



COVID-19

PREPAREDNESS RESPONSE PLAN

SWS SOMALIA

March-July 2020



1.0 Background

The Novel Coronavirus (2019-nCoV) is a new strain of coronavirus first reported to WHO end of December 2019 in Wuhan, Hubei Province, Republic China, as of 17 March 2020, the virus had spread to some 150 countries, infecting more than 170,000 people and causing 7,019 deaths.

On 16 March 2020 Somalia confirmed the first case of COVID-19, Somali Government publicly announced for the national contingency plan for preparedness and response for COVID-19 and established an emergency task force comprised of Government Line Ministries, Donors, UN agencies and NGOs. Also, the Government set up a quarantine facility in Mogadishu, banned international flights for 2 weeks, prohibited public gatherings, and closed schools and universities.

The economic impact on urban areas will be exacerbated by possible lockdowns and resultant lack of income due to business closure. Somalia is currently experiencing a desert locust upsurge that could have significant consequences for food security and livelihoods. The country also experiences seasonal floods, with riverine and flash flooding expected in two months. Flooding in late 2019 affected 547,000 people, 370,000 of whom were displaced. The impact of COVID-19 on the supply chain could be significant, with lockdowns, closure of production plants, exhaustion of stocks, closure of ports, and impacts on access to markets.

As Southwest State Somalia remains in a protracted and complex humanitarian crisis, with high influx movements from rural-urban migration, poor health facilities and health systems and to 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.

The Southwest State of Somalia has declared a State level Action Plan for emergency preparedness response, for this Deyr season, the worst desert locust were affected for the farmers production. According to the 2020 Humanitarian Response Plan (HRP 2020) an estimated 5.2 million people need humanitarian assistance in 2020, Southwest State Somalia are the among the worsen affected for the crises.

The Somali health authorities are exercising heightened public health vigilance to prevent further importation and local transmission and as such have put in place several recommended public health measures. However, according to WHO's risk assessments, the risk of COVID-19 spreading into the community triggering sustained community transmission remains extremely high owing to the country's weak health systems and fragile, conflict and vulnerable context. Therefore, it is of paramount importance, from the viewpoints of global health security to help scale up emergency operations response capacity of health authorities of Somalia urgently to support timely detection, testing and other containment measures for suppression of the virus and slowing down the human-to-human transmission in order to prevent amplification or community transmission.

The health systems in the country remains very weak and fragmented. Failure to early detect any other imported case (s) in the coming days and inability of the country's surveillance system to aggressively trace, test and detect any secondary transmission amongst the close contacts of this laboratory-confirmed case or any other missed or undetected travel-associated cases may result in overt or silent community transmission leading to multiple chains of transmission. The situation may lead to the outbreak spiraling out of control and spread rapidly into the community.

2.6 million people are displaced nationwide and an estimated 602,145 people in 564 overcrowded settlements are displaced in Southwest State and in Southwest State Somalia.

2.0 STRATEGIC OBJECTIVE:

Provide immediate integrated support (Health, WASH and Food Security) for COVID-19 Preparedness Prevention Response Plan and on timely and effective humanitarian assistance to people in need.

- ▶ Provide on timely response information, key message and general public about COVID-19 control & prevention at community and health facility level.
- ▶ Support advocacy and resource mobilization strategies at Southwest State level.
- ▶ Ensure efficient and effective implementation of the Emergency Initial Service Package (EISP) for Primary Health Care (PHC) and Reproductive Health (RH).
- ▶ Establishment of isolation measures and patient care for cases Moderate Symptoms and appropriate measures and enhancing the testing and detection capacity.
- ▶ Upscaling WASH activities including upscaling distribution of hygiene kits and integrating COVID-19 messaging during WASH activities e.g. in hygiene promotion.
- ▶ Adhere to specific COVID standard operating procedures during guidelines during food distributions on Standard Operating Procedures (SOPs) for Food Distribution in the COVID-19 IASC procedure.



▶ *One of our doctors attending to a young patient.*

3.0 SCENARIOS

There are two possible scenarios that might unfold in the context: relating to conflict and natural disasters.

SCENARIO 1: COVID-19

Somali is characterised by a complex humanitarian situation of protracted and repeated hazard in most of the states, the combination of these of these hazards has contributed to displacements of over 2 million people and weakening of the health system. According 2016 over 60% of the population does not have access to health services 70%, there is no preposition for isolation facilities for the management of cases at southwest state Somalia. The Health facilities and hospital in Southwest

State are facing for insufficient supplies and limited capacity and inadequate of professional health staff.

SCENARIO 2: COVID-19

Based on the preliminary assessment and potential risks for COVID-19, Southwest state Somalia, MoH-SWS and other humanitarian partners including UN, INGOs and National NGOs, have the limited knowledge for the COVID-19, and also limited health weak system in Southwest State Somalia.

4.0 CAPACITY ASSESSMENT

Ministry of Health Southwest State Somalia and health, WASH and Food security Partners have limited funding opportunity that will response for COVID-19 which need to support and prepare for the supplies and provide capacity building for preventive measures.

- ▶ Staff: limited dedicated staff for COVID-19 and inadequate financial resource
- ▶ Supplies: limited supplies for COVID-19

5.0 PREPAREDNESS RESPONSE PLAN

5.1 OVERALL PROGRAMME GOAL

The Overall Preparedness Response Plan is to respond to the suspected cases and provision of treatment and preposition of provision on preventive medical supplies and establishment for isolation centres for COVID-19 at Southwest State Somalia.







6.0 TARGET LOCATIONS AND TARGET GROUPS

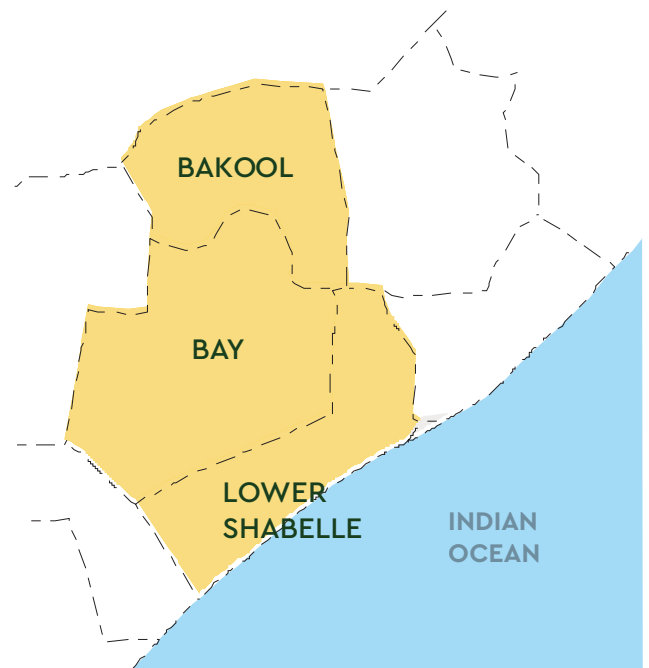
6.1 READO OPERATIONAL PRESCENCE

In response to the emerging needs, target locations include in Southwest State Somalia:

- Southwest State Somalia (Bay, Bakool and Lower Shabelle),
- IDPs Baidoa, Hudur and Afgoye Corridor.

6.2 TARGET GROUPS

-  Internally Displaced Persons (IDPs)
-  Orphans and Vulnerable children
-  At Risk women
-  Elderly



FRAMEWORK FOR PEOPLE IN NEED (PIN)

The following are the two different PIN under this response plan:

- Response continuity for people targeted in current HRP and modalities used to deliver response to them. For instance, some partners currently working in WASH and Health may be required to scale up the routine hygiene activities which they are already undertaking.
- COVID-19 specific response: Primary target is the especially for IDPs and host communities (who are in overcrowded locations) at in Southwest State who are at the risk of the virus. The response plan will specifically focus on 15-20% population who according to WHO may require additional COVID-19 related response in addition to the regular/ongoing humanitarian response.

7.0 KEY MAINSTREAMING ISSUES

7.1 PROTECTION

SWS Humanitarian Partners in Southwest in protection, all interventions will protection mainstreaming principles. It is important to ensure equal access to impartial assistance according to need and without discrimination. This includes identifying beneficiaries who may be reluctant to come forward for assistance because they are marginalized or fear marginalization due to the virus and preserving sensitive information on affected persons or communities. Sensitization messages should be shared with beneficiaries ahead of distributions in line with national guidelines, including advice for at-risk groups (elderly and persons with pre-existing health conditions) as well as confirmed / suspected cases not to come to the food or hygiene kits distribution sites. Alternative arrangements for distribution of assistance to those groups should be put in place

(e.g. alternative collectors). Existing mechanisms to support beneficiaries who are unable to transport their rations (e.g. community volunteers / porters) should continue, ensuring that general guidelines for reducing risk of transmission are observed (social distancing, hygiene etc.)

7.2 GENDER

Similar to protection, the approach will target vulnerable communities, and prioritize and will 60%. Gender sensitization training.



► Our staff training the community members on best handwashing practices for COVID-19 prevention.



► Our staff distributing hygiene kits before the COVID-19 pandemic started

8.0 SECTOR PROGRAMME PLANS

To address preparedness emergency response plan for COVID-19, This approach will enable households to build stronger, more resilient structures, therefore minimizing further loss in the future.

PROGRAM OUTCOME 1: Prepare and disseminate standardized and consistent preventing health messages specifically targeting at-risk groups- IDPs, Host Communities, returnee, healthcare workers and vulnerable populations in Southwest State Somalia.			
Total Beneficiaries: 410,145 People			
Total Budget for COVID-19: USD 6,135,000.00			
Project Output:	Target beneficiaries	Locations	Phase
Output 1.1 Improved and contain the virus, prevent further spread and avert community transmission of COVID-19 in way that burden on the health system is reduced by optimizing patient care and minimizing the impact on society.	IDPs, with a focus on women and children	Southwest State Somalia (Bay, Bakool and Lower Shabelle)	Emergency Phase (0-5 months) MARCH-JULY 2020
Activity 1: Facilitate multi-sectoral/partner coordination mechanisms to support preparedness and response.			
Activity 2: Conduct capacity assessment, risk analysis, and mapping of vulnerable populations on a periodic basis.			
Activity 3: Engage trusted community groups/networks (e.g. community/religious leaders, health workers, women / youth groups etc.) for risk communication awareness campaigns and community engagement activities			
Activity 4: Utilize two-way 'channels' for public information sharing, such as hotlines (text, talk), responsive social media, and radio shows as means to potentially detect and rapidly respond to and counter misinformation.			
Activity 5: Establish community engagement for social/behaviour change activities to ensure preventive hygiene practices.			
Activity 6: Establish an incident management team for event management including for rapid deployment of additional staff for strengthening acute public health measures.			
Activity 7: Prepare rapid health assessment/isolation facilities to manage ill passenger(s) and to safely transport them to designated health facilities.			
Activity 8: Train and equip rapid-response teams for field investigation and rumour verification			
Activity 9: Procure sample collection kits and other laboratory supplies and extraction kits for scale up testing.			
Activity 10: Develop and implement surge plans to manage increased demand for testing			
Activity 11: Establish isolation centres with appropriate infection prevention and control measures including facilities for critical care support, procure equipment for disinfectants, PPEs and other IPC materials for patient care support and Procure drugs and medical supplies for patient care.			
Activity 11: Ensure comprehensive medical, nutritional, and psycho-social care for those with COVID-19 and Evaluate implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, immunocompromised), and adjust guidance and/or address implementation gaps as necessary			
Activity 12: Individual health screening at the food or hygiene kits distribution sites with a supervised handwashing facility available			
Activity 13: Integrate COVID-19 messaging in during hygiene promotion			
Activity 14: Whenever possible, use of mobile money transfer for UCT to avoid gathering of people			
Activity 15: Allocate adequate areas for the elderly, pregnant and lactating women, people with disabilities and individuals with pre-existing/chronic underlying conditions after health screening / body temperature checks in order to prioritize distribution and minimize exposure. Beneficiaries who are pregnant and elderly should be prioritized.			

What will success look like?

Core indicators include:

of people receiving prevention communication messages(m/f).

of people receiving tests (m/f).

of people reached for treatment and isolations(m/f).

of emergency response team standby (m/f).

9.0 COVID-19 RESPONSE STRATEGY

Effective and coordinated clinical and public and private health services, as well as community engagement and mobilization, are key to an epidemic response. Primary health care and reproductive health is a significant public health issue, SWS Humanitarian Partners (UN, INGOs and NGOs) is working closely with the State Level Ministry of Health and State Level UN- coordinated response to the COVID-19 pandemic to ensure the accessibility and availability of health services. Collaboration and partnership with WHO in supporting the Ministry of Health Southwest State Somalia and relevant line ministries is key to ensuring that accurate information is provided to vulnerable communities including men, women, Girls and boys on infection precautions, potential risks and how to seek timely medical care. Also, Humanitarian Partners is working and implementing humanitarian interventions across the state level to ensure preventing measures on health care services are available for communities for the ensuring delivery modalities seeking to reduce infection risks. SWS Humanitarian Partners including UN, INGOs and NGOs are planned for preparedness emergency response plan and resource to the current epidemic prevention for COVID-19.



10.0 MONITORING AND EVALUATION

The strategy is accompanied by a robust Monitoring and Evaluation Framework, which will track progress against the key indicators and targets. For the preparedness and emergency response activities, a detailed framework will ensure that communities receiving key preventive information's regarding COVID-19. SWS humanitarian partners will adhere and alert COVID-19 Health Support collection of specimen, transportation and shipment from remote locations to the testing sites in accordance with the Standard Operating Procedure (SoP) standards for data protection, confidentiality and data sharing protocols, with regard to recording people. Anecdotal and empirical data will be triangulated between various sources to give a holistic picture of project results. Based on the findings.

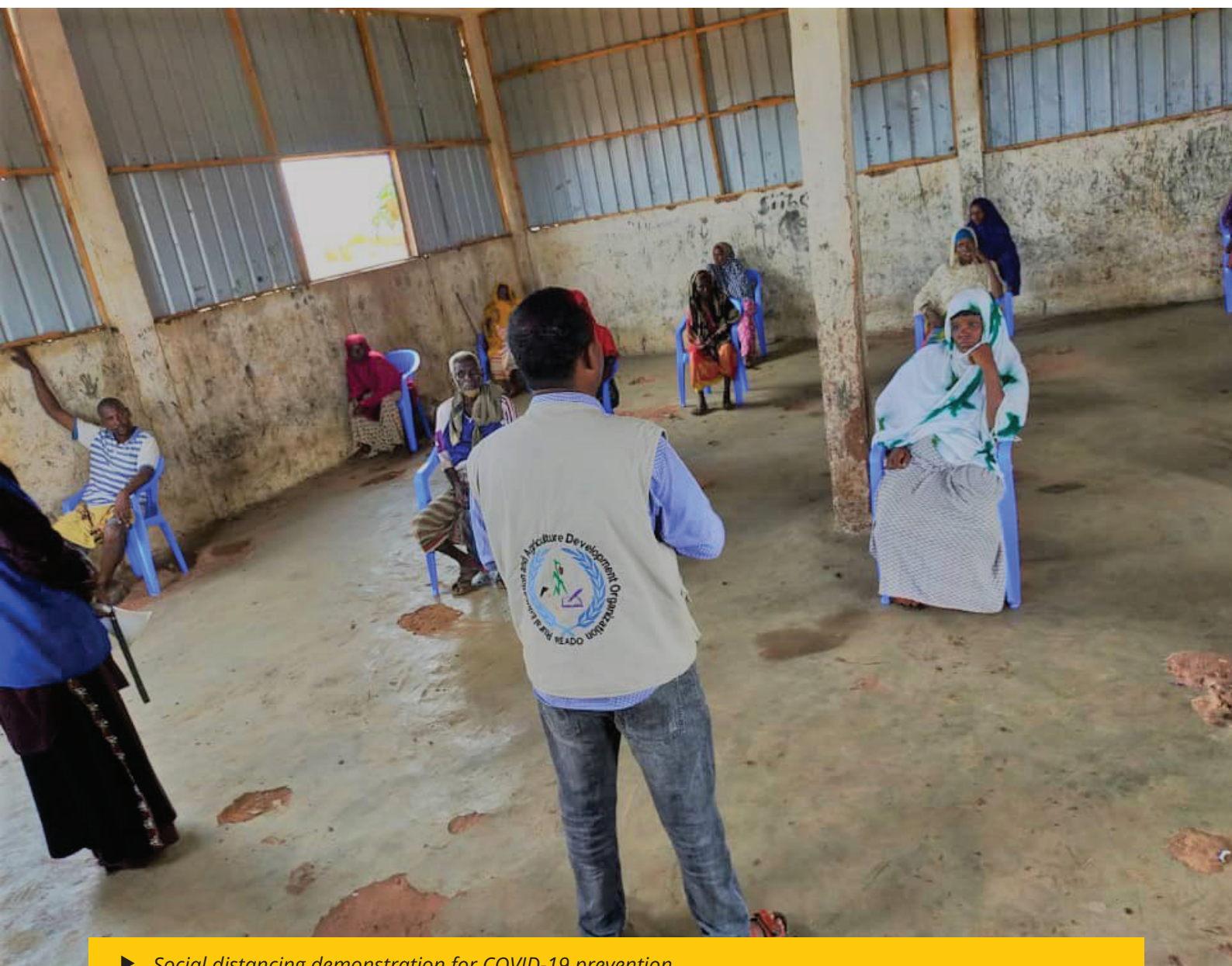
7. CO-ORDINATION AND PARTNERSHIPS

Inter-agency coordination group, as well as government coordination group, as well as cluster level coordination group.

- 1- IACG Coordination State level
- 2- Cluster Letter Coordination Group.
- 3- MOH-Coordination-

9. Operations and proposed delivery

Broad overview outlining proposed operational delivery of response strategy. Identify critical factors and possible risks and mitigation activities.



► Social distancing demonstration for COVID-19 prevention

11. WORKPLAN

COVID-19 Preparedness Emergency Response Plan-Southwest State Somalia.

#	Priority Areas	Description of Activities	Duration (March-July 2020)				Amount Required (USD)
			April	May	June	July	
1.	Prevention of Spread & Transmission of COVID-19 Southwest State Somalia.	Establish isolation areas for pregnant women / newly delivered mothers suspected to be COVID-19 in Southwest State Somalia.					3,550,000
		Procurement and distribution of Personal Protective Equipment (PPE), sanitizers, N95 masks, soap, gowns/goggles for health professionals.					
		Establish community-based surveillance system to detect alert report in communities					
		Train and deploy rapid response team for COVID-19 and assessment of health facilities and PoE for requirement for COVID-19 prevention and control.					
		Impact assessment of the pandemic on health and socioeconomic.					
		Capacity building for health care providers on COVID-19 prevention, mitigation and response					
		Individual health screening in target locations and at specific points and especially for newly arrived IDPs into camps.					

2	Communication and Risk on awareness campaigns (including debunking of myths, rumours and stigma) with a particular focus on vulnerable populations including IDPs, persons with disabilities and marginalized communities	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					350,000.00
		Joint Assessment INGO, NGOs and UN impact assessment on the socioeconomic and health impact of the pandemic.					
		Working with local influencers in the site community (such as community leaders, religious leaders, youth and women leaders, health workers, community volunteers) and local networks (women's groups, youth groups, traditional healers, etc.) training them and using them to sensitize the community.					
3.	Preparedness and Prevention mitigation, and response services to vulnerable women and girls with a particular focus on vulnerable populations including IDPs, persons with disabilities and marginalized communities	Integrate COVID-19 messaging during hygiene promotion activities					2,235,000
		Risk mapping to identify the area's most at risk: areas where people are living in particularly overcrowded conditions, with higher densities, with less space for expansion, more in contact with population at risk or with higher proportion of vulnerable population.					
		Procure and provide 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 women and girls in the women and girls' safe spaces					
		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					
		Support the develop animated awareness messages including videos and radio shows of COVID-19 and related vulnerabilities including increased domestic violence					
		Develop communication plan for community engagement and risk communications for COVID-19 and develop key messages for special population groups in all areas as well as conducting community sensitization sessions using available channels for communication.					
Total							6,135,000



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