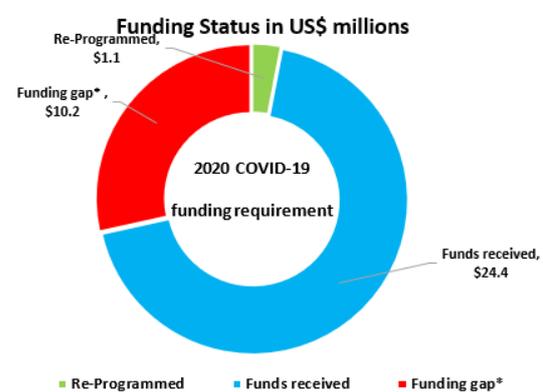
Situation in Numbers

4,445 Confirmed cases in Somalia

113 Deaths
(Ministry of Health, 24 November 2020)

Highlights

- As of 24 November, 4,445 COVID-19 cases were reported in Somalia with 113 fatalities and 3,412 recoveries.
- An increasing number of COVID-19 cases have been reported across the country with UNICEF COVID-19 supported health facilities documenting a 61 per cent increase in suspected COVID-19 patients and community health workers (CHWs) identifying a 29 per cent increase of cases in the community.
- Radio spots continued to be aired throughout Somalia and the COVID-19 key messages disseminated targeted an estimated 10 million people. Besides radio spots, IEC materials, SMS messages and mass media engagement, social media channels were also used to convey similar messaging.
- The JPLG COVID-19 Local Governance Responsive Project supported the rehabilitation of 184 toilets equipped with a functional handwashing point and 260 hand washing facilities were set up in public places.
- Since the start of the response in March, more than 141,800 children have been reached with alternative learning through radio, TV and online learning platform.



Funding Overview

UNICEF’s COVID-19 appeal is US\$ 35 million with US\$ 24.4 million in funding received to date. In addition to the resources mobilized, UNICEF has reprogrammed US\$1.1 million from existing funds. UNICEF Somalia faces a funding gap of US\$10.1 million (29 per cent of the funding requirement) - as needs continue to grow, UNICEF Somalia welcomes predictable and flexible funding to respond effectively and efficiently to the COVID-19 crisis and to the continuation of essential lifesaving services for women and children in the country.

Situation Overview & Humanitarian Need

On 24 November, the Ministry of Health reported that the total confirmed 4,382 COVID-19 cases with 108 deaths. Considering the high underreporting rate in the country due to the weak surveillance systems in hospital settings to report infections in health care workers, stigma associated with testing and other associated factors, WHO’s report indicated that the actual number of health workers infected with COVID-19

might be higher than what has been reported. The impact of the COVID-19 infection among the health workers on the health system needs further assessment.

Data gathered as of 10 October 2020 show that more than twice as many men as women were tested for and infected with COVID-19 in Somalia. Of a total of 23,932 samples tested, only 7574 were from females and of the 3864 positive cases, 1021 were females. Anecdotally, community health workers have attributed this difference to: women not visiting health facilities because of the social stigma associated with COVID-19, women's fear of being forced to isolate while they are supporting or looking after their families and fewer women being exposed to the COVID-19 virus as they come into physical contact with others less often than men¹.

Coordination and Partnerships

UNICEF continues to contribute to the overall UN leadership in the COVID-19 response through existing platforms such as the UN Country Management Team, Humanitarian Country Team and Security Management Team. UNICEF is also using its cluster leadership role as a platform to enhance coordination in key intervention areas relevant to both COVID-19 preparedness and response. UNICEF is actively participating in the coordination meetings led by MoH with support from WHO, such as the UN COVID-19 Taskforce, whilst co-leading the RCCE Taskforce.

Summary Analysis of Programme Response

Risk Communication and Community Engagement (RCCE)

During November, RCCE activities continued to raise community awareness on COVID-19 prevention and control. A total of 1,763,106 people were reached through house to house visits, complemented by mosque announcements and sound truck announcements. The use of flip charts for community awareness during door-to-door mobilization contributed a great deal to the community grasp of the key messages. Out of the over 1.7 million people reached, 30,156 people were directly engaged through community meetings and health facility awareness sessions have contributed to the dissemination of the key messages to their peers and neighbors. Radio spots continued to be aired throughout Somalia and the COVID-19 key messages disseminated targeted an estimated 10 million people. Besides radio spots, IEC materials, SMS messages and mass media engagement, social media channels were also used to convey similar messaging.

Infection Prevention and Control (IPC) and WASH

In November, a total 48,017 people were reached with WASH services that included 19,000 people receiving hygiene kits in Lower Shabelle region and 18,000 in Lower Shabelle region who received emergency water through water vouchers. An additional 11,000 people in Lower Juba, Gedo and Mudug regions had access to safe water through rehabilitation of water points. During the same period, 128 healthcare workers were trained on infection prevention and control in Banadir and Lower Shabelle regions. To further improve institutional hygiene and sanitation services, 13 health facilities in Lower Shabelle, Bay and Gedo regions had improved sanitation with construction of latrines, handwashing facilities and septic tanks.

Provision of Healthcare and Nutrition Services

An increasing number of COVID-19 cases have been reported across the country with UNICEF COVID-19 supported health facilities documenting a 61 per cent increase in suspected COVID-19 patients and community health workers (CHWs) a 29 per cent increase of cases detected in the community.

¹ COVID-19 in Somalia: the gender gap, World Health Organisation, November 2020

The overall number of acute respiratory infection (ARI)/ Pneumonia and unclassified fever cases recorded by UNICEF implementing partners decreased by 6 per cent and only partners in South Central Somalia noted a moderate, 5 per cent, rise in ARI/ pneumonia patients. Implementing partners, particularly in Somaliland, also reported an increasing number of patients and communities showing a negative attitude towards COVID-19 and protection measures that supported health facilities have put in place. As a consequence, C4D activities were intensified with SOMNET members and social mobilisers reaching 1.4 million households, sensitized 626,031 caregivers and 5,190 community leaders on COVID-19, counselled 7,766 carers on the importance of routine immunization and held 3,088 community meetings on COVID-19 and routine immunization. In addition, 23,691 IEC materials (flyers, posters & stickers) were distributed and 25 radio spots on routine immunization and 140 spots on COVID-19 were aired.

Key promotive, curative and preventive services for Nutrition have continued during the second half of November. Provision of individual counselling on infant and young child feeding reached 14,622 women. That said, UNICEF and partners ensured delivery of quality nutrition services with outcome indicators consistent with the recommended Sphere standards—93.7 per cent cured, 0.8 per cent died and 3.2 per cent defaulted. Conversely, some of the preventive services so far have suffered a lower reach than planned due to COVID-19, notably vitamin A supplementation with approximately 30 per cent of children 6 to 59 months having received the recommended 2 doses of vitamin A since the beginning of 2020. Hence, the need for mass campaigns across the country in the coming months to catch up on the vaccination and supplementation gaps.

Access to Continuous Education and Child Protection Services

The child protection programme provided training on gender-based violence (GBV) risk mitigation and referrals for survivors to 59 people from partner organizations. This represents a significant decrease when compared to last month and can be attributed to the absence of new partner staff in need of training. Training was conducted observing COVID-19 precautionary measures such as handwashing, use of masks and social distancing. A significant outcome of the training over the last 11 months can be seen in the GBV trend analysis for 2020 which shows a 35 per cent increase in access and use of GBV service points by GBV survivors when compared to the same period last year. Improved knowledge by partner staff on referral mechanisms resulted in improved awareness and confidence for survivors to access community based GBV services during the COVID-19 crisis. The number of children and caregivers reported as accessing mental health and psychosocial support services reduced by 32 per cent this month when compared to the last reporting period. This is attributed to ongoing discussions on continuing services with partners reporting to UNICEF.

In Puntland, IEC materials including videos and radio messages targeting students, teachers, parents, and wider community were developed as well as safe school guideline which provides step-step-guide for COVID-19 prevention measures. In addition, 36 Billboards with COVID-19 awareness raising messages with pictures and drawings were erected in strategic preselected positions. The Ministry of Education printed, translated and distributed 750 copies of school reopening guidelines as well as to all districts and Regional Education authorities to enlighten community knowledge and skills to prevent/mitigate the COVID-19 infection and its impact on school children and teachers.

With the support of UNICEF, Ministry of Education and Higher Education, Puntland undertook a rapid assessment in 185 schools to understand the situation and COVID-19 preparedness of schools. The findings will be used to strengthen the preventive measures to reduce the risk of COVID-19 transmission in school. The report shows that 7.4 per cent of children did not re-enroll in schools as the school re-opened. There were 42.3 per cent of schools which did not have adequate WASH facilities even prior to COVID-19 with some schools having a toilet to learners' ratio of 1:118 and 84.5 per cent of schools not having hand washing facilities. It was also noted that in 100 per cent of schools, learners were not using face masks due to a lack of availability of masks and the larger community perception of not using masks in schools. In addition, most of the classrooms were overcrowded with 83.3 per cent of children not practicing social distance. The

assessment showed huge gaps exposing children to high risk of contracting COVID-19 and other water-related diseases

COVID-19 Local Governance Responsive Project

The “JPLG COVID-19 Local Governance Responsive Project” was funded by DANIDA and coordinated by the Vice President’s office in Somaliland. Technical leadership was provided by the Ministry of Health Development, Ministry of Education and Science and Ministry of Interior and the project was implemented by 11 local governments.

136 schools and 98 health centres were rehabilitated. Three months’ supply of hand washing materials were delivered to health centres, primary schools and public places. Personal protective equipment materials e.g. gloves, masks and thermometers were provided to health professionals and patients at health facilities. There were 184 toilets rehabilitated and equipped with a functional handwashing point and 260 hand washing facilities were set up at public places. There was 180 new handwashing points established in the primary schools and health centres.

Community awareness raising activities reached 110,500 individuals in remote areas and 50,100 school children. The programme funded additional 307 staff (92 Social Affairs Department staff, 110 nurses and 105 subordinate staff for additional shifts). There were 160 district officials who were provided training on management of public health emergencies. In addition, 40 Senior district officials were provided training on to the role of district councils in managing Public Health Emergencies.

Human Interest Stories and External Media

Disseminated [COVID-19 prevention messages](#) and continued to feature [UNICEF Somalia’s response](#) through social media platforms ([Facebook](#), [Instagram](#) and [Twitter](#)). Social media activity also continued to showcase the crucial support of donors and partners.

Annex A

Summary of Programme Results

Sector/COVID 19 Response Pillar	Overall needs	UNICEF and IPs		Cluster/AoR Response	
		2020 Target	Results achieved during the reporting period	2020 Target	Total Results
Risk Communication and Community Engagement including social science					
Number of people reached on COVID-19 through messaging on prevention and access to services		10 Million	10 Million		
WASH					
Number of people reached with critical WASH supplies (including hygiene items) and services		1.2 million	48,017 (14,262 G 14,832 B 10,052 W 8,871 M)		
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)		3,000	128 (71 W 57 M)		
Health					
Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)		720	249 (132W 117M)		

Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases including among children, pregnant and breastfeeding women		600	180 (112 W 68 M)		
Number of children and women receiving essential healthcare services, including immunization, prenatal and postnatal care, HIV care and Gender-Based Violence (GBV) response care in UNICEF supported facilities.		750,000	44,993 (11,982G 11,023B 21,988W)		
Nutrition					
Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms.		97,500	14,622		
Education					
Number of children supported with distance/home-based learning		150,000	141,816 (59,387G 82,429B)		
Number of schools implementing safe school protocols (COVID-19 prevention and control)		250	0		
Child Protection					
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support		100,000	1,769 (474 G 577 B 458 W 260 M)		
Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors, including for sexual exploitation and abuse		500	45 (29 W 16 M)		

Annex B

Funding Status

COVID-19 UNICEF Somalia Appeal Specific Requirements and Funding Levels					
Appeal Sector	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Reprogrammed	US\$	%
Objective 1 - Limit Transmission (integrated health, WASH, C4D prevention)	11,994,472	11,381,292	806,001	-	-
Objective 2 - Minimize Mortality and Morbidity (Health Response)	3,761,400	2,545,485	0	1,215,915	32%
Objective 3 - Prevent Secondary Impacts					
Health	10,444,128	4,481,474	0	5,962,654	57%
Nutrition	600,000	1,058,494	0	-	-
Education	6,400,000	2,585,793	265,760	3,548,447	55%
Child Protection	1,800,000	2,371,920	0	-571,920	-32%
Total	35,000,000	24,424,458	1,071,761	10,155,096	29%

*The Funding gap corresponds to the sectors where initial requirements for the Somalia UNICEF COVID-19 appeal remain un-covered. In the sectors where initial requirements have been met, UNICEF is not attributing the exceeding funds to the total HAC allocation, as they are earmarked to specific sectors. UNICEF is reviewing the extent of needs per sector and extending its appeal until December 2020.

Next SitRep: 24 December 2020

UNICEF Somalia Crisis: <https://www.unicef.org/somalia/>

UNICEF Somalia Humanitarian Action for Children Appeal: <http://www.unicef.org/appeals/somalia.html>

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