

Somalia COVID Contingency Plan

1.0 Response objectives

There are over 2,000 recorded IDP sites hosting 2.6 m displaced people across Somalia. People displaced to these informal sites are living in precarious conditions. The sites are overcrowded, lack dignified living conditions and enough access to basic services. An estimated 360,000 people in IDP sites are persons with various disabilities, 48 percent are women while five percent are elderly. Approximately 85 percent of the sites are informal settlements on private land and about 74 percent of them are in urban areas. Over 70 percent of IDPs in informal sites lack access to information about their rights and available services including health making them vulnerable to various humanitarian crisis and disease outbreak such the recent COVID-19 pandemic.

CCCM objective is to ensure that the displaced population already affected by climatic shocks and insecurity are aware of the COVID-19 outbreak and exercise cluster advised preventive measures. The cluster will also enhance coordination with local authorities, humanitarian actors and key service providers such as health and WASH to ensure IDPs, who may face difficulties in accessing health services, are included in the planning and response for the potential COVID-19 outbreak in the sites and settlements. This document also guides cluster partners on the continuity of the CCCM interventions using the remote management in line with the cluster objectives i.e. 1) Strengthen safe access to multi sectorial services at site level through improved site management and coordination; 2) Improve living conditions of displaced people through site development, care and maintenance; and 3) Strengthen community self-management and access to information for displaced populations and coordination in the face of the novel virus in the IDP sites.

2.0 Planning Scenarios

As of 18 March, there is one confirmed case of COVID-19 in Somalia but there were either imported cases or local transmission in 25 countries in Africa. The planning assumptions being followed by agencies while developing response plan are:

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

Scenario 2: Somalia is experiencing cases that in time, geographic location and/or common exposure (cluster of cases)

Scenario 3: Somalia is experiencing larger outbreaks of community transmission

3.0 Framework for PIN

Current Response: CCCM has eight active partners implementing projects in urban areas of 21 districts with highest number of displacements across the country. CCCM activities contribute to the overall improvement of living conditions for displaced people in IDP sites with a specific focus on most vulnerable populations. CCCM partners' activities include coordination and information management, improving and maintaining sites to prevent protection concerns, working with committees to improve communications with communities, community self-management service provision and monitoring of IDP settlements across Somalia.

Scaling up its response preparedness activities in districts with strong CCCM presence, the cluster has provided a guidance document to the partners highlighting COVID-19 preparedness messages and materials ensuring to prevent the spread of the virus to the IDP sites. As a result, partners have increased site monitoring and awareness activities in close coordination with local authorities and the humanitarian community at districts level ensuring the information reaches to the most vulnerable populations in the sites and settlements supported by the cluster partners. CCCM partners currently providing information on the COVID-19 outbreak to displaced people living in IDP sites of 21 districts. Under this plan the cluster will target additional six districts with large number of sites and IDPs. Funds will be required by the cluster to expand the information, awareness, referral pathways and remote management to support IDP vulnerable to COVID-19.

4.0 Anticipated needs of affected communities

Somalia IDP sites remain ostensibly vulnerable to the COVID-19 pandemic due to a litany of factors including, substandard WASH infrastructure, incongruous access to medical services, highly dense with inadequate hygienic living conditions and increased marginalized treatment of members of this population. Therefore, a robust multi-sectoral emphasis on prevention and response will be required in sites with focus on both hard-to-reach areas and highly urbanized and dense IDP centers. CCCM partners anticipate that there is an urgent need for relaying key messages about COVID-19 to affected communities. This activity currently falls under the HRP cluster strategic indicator of 'Strengthening community self-management and access to information for displaced populations.

Furthermore, there is a pressing need to better prepare Camp Management Committees (CMC) and community mobilizers with the capacities, resources and tools to implement essential CCCM activities such as community self-management, site monitoring and sharing information with the IDP community. CCCM is already working with key cluster such as WASH and health on the preventive measures in sites and will further strengthen coordination ensuring equitable delivery of services to displaced during the COVID-19 prevention and response phases.

5.0 Planning risks and operational constraints

There are numerous operational and planning risks that are posed with the COVID-19 pandemic. As is the case for many sectors, CCCM partners are dependent on field activities that require direct interaction with displaced populations. CCCM partners may need to provide essential CCCM activities at the site-level with a greater emphasis on remote management through committees and focal points that are part of the site's community. This is a process that CCCM partners are currently exploring with partners either currently implementing similar methods of CCCM or aware of how to adequately switch to this method based on past experience. Provided availability of more funds, the CCCM Cluster is confident that through regional contingency plans partners will be able to deliver key CCCM activities under both scenario two and three such as monitoring, mapping and referring IDPs to services at site-level, remote engagement with community and authorities to prevent site eviction, outreach information sharing and CwCs, complaints feedback mechanism via mobile phones, and site-level coordination.

6.0 Summary of planned activities

The cluster will focus on strengthening the capacities of the Camp Management Committees (CMCs) on the management of the sites and provide with resources to coordinate key CCCM activities such service monitoring, identifying gaps and referrals, mapping of key services in the settlement. The cluster will also coordinate with WASH and health partners to train the CMCs and outreach volunteer on the COVID-19. The trained community leaders and outreach volunteer will be mobilized to continue awareness raising to prevent the spread of COVID-19 in their sites. Coordination will also be enhanced with service provider and authorities ensuring the reported concerns link to COVID-19 from the sites are addressed. In scenario where the CCCM partners are unable to access sites due to the outbreak of COVID-19, the remote mechanism will be activated, and all site coordination related matters will be implemented through CMCs and outreach workers in the sites and settlements.

7.0 Cross-cutting issues and specific vulnerabilities

Supporting people with special needs, elderly and individuals with specific vulnerabilities to COVID-19 remain a critical caseload that will require a cross-cutting response from various stakeholders. This will involve WASH and Health collaborating with sectors like CCCM on specific messaging for the general population, but more importantly, messaging to particularly vulnerable populations within sites. CCCM partners have the expertise of coordinating such targeted messaging campaigns through providing vital data about vulnerable household data in the coordination hubs. Moreover, CCCM site maintenance activities which has been streamlined as a core CCCM activity shall continue in scenario two in close coordination at the site-level with WASH partners. Enhancing hygiene conditions at the site-level will be pivotal in limiting COVID-19 exposure.

Therefore, collaborating on vital WASH rehabilitation and maintenance work with CCCM site maintenance committees can be utilized as a cross-cutting activity that can further mitigate the spread of COVID-19 at the site-level.

8.0 Coordination

9.0 Cluster/Sector Summaries

- Planning Assumptions

Access is rendered due to the spread of COVID-19 with mass contagion of the virus in IDP sites.

- High risk areas

Densely populated IDP sites in the regions of Banadir, Bay, Lower Juba, Gedo, Hiran, Bari, Mudug, Nugaal, Woqooyi Galbeed, Togdheer, Sool and Sanaag.

- People Affected-People Targeted

The cluster will target 550,000 IDPs for COVID related CCCM preparedness, support and response in the district with large number of overcrowded sites.

- Cluster Priorities

Under the aforementioned scenarios, the CCCM Cluster would prioritize service and site monitoring at the site-level, scaling up information sharing campaigns related to COVID-19 and other sector responses, updating and broadcasting referral pathways at site-level, continuation of site-level coordination among all stakeholders, and managing complaints feedback mechanisms remotely.

- Modes of delivering humanitarian assistance (in case of outbreak)

Remote management of CCCM activities through partners staff, community mobilizers, CMC members and local authorities at districts level.

- Options for filling the gap (sourcing stocks/reprogramming funds/ from where)

CCCM Cluster have eight active partners with funds from SHF and bilateral donors for implementation of the cluster activities in the sites. Partners have reprogrammed some of their activities and increased site monitoring, dissemination of COVID-19 awareness messages and protective measures, enhanced coordination with WASH and Health, communication with communities (CwCs) on the importance of social distancing and preparing community self-governing bodies on filling the gaps in case partners suspend visits to the site-level under scenario 3 of this plan. However, funds are required by the cluster to expand the information, awareness, response, preparedness, referral pathways and remote management supporting IDP sites vulnerable to COVID-19.

Cluster	Activities	Population Group	Target	Funding Situation (US \$)		
				Required	Secured	Gap
CCCM	<p>Scenario 2: Somalia is experiencing cases that in time, geographic location and/or common.</p> <p>Planned Activities:</p> <ul style="list-style-type: none"> ○ Strengthen capacities and provision of materials to better prepare CMCs on management of sites. Topics of the trainings will include chairing site coordination meetings, records of complaints, identification of gaps and referrals, community mechanisms to address population concerns if agencies cannot visit the sites; ○ Coordinate with health partners to build capacities of the CMCs and monitoring teams on COVID-19; 	Displaced populations living in camps or camp-like settings	550,000	1.5M	0	1.5M

	<ul style="list-style-type: none"> ○ Regular awareness sessions with CMCs and outreach workers on COVID-19. ○ Mobilized trained community leaders to continue awareness raising in their sites; ○ Coordinate with WHO, Ministry of Health, local authorities to map the referral systems; ○ Provide solar chargers to site management Committees to ensure that their phones are charged for better coordination with CCCM sub-national cluster, authorities and service providers; ○ Assess IDPs and sites in coordination with protection and other service providers that are at higher risks (ref. CCCM COVID-19 guidance); ○ Mapping of key services i.e. WASH, health facilities and report existing gaps including water, latrines, handwashing facilities, soap, health facilities/mobile clinic and follow-up/advocate for the services provision in the sites; ○ Establish and share urgent referral pathway for emergency services with CMCs; ○ Use community centers as base for the complaint and feedback mechanism to provide information on COVID-19 to the displaced population; ○ Coordinate and engage with community, landowner, HLP and advocate with authorities to prevent site eviction; 					
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	<ul style="list-style-type: none"> ○ Creation of simplified service monitoring checklist for CMCs; ○ Update contact list of partners providing support to IDPs in sites and provide to site management committees; ○ Print of IEC material/creation of additional material and standard messages ○ Conduct COVID-19 risks assessment and develop preparedness and response plan for the sites; 					
	<p>Scenario 3: Somalia is experiencing larger outbreaks of community transmission.</p> <p>Planned Activities:</p> <ul style="list-style-type: none"> ○ Activate the remote management mechanism for site coordination through CMCs and outreach workers; ○ Support CMCs and outreach workers with airtime/mobile money to facilitate them coordinate with the cluster, authorities and service providers; ○ The national and sub-national team to coordinate CCCM matters remotely with key clusters and local authorities through mobile phones; ○ Share weekly reports by the national cluster concerning COVID-19 and other protection risks face by IDPs with various stakeholders for their information and interventions; 					

	<ul style="list-style-type: none"> ○ Provide a simplified tool and delegated site service monitoring activities to CMCs to collect the data and communicate to the CCCM team; ○ Awareness activities via use megaphones focused on COVID-19 preparedness and response will continue through outreach volunteers. The CCCM team will daily communicate with outreach volunteer and update them on new information and messages for sharing with the community. In the absence of the outreach workers the activity will be continued by CMCs; ○ Site coordination activities, CFM will continue through mobile phones, emails and other forms of communications; ○ Update CCCM partners functional hotline contacts and share with CMCs; ○ Hold CCCM coordination meetings using electronic means and ensuring the reported concerns from the sites are shared with service providers for information and follow-up; ○ Coordinate and engage with community, landowner, HLP and advocate with authorities to prevent site eviction; ○ Update service mapping and contact list of the partners providing assistance to IDPs. 					
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