

Ministry of Health & Human Services

Federal Government of Somalia

March-June 2020



**National contingency plan for preparedness and
response to the coronavirus disease 2019**

(COVID-19)

Somalia

Foreword

The Federal Ministry of Health Somalia has the mandate to protect the people of Somalia from epidemic prone diseases according to the International Health Regulations 2005 (IHR 2005). Through the Universal Health Coverage strategy, FMOH also strives to provide equitable and cost-effective health services to all population groups within the borders of Somalia by putting in place measures that contribute to the reduction of morbidity and mortality attributed to epidemic prone diseases.

Somalia has experienced multiple hazards throughout the past two decades that have led to weakening of the health systems in all districts of the country. The hazards have also contributed to the displacement of over 2 million people to IDP camps where access to health services is a challenge.

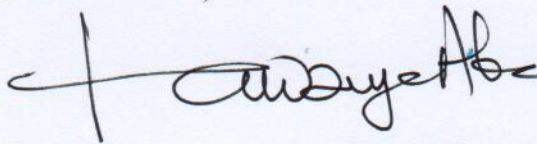
The newly confirmed Corona Virus that was identified in China in December 2019 also possess significant health risks to the people of the whole world especially Somalia. The risk assessment done by WHO shows that the risk of importation of COVID-19 to Somalia is high due to the connecting flights between different points of entry in Somalia and neighbouring countries. The risk is further amplified by the students and traders from Somalia who conduct their studies and business respectively in China.

This contingency plan for the preparedness and response to COVID-19 in Somalia is based on the findings of the risk assessment in addition to the advice of WHO in which countries are required to strengthen measures aimed at early detection, confirmation and control of new cases of the corona virus.

The Federal Ministry of Health and its support partners have put in place measures that will ensure that that new cases of COVID-19 are detected, prevented and controlled through a multisectorial approach using different strategies as recommended by WHO. These measures include early detection, Infection Prevention and Control, case management and community sensitisation and education.

The inter-agency and multisectorial committee established by the government will provide leadership and coordination towards the implementation of this contingency plan in Somalia. I therefore call upon all partners to support the FMOH in implemented the activities as outlined in this plan in order to keep the population safe from COVID-19.

Her Excellency Fawziya Abikar Nur
Minster of Health and Human Services
Federal Government of Somalia



Mogadishu, 5th March 2020

Acknowledgement

The National contingency Plan for the preparedness and response to COVID-19 in Somalia has been developed by the technical working groups of the Federal Ministry of Health and Human Services with support from WHO and other agencies. This plan includes priority activities for different states of the Somali Federal government.

The Ministry of Health and Human Services acknowledges the contribution of different government ministries, UN agencies and all actors in the health sector who have contributed immensely to the development of this plan.

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Executive Summary

In December 2019, WHO was informed of the outbreak of the Novel Corona Virus among population groups in Wuhan province of the people republic of China. According to WHO report as of 23rd February 2020 a total of 78,811 cases including 2,462 deaths have been reported in China and 28 other countries in the world.

The COVID-19 virus is new and a lot about the disease is still unknown however cases present with fever, cough and difficulties in breathing. Human to human transmission is through droplet particles from infected individuals. The animal reservoir for the virus is still unknown. WHO and its partners are conducting research aimed at understanding the epidemiology and clinical manifestations of this new virus.

According to WHO risk assessment report, the risk of spread of this virus is very high in China and high globally and the region. On 30th January 2020, WHO declared COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) and advised all country to establish measures aimed at early detection, confirmation, prevention and control of this diseases to interrupt the chain of transmission. It is against this back ground that FMOH with support from health partners developed a national contingency plan for the preparedness and response to COVID-19 in Somalia

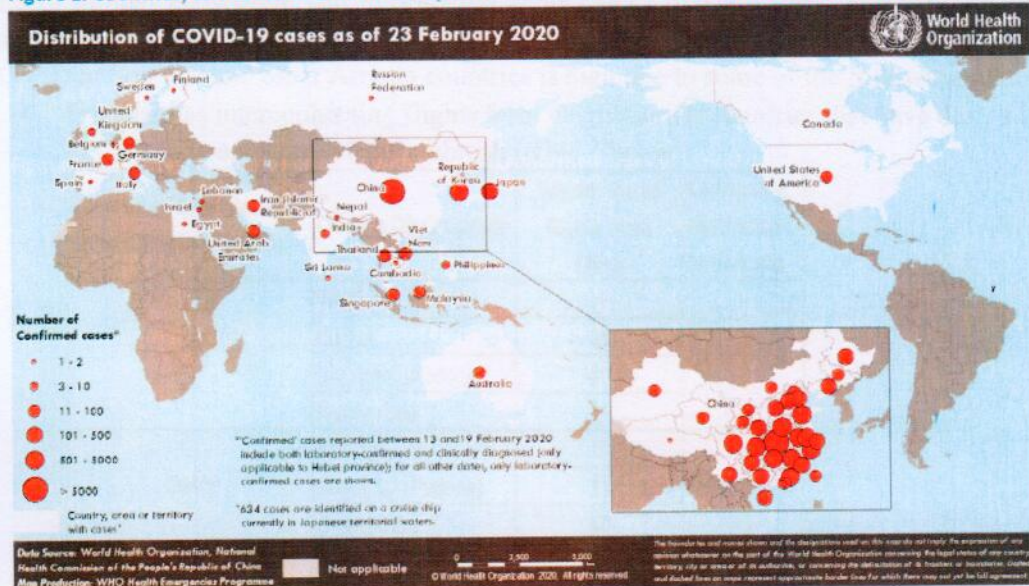
This plan has been developed based on the risk assessment findings, know epidemiological information and control measures in addition to the existing capacities for epidemic preparedness and response in Somalia. This initial plan has been developed to cover a period of March to June 2020 and will be reviewed in due course as advised by WHO based on the new evidence obtained through different research findings.

Health partners, UN agencies and government ministries are requested to contribute to the implementation of this plan. This will enable the FMOH fulfil its mandate of providing equitable and affordable health care services to all people of Somalia and contribute to reduction in avoidable morbidity and mortality attributed to epidemic prone diseases in Somalia.

1.0 Background

The novel coronavirus disease (COVID-19) outbreak that was first detected in Wuhan province of China in 2019 has so far spread to 28 countries in the world with the exception of Africa and South America. According to the situation report of 23rd February 2020, a total of 78,811 cases including 2,462 deaths have been reported globally with over 90% of the cases reported in China (see figure 1 below).

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 23 February 2020



*The situation report includes information provided by national authorities: as of 10 AM Central European Time

WHO conducted a risk assessment and classified the risk of spread of COVID-19 as very high in China and high globally and the region due to the large number of direct connecting flights from different countries in China. Following the repeated spread of COVID-19 cases in China, WHO declared the COVID-19 outbreak a public Health Emergency of International Concern (PHEOC) and advised all countries to step up preparedness and response measures in order to contain this outbreak and interrupt transmission. In line with this declaration and the need to implement the International Health regulations 2005 (IHR-2005) requirements, MoH and its partners established a multisectoral committee to coordinate the implementation of response activities. In addition, health workers were deployed at airports in Mogadishu, Garowe, Hargeisa and Hargeisa to screen in coming travellers to Somalia as per WHO standard protocols.

COVID-19 is a new virus classified in under corona viruses similar to Middle East Respiratory Syndrome (MERS-CoV) and Influenza virus that presents with fever, cough and difficulty in breathing. The virus is transmitted from person to person through droplets. Little is known about the epidemiology and natural host of this novel virus. However transmission of the virus is done through implementing standard Infection Prevention and Control (IPC) protocols including hand washing with soap or alcohol hand gel in addition to application of face masks in special population groups.

Somalia is characterised by a complex humanitarian situation of protracted war and repeated hazards in most of the states. The combination of these hazards has contributed to displacement of over 2 million people and weakening of the health system. According to the SARA report of

2016, over 60% of the population does not have access to health services with only 0.7 persons per 100,000 people with access to health care. The report further noted that the number of health workers in different parts of the country is only 2 per 100,000 populations compared to global standard of 25 per 100,000. Less than 20% of the health facilities have the required equipment and medical supplies to manage cases of epidemic prone diseases. There are also limited isolation facilities for the management of cases

1.1 Risk factors for COVID-19 in Somalia

Due to limited knowledge and information about the COVID-19 virus, the risk factors for Somalia may be under estimated. However, the WHO risk classification shows that the risk for COVID in Somalia and other African countries is high due to some of the following reasons;

- Somalia has interconnecting flights from neighbouring countries that have daily flights to China the epicentre of the outbreak (table 1 below)

Connecting Countries with direct flights to Somalia	Chinese City of Origin	Weekly No of flights from China	Connecting destination to Somalia
UAE	Wuhan	4	Hargeisa
	Beijing	28	
	Shanghai (Pudong)	30	
	Guangzhou	21	
Qatar	Beijing	7	Mogadishu
	Shanghai (Pudong)	11	
	Guangzhou	10	
Turkey	Wuhan	7	Mogadishu
	Beijing	7	
	Shanghai (Pudong)	7	
	Guangzhou	7	
	56 other cities	7	
Kenya	Guangzhou	7	Mogadishu
			Hargeisa
Ethiopia	Beijing	7	Mogadishu Hargeisa Garowe
	Guangzhou	7	
	Chengdu	4	
	Chongqing	4	
	Shenzen	4	
	Zhenzhou	4	

- The unspecified number of Somali students studying in different institutions in Somalia may also import cases upon return from studies. This is in addition to unspecified number of Somali business men and those living in China.
- The social cultural practices of shaking hands, poor hand washing practices and caring for the sick among the Somalis may amplify the spread of the epidemic once confirmed inside Somalia
- The weak health system that has been negatively affected by protracted conflict may not be in position to cope with the demands of COVID-19 response which may further aggravate the spread of infections.

2.0 Goal and objectives

2.1 Goal

Somalia that is free from COVID-19 outbreak

2.2 General Objective

To support early detection, prevention and control of COVID-19 to contribute to the reduction in morbidity and mortality associated with COVID-19 outbreaks in Somalia.

2.2.1 Specific objectives

The Specific objectives of this plan include;

- To enhance coordination and leadership for the preparedness and response to COVID-19 outbreak
- To enhance national capacity to promptly detect cases and institute response activities
- Limit human to human transmission of COVID-19 cases through implementation of standard Infection Prevention and control practices
- To provide timely information and key messages to the general public about COVID-19 prevention and control interventions at community level

3.0 Planning assumptions and considerations

By the time of development of this plan, there was no confirmed cases of COVID-19 in Somalia and Africa as a continent. However, due to improvement of international travel in and outside Somalia to countries that have direct flights to China increases the likelihood of importation of COVID-19 cases. Therefore the following assumptions will be considered while developing this plan;

- A case of COVID-19 may be confirmed at one of the entry points in Somalia and the case is isolated quickly and control measures put in place.
- The case is not detected at any points of entry but rather from the community or health facility where active transmission of COVID-19 may have occurred in the community
- At best, no suspected COVID-19 case is detected in Somalia.

4.0 Capacity assessment

The IHR 2005 to which Somalia is a signatory mandates member states to implement health activities aimed at protecting populations from health emergencies including epidemics and pandemics. In order to estimate the level of preparedness and response to COVID-19 in Somalia, an assessment tool was adopted from WHO and applied to the Somalia context. Health workers and officials from MoH were interviewed and provided answers using a standardised questionnaire about different pillars relevant to COVID-19 response at national and subnational level. The assessment was done to identify strengths, weaknesses, Opportunities and Threats (SWOT) that may affect the response to COVID-19 in line with IHR requirements. Below is the summary of the capacities available in Somalia;

4.1 Coordination, leadership and advocacy

Following the declaration of COVID-19 as a PHEIC by WHO on 30th January 2020, Federal Ministry of Health in Mogadishu as well as state based MoH in Puntland and Somalia established a multi-sectoral task force whose role was to coordinate the implementation of response activities in the country. Partners were requested to support different response activities based on their capacities. The Incident Management systems in Mogadishu, Garowe

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and Hargeisa was activated and met regularly to share the latest information on the likely spread and potential impact of OCIVD19 in Somalia and the world.

4.2 Disease surveillance and response activities

Somalia has established an Early Warning Alert and Response Network (EWARN) in over 500 sentinel facilities in all states. EWARN system is used to report alert of epidemic prone diseases (14 health events) in all districts on a weekly basis. The average timeliness and completeness of reporting from these sites is 70% and 80% respectively. Over 200 alerts are reported weekly. Verification of these alerts is implemented by the district based Rapid Response Teams supported by the District Polio teams, WHO supported public health officers and Ministry of Health surveillance officers. Timely submission of reports is negatively affected by poor internet penetration, high staff turnover and remoteness.

Radio Ergo that is managed by AMISOM also provided regular feedback from the communities notifying of disease alerts to which the district based teams conduct investigation and feedback provided through the same channels.

4.3 Laboratory capacity

The 3 laboratories each located in Mogadishu, Hargeisa, Bossasso and Garowe have varying levels of capacity to diagnose epidemic prone diseases. All the 4 labs have capacity to diagnose epidemic prone disease as reported in EWARN with the National Public Health Lab located in Mogadishu the most advanced. Using the Polio surveillance network, biological samples are collected from sentinel sites and shipped to the reference labs. The samples are also shipped to KEMRI lab in Kenya and other regional reference labs for advanced studies.

4.4 Case management and psychosocial support

COVID-19 cases are highly contagious and therefore require special isolation and treatment facilities for the confirmed cases. In Mogadishu, isolation ward has identified in Martino hospital while the same has been done in Garowe hospital in Puntland and Hargeisa Group Hospital in Somaliland. These Isolation facilities have limited capacity to manage the cases of COVID-19 as required by WHO standards.

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4.5 Points of entry

Somalia has 23 (see map) officially designated Points of Entry (PoE) both inland and air. At the 4 major airports in Mogadisho, Garowe, Bosaso and Hargeisa, MoH has deployed health workers that are screening all travellers coming in Somalia upon arrival. These four airports have also established isolation rooms to manage the suspected cases in the event they are identified. At Garowe airport, an ambulance has been identified and positioned to transfer suspected cases from the airport to the isolation facility in Garowe hospital. The same mechanism is yet to be established in Mogadishu and Hargeisa. There is no update on screening of travellers in Kismayo, Baidoa and Galkayo airports.



4.6 Risk communication

Key messages for COVID-19 prevention and control for communities and health workers have been standardised and translated into Somali language. These messages are only awaiting printing and dissemination. Government officials and WHO staff have provide updated information to all UN staff and the general public in Somalia. Advisories for travellers have also been circulated through different media outlets in Somalia.

5.0 Preparedness phase- Priority activities

The following activities will be implemented by MoH and different partners in Somalia;

5.1 Coordination and leadership

Under the leadership of the IHR FP for Somalia, the multisectoral committees and subtasks that were formed at national and sub national level will implement he following activities;

- Conduct coordination meetings weekly among key stakeholders to provide updates on the COVID-19 situation in the world ad progress of implementation of key activities
- To develop and update the national COVID-19 preparedness and response plan for Somalia in consultation with stakeholders
- To mobilise resources for the implementation of response activities for COVID-19 prevention and control at all levels
- To ensure that required stock for COVID-19 are available in country and preposition in all strategic points of response including health facilities and designated PoEs.
- To conduct a needs assessment for all the requirements for preparedness and response to COVID-19 cases in Somalia.
- To develop a training and deployment plan for health workers to support COVID-19 response

- In collaboration with partners, to conduct continuous risk assessment for COVID-19 risks at national and subnational level
- Designate a spokesperson who will provide feedback to all partners and the general public about the COVID-19 situation in the world
- Monitor and evaluate the implementation of planned activities as per the contingency plans developed
- Establish a 24/7 toll free line for the collection of alerts from the general public

5.2 Disease surveillance and laboratory capacity

- To customise and translate standard disease surveillance tool for COVID 19 to support early detection of cases
- To collect, analyse and disseminate epidemiological information about COVID-19 and related diseases in Somalia
- Establish a mechanism for collecting and verifying (responding to) alerts from the health facilities and the communities
- Follow up the contacts of suspected COVID-19 cases for the mandatory 14 days as stipulated in WHO SoPs
- Support the collection, packaging and shipment of COVID-19 samples from suspected cases to reference laboratories in the region using WHO SoPs.

5.3 Case management and psychosocial support

- To adopt (review, update and translate) WHO standard treatment protocols for COVID-19 to the Somalia context
- To ensure that the confirmed cases of COVID-19 are managed and treated as per standard protocols
- To provide psychosocial support to suspected cases of COVID-19 including psychosocial support to their families

5.4 Infection prevention and control

IPC is aimed at ensuring that human to human transmission of COVID-19 is minimised as well as vertical transmission from patients to health workers. The IPC technical working group will ensure the following activities are implemented;

- Ensure that IP protocols are implemented in all health facilities and PoE in Somalia
- Adopt, review, translate WHO standard IPC protocols for COVID-19 response
- Monitor and supervise the use of standard PPE among all health workers working on COVID-19 cases
- Advise the coordination and leadership/incident manager on the requirements for the implementation of IPC protocols in all health facilities in Somalia.

5.5 Risk communication

Educating the public on COVID-19 prevention is one of the key strategies that is useful to limit human to human transmission. This working group will therefore conduct the following activities,

- Develop a communication strategy for community engagement and risk communication in Somalia
- Review, update and translate key preventive messages and share them with the public using available channels of communication

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- Establish a mechanism to collect rumours and myths for COVID-19 from the communities and establish a feedback mechanism for the communities affected by COVID-19.

5.6 Points of entry (PoE)

In case of a COVID-19 cases coming to Somalia, this case will most likely use one of the designated crossing points. Under the International Health Regulations (IHR 2005) ports of entry must ensure that all travellers and goods coming in the country comply with health safety requirements to contain the spread of diseases across borders. The Port authorities will therefore ensure that the following activities are implemented;

- In collaboration with MOH, ensure that all travellers coming to Somalia are screened upon arrival for COVID-19 and other epidemic prone diseases
- Ensure that all travellers are educated and sensitized with key messages for the control and prevention of COVID-19
- Isolate any suspect case and notify the health authorities in case a suspected case of COVID-19 is detected.

6.0 Response Phase-activities

Response to COVID-19 in Somalia will be triggered once one case of COVID-19 is confirmed in Somalia. For the purpose of this plan, the following case definitions will be applied

Suspect case

- A. Patient with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in China during the 14 days prior to symptom onset
- B. Patient with any acute respiratory illness AND at least one of the following during the 14 days prior to symptom onset:
 - a) contact with a confirmed or probable case of 2019-nCoV infection, or
 - b) worked in or attended a health care facility where patients with confirmed or probable 2019-nCoV acute respiratory disease patients were being treated.

Probable case:

A suspect case for whom testing for 2019-nCoV is inconclusive or for whom testing was positive on a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens

Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms

Definition of contact

A contact is a person involved in any of the following:

- Providing direct care for 2019-nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment of a 2019-nCoV patient.

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- Working together in close proximity or sharing the same classroom environment with a 2019-nCoV patient

- Traveling together with a 2019-nCoV patient in any kind of conveyance - Living in the same household as a 2019-nCoV patient within a 14-day period after the onset of symptoms in the case under consideration.

Upon confirmation of a COVID-19 case the following activities will be implemented;

- The IHR FP will notify WHO about the details of the case including available epidemiological information and travel history of the case
- The FMOH will officially declare the outbreak and relevant government agencies and partners will be informed accordingly
- The incident management system in FMOH will be activated to coordinate the implementation of response activities in collaboration with each technical working group
- Under the leadership of case management TWG; management and treatment of the case will be done in accordance with the SOPs of COVID-19 case management developed by WHO
- Under the leadership of EPI/surveillance working group, all contacts of the case will be identified and followed up for a period of 14 days. In the event that any contact develops signs and symptoms of COVID-19, the case will be classified as probable and standard protocols will be followed.
- Periodic situation reports containing epidemiological information about the cases and contacts as well as response activities implemented will be prepared and disseminated to all partners.
- The outbreak may be declared over by FMOH under the following circumstances
 - The confirmed case has fully recovered or died and no other new case is reported
 - All contacts have completed the designated 14 days of follow up with no new cases reported in due course

7.0 Recovery and resilience phase

Once the outbreak has been declared over, the health system will implement all health activities as was the case before the outbreak was declared. However, enhanced surveillance including screening of travellers arriving in Somalia will be maintained until no new case of COVID-19 is reported from any country in the world.

8.0 Implementation strategies

The contingency plan for COVID-19 has been developed with inputs from different government agencies under the leadership of FMOH supported by WHO and health cluster partners. In order to achieve the set objectives for this contingency plan, the following strategies will be adopted;

- The Federal Ministry of Health at national and subnational level will provide overall leadership and coordination during the implementation of this plan
- A multi-sectoral and one health all hazard approach will also be used during the implementation of this plan

- This contingency plan is aligned to the National Action Plan for Health Security for Somalia, National development Plan and Universal Health Coverage strategy for Somalia
- An integrated approach will be adopted to avoid duplication of response activities by different partners
- All activities to be implemented will be based on evidence generated from countries with active transmission of COVID-19.

9.0 Priority tasks

This contingency plan contains activities necessary to implement full scale national emergency preparedness and response to COVID-19, however, certain tasks are more pressing currently than other while others are more general and govern implementation of all public health emergency program. Following are the priority of all priorities:

9.1. List of Priority Tasks

SN	Activity	Time-2020				Budget (USD)
		Mar	April	May	June	
1.	Establish and equip isolation facilities in selected health facilities in Mogadishu, Hargeisa, Garowe, Barbera, Kismayo and Bosaso	X	X	X	X	1,500,000
2.	Activate Incident Management System for COVID19 preparedness and Response in Somalia including establishing of EOCs in Mogadishu, Garowe and Hargeisa	X				900,000
3.	Conduct training of health workers for COVID19 preparedness and Response in Somalia	X	X	X	X	200,000
4.	Mobilisation of resources to support response activities for COVID 19 at national and subnational level	X	X	X	X	100,000
5.	Quantification, procurement and distribution of medical supplies and COVID19 kits for selected health facilities and PoE	X	X	X	X	1,500,000
	TOTAL					4,200,000

10.0 Resource mobilisation and financing

This contingency plan will be financed by the Federal Ministry of Health with support from donors and different partners. Government will officially declare an outbreak in case a case of COVID is confirmed and call upon partners to support this plan. The private and business sector will also be included as part of financing mechanisms for this plan.

11.0 Monitoring and evaluation

In order to monitor the progress of implementation of activities as well as measure performance in different pillars, the TWGs will conduct baseline assessments in the strategic areas and come up with performance indicators that will be adopted as the M&E framework for this plan.

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12.0 Annexes

12.1 Budget for contingency plan

SN	Activity	Time-2020				Budget (USD)
		Mar	April	May	June	
1-Enhance coordination and leadership for COVID19 preparedness and response in Somalia						
1.1	Activate Incident Management System for COVID19 preparedness and Response in Somalia including establishing of EOCs in Mogadishu, Garowe and Hargeisa	X				900,000
1.2	Conduct risk assessment (Including capacity needs assessment) for COVID19 in Somalia	X				50,000
1.3	Develop and update the national and subnational preparedness and response plans for COVID 19	X				20,000
1.4	Establish multisectoral preparedness and response committee for COVID19 at national and subnational level	X				50,000
1.5	Convene regular stakeholders meeting for COVID updates in Somalia and beyond	X	X	X	X	50,000
1.6	Conduct capacity assessment for all points of entry in Somalia for COVID19 screening	X				100,000
1.7	Conduct monitoring and supervision visits for screening of travellers at all points of entry	X	X	X	X	50,000
1.8	Develop a training plan for all health workers for surveillance, laboratory, risk communication, PoEs and Infection Prevention and Control (IPC)	X				50,000
1.9	Review, update and distribute guidelines for surveillance, sample collection, risk communication and IPC activities	X	X	X	X	100,000
1.10	Conduct training of health workers for COVID19 preparedness and Response in Somalia	X	X	X	X	200,000
1.11	Mobilisation of resources to support response activities for COVID 19 at national and subnational level	X	X	X	X	100,000
1.12	Quantification, procurement and distribution of medical supplies and COVID19 kits for selected health facilities and PoE	X	X	X	X	1,500,000
1.13	Facilitate emergency operations by purchasing vehicles for transportation of emergency staff, samples and contact tracing	X				100,000
Sub total						3,270,000
2-Enhance Early detection for suspected cases of COVID-19 in Somalia						
2.1	Establish screening mechanisms for all travellers at all points of entry in Somalia	X				200,000
2.2	Identify, train, equip and deploy health workers at all points of entry to screen all travellers	X				100,000

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SN	Activity	Time-2020				Budget (USD)
		Mar	April	May	June	
2.3	Review, update, print and distribute screening forms at all Points of Entry	X	X	X	X	50,000
2.4	Identify, train and deploy ambulance teams for the transportation of suspected cases identified at PoE to designated treatment facilities in Somalia	X	X	X	X	150,000
2.5	Collecting, packaging and shipment of samples collected from suspected cases to referral laboratories in abroad	X	X	X	X	100,000
2.6	Expand the existing EWARN to include new health facilities in all states	X	X	X	X	200,000
2.7	Establish community based event based surveillance system to detect alerts reported in communities	X	X	X	X	100,000
2.8	Train and deploy Rapid Response Teams in priority district for COVID19 response	X	X	X	X	200,000
2.9	Collect, analyse and disseminate period information including alerts for COVID19 and related diseases reported from health facilities through EWARN and communities	X	X	X	X	100,000
Sub total						1,200,000
3-Enhance the implementation of Infection Prevention and Control measure at PoE, Public places and health facilities						
3.1	Review, update, translate and distribute SoPs and guidelines for IPC in all health facilities	X	X	X	X	100,000
3.2	Assessment of Health facilities and PoE for IPC requirements for COVID19 prevention and control	X	X	X	X	200,000
Sub total						300,000
4-Support the care and treatment of suspected cases and confirmed case s (Including psychosocial support services) in Somalia						
4.1	Identify and equip isolation facilities and treatment centres at PoE and selected health facilities	X				100,000
4.2	Review and update case management protocols and guidelines based on generated evidence and best practices globally	X	X	X	X	50,000
4.3	Establish and equip isolation facilities in selected health facilities in Mogadishu, Hargeisa, Garowe, Barbera, Kismayo and Bosaso	X	X	X	X	1,500,000
Sub total						1,650,000
5-Conduct Risk communication activities for the prevention of COVID in Somalia						
5.1	Develop communication plan for community engagement and risk communication for COVID19	X				100,000
5.2	Develop targeted key messages for special population groups in all areas	X	X	X	X	150,000

SN	Activity	Time-2020				Budget (USD)
		Mar	April	May	June	
5.3	Customise, translate, print and disseminate EIC materials to all health facilities, PoE and communities	X	X	X	X	50,000
5.4	Identify, train and deploy resourceful persons to engage communities on COVID19 prevention	X	X	X	X	200,000
5.5	Conduct community sensitisation sessions using available channels of communication	X	X	X	X	200,000
Sub total						700,000
TOTAL						7,120,000

Ministry of Health & Human Services

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