

PREPAREDNESS AND RESPONSE PLAN **COVID-19**



April 2020



SITUATION OVERVIEW

Somalia

As of 5 April 2020, Somalia has seven confirmed COVID-19 cases in the country.¹ The Federal Government of Somalia has since activated various response measures including: establishment of national COVID-19 response committees; formation of an incident management system; temporarily suspension of incoming and outgoing international flights; and establishment of isolation facilities across the country. The Government has also initiated comprehensive risk communication and community engagement strategies aimed at empowering communities to be active participants in the prevention and control of the COVID-19 outbreak. Some of these initiatives include, ordering the closure of schools; restriction of mass gatherings; advise on Infection Prevention and Control (IPC) measures including social distancing; and hand and respiratory hygiene among others.

In spite of these efforts, Somalia has a fragile health system and limited capacity to respond and prevent potential spread of COVID-19. It does not have the capacity to test COVID-19, challenging the ability for an early detection.

The situation is further compounded by protracted humanitarian crisis in Somalia, one of the most complex and longstanding emergencies in the world, characterized by both natural and man-made factors. Somalia is currently facing the Desert Locust Crisis, whilst simultaneously preparing for the Gu rainy season, which is expected to be above average in some parts

of Somalia. With 2.6 million Internally Displaced Persons (IDP), COVID-19 poses an additional challenge in already fragile context where it may further hinder access to basic services, leaving the population highly vulnerable. The durable solutions and resilience efforts invested over the last years could easily be reversed if the humanitarian and development actors do not act quickly towards preparedness and response to COVID-19.

As a key source, transit and, to some extent, destination country for migratory flows, Somalia continues to have an influx of migrants from neighboring countries through irregular migration routes, especially from Ethiopia. In addition, a growing number of Somalis are returning from Yemen.

Global

On 31 December 2019, a cluster of pneumonia of unknown etymology was reported in Wuhan City, Hubei Province of the People's Republic of China. On 30 January 2020, the World Health Organization's Emergency Committee announced that the pathogen known as the Coronavirus Disease 2019 (COVID-19), now constituted a Public Health Emergency of International Concern.

Since the outbreak, over 1,133,758 confirmed cases and 62,784 deaths globally, while in the Africa region, there have been 6,420 confirmed and 236 deaths (WHO Situation Report 5 April 2020).

Under the leadership of the WHO, a Global Preparedness and Response Plan for COVID-19 was launched on 3 February emphasizing the criticality of the United Nations and partners to urgently contribute to preparedness and response efforts. Currently WHO assesses the global risk of this event to be very high.²

¹ Somalia Coronavirus Disease (COVID-19) Situation report - 4: 28 March - 2 April 2020.

² WHO Situation report, 5 April 2020.

CONFIRMED CASES³FRAGILE
HEALTH SYSTEM

260,000

MIGRANTS CROSSING⁴
across seven border points2.6 million
DISPLACED PERSONS⁵

In 2019 alone (January-October), IOM observed over 260,000 migrants crossing the borders in seven points across the country. The Assisted Voluntary Returns from Yemen have been suspended with the closure of seaports along the Somali coastline, which may increase the number of spontaneous returns. As such, the dangers of being dropped at sea before reaching the shorelines by smugglers may increase for the migrants but also the potential of stigma by host communities should the COVID-19 outbreak happen in areas of return. Similarly, with the border closures, vulnerable Ethiopian migrants who may wish to return home are now stranded in Somalia. There is an urgent need for data collection of migrants in order to assess their number and vulnerability to COVID-19.

Recognizing that mobility is a determinant of health and risk exposure, the volume, rapidity, and ease of today's travel pose new challenges to cross-border disease control and there is a need to urgently adopt innovative, systematic, multisectoral and inclusive response to prevent, detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimination.

In light of the above, the Federal Government of Somalia has appealed to all national and international partners for urgent support with resources to implement the National Preparedness and Response Plan for COVID-19.

11 March 2020

WHO declared COVID-19
a pandemic

16 March 2020

First confirmed case in Somalia
and suspension of all
international flights

29 March 2020

Ban on all domestic flights



3 April 2020

Seventh case confirmed

³ As of 5 April 2020.

⁴ This is based on data from the Somalia Flow Monitoring - Annual Report (January - October 2019). For more information, click [here](#).

⁵ Somalia Humanitarian Response Plan 2020.



IOM Somalia

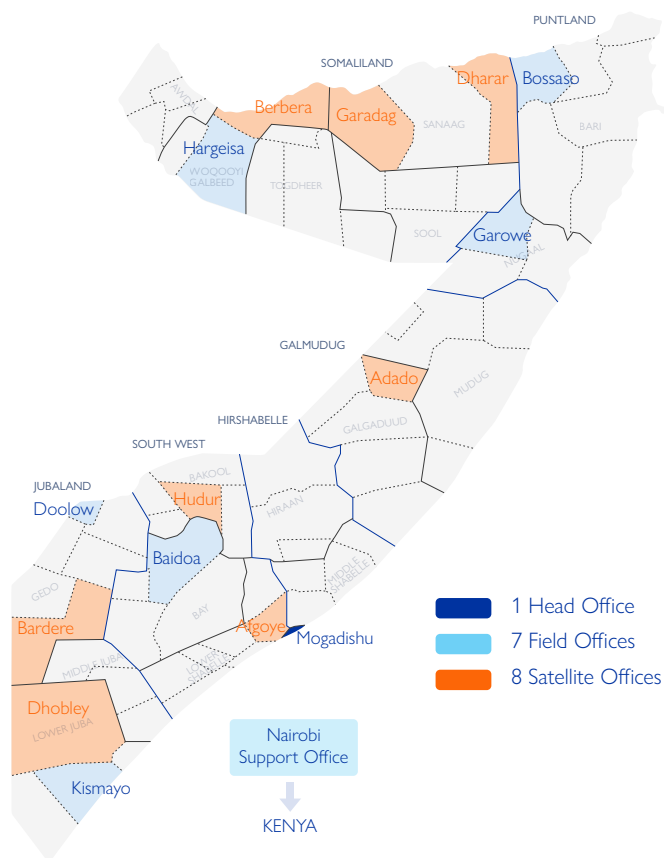
Since 2006, IOM has been providing life-saving humanitarian assistance to migrants and mobile populations in Somalia, including IDPs, migrants, returnees and host communities.

The Mission with its HQ in Mogadishu currently manages an annual budget of USD 80 million with more than 450 staff. IOM is present in all six states of Somalia with seven field offices in Kismayo, Baidoa, Doolow, Hargeisa, Bossaso, and Garowe as well as satellite offices in Berbera, Garadag, Adado, Afgoye, Bardere, Dhobley, Hudur and Dharar, and the Nairobi Support Office in Kenya. IOM has scaled up its operations and capacities within Somalia in response to the droughts in 2017 and 2019 and recurrent floods over the years. IOM maintains a strong portfolio of multi-sector humanitarian interventions with an increased effort to link these with durable solutions and long-term development.

Based on its strong operational footprint, expertise and experience in migration and health, IOM is well placed to support international public health emergencies. At the country level, IOM is a member of the UN COVID-19 taskforce, UN Country Team (UNCT) and the Humanitarian Country Team (HCT) and provides technical assistance to the Ministry of Health and other relevant line ministries. IOM also coordinates under the Inter Agency Standing Committee (IASC) Humanitarian Cluster System as co-lead for Camp Coordination Camp Management (CCCM) and as a member of other sector cluster committees such as Health, Protection, Water, Sanitation and Hygiene (WASH) and Shelter and Non Food Items (S-NFIs).

USD 80m
ANNUAL BUDGET

450
IOM STAFF



Globally, IOM is a formal partner of World Health Organization (WHO), a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, and more recently, the Global Outbreak Alert and Response Network.

IOM'S FUNDING NEEDS



USD 18m
TOTAL BUDGET



Somalia

LOCATION

Along mobility routes, IDP sites and surrounding areas, contingent on the COVID-19 needs.



9 months

DURATION

NATIONAL PREPAREDNESS AND RESPONSE PILLARS	TOTAL BUDGET
Points of Entry	2,600,000.00
Risk Communication and Community Engagement	1,300,000.00
Operations Support and logistics	800,000.00
Surveillance, Rapid Response and Case Investigations	1,300,000.00
Infection Prevention Control (IPC)	3,200,000.00
Psychosocial Support	400,000.00
Case Management and Continuity of Essential Services	2,700,000.00
Support to Vulnerable Migrants ⁶	2,700,000.00
PREPAREDNESS AND RESPONSE TOTAL	15,000,000.00
SOCIOECONOMIC COMPONENT TOTAL	3,000,000.00
GRAND TOTAL	18,000,000.00

⁶ This section focuses on vulnerable migrants that are not captured under clusters (IDP caseload) and refugee response. The target population includes Ethiopian and other migrants in Somalia, Spontaneous Somali returnees and the host communities along specific migratory routes.

IOM'S APPROACH

IOM Somalia will contribute to:

National Preparedness
and Response Plan

UN Country Preparedness
and Response Plan

IOM and WHO Global Strategic
Preparedness and Response Plans

In coordination and partnership with relevant actors at the national, regional and global levels, IOM will contribute to the overall objective of the National Preparedness and Response Plan for COVID-19, UN COVID-19 Country Preparedness and Response Plan (CPRP), as well as the IOM and WHO Global Strategic Preparedness and Response Plans to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including the socio-economic impact. In order to ensure that IDPs, migrants, communities in hard to reach locations, returnees and vulnerable populations are assisted, IOM will build its response on existing partnerships with relevant actors at global, regional, national and sub-national levels. IOM will address cross cutting humanitarian and development needs through expansion of its programmes designed to engage directly with communities.

IOM's approach is anchored in IOM's Health, Border and Mobility Management (HBMM) Framework.⁷ This framework links an understanding of population mobility with disease surveillance and provides a conceptual basis on which to develop individual and multi-country interventions. An integrated approach will be vital in strengthening health systems along mobility corridors, hygiene and access to water, data collection and information management.

IOM's Migration Health Division (MHD) is active across all regions of Somalia. Within the HBMM Framework, IOM Somalia focuses on health systems strengthening and strategic partnerships particularly with the Ministry of Health (MoH). IOM implements a more sustainable model of strengthening the MoH human resources using a hybrid service delivery model comprising both MoH and IOM staff. MoH-seconded staff deliver clinical services, while IOM health officers in each region provide daily technical and operational support for service delivery, capacity building, direct supervision and mentorship of the MoH health workers, and robust clinical quality assurance and monitoring. This model stands in sharp contrast to the traditional "pass through" model because it builds the capacity of the government health workforce and reduces donor dependence in the long run, while empowering the government to take greater ownership of healthcare provision.

This approach incorporates a flexible three-pronged health service delivery model tailored to suit Somalia's unique context, depending on the specific operating environment and local context: **1) static health facilities including community outreach services, 2) mobile medical teams and 3) rapid response teams.**

⁷ For more information on IOM's HBMM Framework, click [here](#).





In the event of an outbreak, it is essential to adopt inclusive and integrated approaches that take into account migrants - including displaced and other hard to reach populations - and counter misinformation and stigma. Failure to do that can potentially exacerbate ongoing transmission, and lead to difficulties controlling the outbreak and increase the likelihood of preventing potentially infected people from immediately seeking care or failure to disclose illness to avoid discrimination, especially for minorities and marginalized groups.

IOM's operational and technical support is responsive to population mobility, disease surveillance and cross-border

dynamics built upon in-house and multi-sectoral approach. The inclusion of all migrants, returnees, marginalized groups, displaced and/or living in camps like settings is necessary in all aspects of the response to COVID-19 including prevention, detection, or equitable access to information, treatment, care or containment measures. To maximize the impact of interventions, the IOM Immigration and Border Management Division and Migrant Protection Assistance Division are working closely with the Preparedness and Response Division (CCCM, WASH, Health, DTM, S-NFIs) through an integrated approach to provide immediate as well as mid- and long-term technical support to cover all dimensions of the pandemic.



USD 18m
TOTAL BUDGET



Somalia
LOCATION
Along mobility routes, IDP sites and surrounding areas, contingent on the COVID-19 needs.



9 months
DURATION

Planning Scenarios

1

SCENARIO 1 (current): One or more cases are identified in Somalia, the cases are isolated quickly and control measures are put in place.

2

SCENARIO 2 (most likely scenario): Somalia is experiencing cases that in time increase as a result of geographical spread and/or common exposure (cluster of cases).

3

SCENARIO 3: Somalia is experiencing larger outbreaks of community transmission causing direct and indirect impact on humanitarian operations.

Proposed Response - SCENARIO 2

This plan focuses on **scenario 2** with the expectation that the peak of the illness will occur sometime at the end of the acceleration phase, just before the illness begins to decrease within the population.⁸ Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of the pandemic.

Focus will largely be framed under the pillars outlined under the National Preparedness and Response Plan for which



IOM is either the technical lead or contributing agency. In particular, **IOM has been identified as the technical lead for Point of Entry (PoE) and Psychosocial Care.**

Through its multi-sectoral approach, IOM aims to support the following interventions within the priority areas identified under the National Preparedness and Response Plan for COVID-19 by the Federal Government of Somalia.

⁸ The [pandemic intervals framework](#) outlines the progression of the influenza pandemic investigation, recognition, initiation, and acceleration (peak of illness occurring at the end of the acceleration phase), and deceleration phase (decrease in illness).

IOM'S ACTIVITIES

SECTORS SUPPORTING THE COVID-19 PREPAREDNESS AND RESPONSE PLAN

-  Camp Coordination and Camp Management (CCCM)
-  Migrant Protection and Assistance (MPA)
-  Migration Health Division (MHD)
-  Displacement Tracking Matrix (DTM)
-  Immigration and Border Management (IBM)
-  Shelter and Non-Food Items (S-NFI)
-  Water, Sanitation and Hygiene (WASH)

USD 2.6 million

Point of Entry (PoE)

As the technical lead for PoEs, in close coordination with the Ministry of Health, Immigration and Naturalization Directorate, and other key partners, IOM will support COVID-19 preparedness and response at prioritized PoEs as follows:

- Equipping of selected priority PoEs with basic equipment, Personal Protective Equipment (PPE), IPC/WASH and hygiene promotion materials.
- Establishment and strengthening of the screening capacity at PoEs.
- Risk communication and community engagement at PoEs and catchment areas - IEC materials, local community engagement.
- Equipping of isolation rooms at PoEs and catchment areas, set up of referral systems to designated hospitals.
- Training frontline border health officials on screening, IPC measures, source control and transportation of suspected cases.
- Supporting active surveillance including flow monitoring to understand mobility patterns and inform targeted response measures at PoEs.
- Development and dissemination of PoEs specific standard operating procedures (SOPs) for prevention, detection, notification, isolation, management and referral.

USD 400k

Psychosocial Support

As the technical lead for Psychosocial Support, in close coordination with the Ministry of Health, WHO and other key partners, IOM will support COVID-19 preparedness and response at prioritized points of entry as follows:

- Building the capacity of frontline health workers on psychological first aid, stress management and positive coping skills.
- Providing appropriate individual and family levels of psychosocial support to affected individuals, families and communities (through trained health workers).
- Supporting the design and dissemination of key messages that promotes positive coping skills and behaviour changes.

USD 1.3 million

Risk Communication and Community Engagement

In Coordination with the UN Communications Group and Clusters, IOM will support risk communication and community engagement, targeting mobility corridors, PoEs, IDP sites and surrounding areas through:

- Revising technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored for outreach campaigns.
- Implementation of risk communication, hygiene promotion and community engagement activities through communication with communities and feedback along mobility corridors, PoEs, IDP sites and among existing migrant, displaced and mobile populations.



USD 1.3 million

Disease Surveillance

- Strengthening Community Event-Based Surveillance by linking mobility information to surveillance data, particularly among border communities, migration routes, PoEs, and migrant-dense areas.
- Engaging with national, sub-national authorities and local communities in strengthened data collection and conduct Participatory Mapping Exercises to identify high-risk transmission mobility corridors and areas to inform regional and national preparedness and response plans.
- Collecting data on mobility restrictions, to be used for regional and global analysis.
- Integrating COVID-19 related information into Flow Monitoring data collection (in particular data on vulnerabilities associated with severe cases of COVID-19).

USD 3.2 million

Infection Prevention and Control

IOM will support IPC practices through:

- Distributing emergency hygiene kits and scaling up hygiene promotion activities in all project sites.
- Providing water supply for drinking, cooking, handwashing and hygiene to prevent COVID-19 spreading for IDPs and their host communities, including operational and maintenance support to existing water supply system and provision of temporary water supply.
- Supporting solid waste management.
- Building additional handwashing and sanitation facilities.

USD 800k

Logistics, procurement and supply management

- Engage with national authorities and UN partners to support supply chain management capitalizing on S-NFI operational capacity.
- Support reduction of overcrowding in collective sites via standardizing shelter typologies, additional shelter assistance and advocacy through in-kind and cash-based assistance to strengthen resilience.



USD 2.7 million

Case Management and Continuity of essential services

In coordination with the Ministry of Health and other key partners, IOM will continue to support essential basic services through:

- Providing technical and operational support through short to medium term secondment of staff and equipment support.
- Supporting health facilities to maintain essential health services delivery in addition to managing COVID-19 cases.
- Supporting local authorities and humanitarian service providers with management of IDP sites to ensure minimum service delivery and early identification of unmet basic needs (both individual and collective). This includes service mapping and monitoring, as well as Feedback and Complaints Mechanisms (operated remotely if needed).



USD 2.7 million

Vulnerable Migrants Response Plan

IOM will continue to support the Federal Government of Somalia in halting further transmission and mitigating the impact of the outbreak - including its social and economic impact - along the migratory routes. In order to ensure that migrants (such as Ethiopian migrants and spontaneous Somali returnees) and host communities along the migratory routes are assisted, IOM will build its response on existing partnerships with relevant actors at national and sub-national levels.

This section focuses on vulnerable migrants that are not captured under clusters (IDP caseload) and refugee response. The target population includes Ethiopian and other migrants in Somalia, spontaneous Somali returnees and the host communities along specific migratory routes.

As part of the response, IOM will:

- Compile information on mobility restrictions that can be made publicly available to migrants intending to move to or from Somalia.
- Collect, analyze and disseminate information on the numbers, profiles and routes of cross-border migrants, and in particular on their vulnerabilities to COVID-19, in order to better inform the response towards migrants.
- Establish strategic way stations along migration routes (both primary and secondary) for information collection, dissemination of language appropriate materials, and general awareness raising as well as direct assistance to migrants.
- Conduct outreach activities along strategic migration routes for both migrants and host communities to increase understanding of COVID-19 and to avoid stigmatization and retaliation against migrants should there be an outbreak in areas of transit.
- Support stranded migrants to access services and continue the support provided at Migration Resource Centres (MRCs) and Ethiopian Community Centres in Somalia with basic services (Health, WASH, S-NFI), while preventing and minimizing potential risk of infection spreading to beneficiaries and personnel.
- Monitor returnees for vulnerabilities that put them at high risk of COVID-19 infection, and track secondary migration on return.
- Lobby for and support the Assisted Voluntary Return of stranded migrants.



USD 2.7m
FOR ACTIVITIES

IOM is seeking USD 2.7 million based on scenario 2 to carry out these interventions for migrants (exclusive of refugees and IDP caseload).

Addressing Socio-Economic Impact of COVID-19

IOM recognizes the negative socio-economic impact of COVID-19 in Somalia and the importance of addressing these issues from the onset of the crisis. IOM envisages to support the following activities to mitigate some of the negative consequences to IDPs, migrants, returnees, and host communities.

- Engage Somali diaspora for their financial contribution to support Somalia's COVID-19 response.
- Business continuity support to trades and markets that have been most negatively impacted by COVID-19 in urban and rural areas hosting large numbers of IDPs and migrants through grants, loans, micro-credit or in-kind.
- Unconditional cash to improve resilience of vulnerable households to cope with the effects of COVID-19 and other human induced and natural crises.
- Support to continuation and strengthening of essential service delivery to vulnerable and displaced communities such as provision of water, sanitation and health.
- Community infrastructure projects through locally led, participatory processes that promote intra- and inter-community cohesion, peace, and ownership.
- Adapting and accelerating existing Durable Solutions programming to meet urgent needs of displacement affected communities.





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COVID-19 PREPAREDNESS AND RESPONSE

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