

“Can Somalia People Cope and Flatten the Curve of Coronavirus”? Challenges and Recommendations

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April 17, 2020

This article will highlight 1) impact of Coronavirus, 2) Somalia’s capacity, 3) inadequate WASH services to combat the spreading deadly disease, 4) the challenges towards the theories aimed in preventing the spread of coronavirus in the Somali context, 5) Preparedness and Response 6) and provide some recommendation to communities, government and aid workers in Somalia.

Coronavirus is an infectious disease caused by the COVID-19 virus. It is rapid spreading, and strained the health systems of the most powerful countries like China, America, Italy, Spain, and so forth. The question that the article examines is whether the Somalia “can cope and flatten the curve of Coronavirus”. The answer to this question is difficult however the article will highlight the reality on the ground. The virus has now spread to 210 countries, and territories around the world and two international conveyances affecting 2,147,799 and killing 144,313 as of 16th April 2020 according to <https://www.worldometers.info/coronavirus/>



Figure 1 Makka Al Mukarama street- in Mogadishu

Somalia has so far recorded eight cases and five deaths following testing against 222 cases. Of this, 70 were reported to be male while 10 are female of today, 16th April. The highest percentage of the infected cases’ age is in the range of 20 40- years old, followed by 16% are above 60 years old, and 4% is in between 0- 20 years old.

Majority of infected cases are in Mogadishu (73), 5 are in Hargeisa, while 2 cases are in Kismayo according to Ministry of Health of Somalia Government. If Somalia’s exponential rate of increase of COVID-19 continues to increase exponentially, then in four weeks from now on to 6 May, there will be approximately 1,000 cases.

Given the spread of the Virus, Somalia has instituted measures to contain the possible spread of COVID19 including closing schools, business centers, banning large gatherings and suspending international and domestic passenger flights and imposing curfews. Puntland imposed their curfew 1st of April, while the Federal Government imposed curfew as of 15 April. However, this did not happen as people were interacting and business were open as usual. It is yet to see how others will see this and adhere the measures. In Mogadishu there were demonstrations against curfew refusing to follow the governments' attempt to lock down the city. The main reason of this is to limit the social transmission through social distancing without disrupting commerce. ([some evidence suggest that curfews rather lockdowns are better suited to sub-Saharan Africa's social and economic](#)).

Preventing deaths and debilitating illness are the prime concerns, humanitarian partners are also concerned about the possible impact of the virus on the livelihoods of vulnerable populations in Somalia including internally displaced people, food insecure communities, and people living in locust infested or flood prone areas. The reliance on remittance by relatives in the diaspora is also likely to diminish as bread winners outside the country see their economic opportunities reduced.

Knowing the impact that Covid 19 has caused in the countries where the health system was advanced, what do you think the impact would be in Africa countries particularly Somalia where there is poor health system, no resources whilst the country is facing recurrent humanitarian crises, drought and conflict with the displacement of **2.6 million** IDPs living over 2,000 highly congested settlements, two – thirds of whom are minors, there is exceptionally high risk for wider- spread community transmission of the virus. (UNCHR Somalia April 8 2020).

Before the rise of Coronavirus, Somalis and other communities across the globe have been suffering and struggling with the impact of Acute Watery Diarrhea (AWD) which is a killer and caused by poor hygiene, lack of hand washing and adequate sanitation facilities at the IDP settings in fragile countries. The prevention of AWD is good hygiene and hand washing similarly to Covid 19. It is my belief that AWD will decrease given the new rise of Coronavirus that requires frequent hand washing with soap. There is positive advantage that Coronavirus contributes in the prevention of AWD apart from the death/mortality it causes to the human being in the world if the theories are implemented by Somalis. A total of 6,709 cases of Acute Watery Diarrhea (AWD/cholera) were reported across Somalia in 2019, according to the Early Warning, Alert and Response Network (eWARN) system of WHO. Since January 2020, at least 1,505 AWD/cholera cases have been reported across Somalia. (Somalia situation report 5 April 2020 UNOCHA).

1. Impact of Coronavirus

Coronavirus is an infectious disease caused by the COVID-19 virus. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. (Source: [WHO](#)).

Disease outbreaks affect girls and boys, women and men differently. While children's health appears less impacted by COVID-19 than older adults, children's education is interrupted, protective structures disrupted and their families and communities placed under stress by health and economic burdens. Children are also at risk of psychological distress at times of crisis as well as increased risk of violence, abuse exploitation and neglect.

Education: Groups that are already disadvantaged, such as adolescent girls in IDP camps, experience the greatest risks and impacts when their education is interrupted.

Child protection: From child protection perspective, the essential ongoing support and case management for vulnerable and at-risk children may be blocked by social distancing measures. Girls, especially those from marginalized communities and IDPs and with disabilities, may be particularly affected by the secondary impacts of the outbreak.

Gender based Violence (GBV): Economic stress on families due to the outbreak can put children, particularly girls in IDP, at greater risk of exploitation, child labour, prostitution and gender-based violence. Girls and young women facing severe economic shocks are more likely to take on high-risk work for their economic survival.

Livelihoods: - due to the requirement in regard to the precaution measures particularly social distancing, we ought to find ways to mitigate the economic shock that will bring the majority of the country into food insecurity in the months ahead given the speed of Coronavirus across the globe. From other countries like Bangladesh, Covid 19 is a humanitarian crisis and we have to admit that with different perspective dimension, health, protection, GBV and livelihoods. In Somalia there is an estimated 1.15 million people who are in Crisis (IPC Phase 3) or Emergency (IPC Phase 4). From February to September, the population in Crisis (IPC Phase 3) or Emergency (IPC Phase 4), who are in need of urgent humanitarian food assistance, is expected to rise by 40 percent to 1.61 million people. Meanwhile, more than 2.9 million people are expected to be Stressed (IPC Phase 2). (Somalia Food Security outlook FSNAU – Feb to September 2020). In Somalia, people are very poor who have to skip meals due to the poverty level. So it is hard to keep people stay at home, for the realization and safety of the people by forcing them to stay home, we should need to provide food and emergency cash transfers.

2. Capacity- health system

Somalia's capacities to prevent, detect and respond to any global health security threat scored 6 out of 100 as measured by the Health Emergency Preparedness Index in 2016. The number of health workers in different parts of the country is 2 per 100,000 people compared to the global standard of 25 per 100,000 people. Less than 20 per cent of health facilities have the required equipment and supplies to manage epidemics. The risk of COVID-19 spreading remains high because of crowded living conditions in urban settings and and poor hygiene practices common in IDP settlements. According to WHO, countries in fragile, conflict and vulnerable settings like Somalia are especially at risk for wide-spread community transmission should an imported case go undetected among the general population.

Somalia has extremely limited capacity regarding the diagnosis, treatment, and prevention and respond to an outbreak of Covid 19.

3. WASH and other services

Hygiene practices remain insufficient, leading to a heightened risk of water-borne disease. Less than half of the FGD participants reported washing their hands regularly after defecation. 53% of the assessed displaced and non – displaced households in 53 districts out of the 73 districts in Somalia reported that they don't have access to soap. While 1% of the households self-report that they never wash their hands, handwashing appears not to be a common practice at all key moments. For instance, 89% of households reportedly wash their hands before eating, but only 45% of the households reported doing so after defecation.

The report further revealed that 32% of the assessed households do not have access to sufficient drinking water. Over four million people were reportedly found to be without a sufficient quantity of water nationally. (REACH. 2019. Joint Multi-Cluster Needs Assessment (JMCNA). 34% of the respondents said that the main problem is the lack of availability or access to water in the communities that entails to be addressed collectively.

The point of bringing this to your attention is how the Somalis and particularly IDPs are vulnerable and won't be able to cope with the Coronavirus despite the ongoing efforts in providing public awareness and provision of soaps in the prevention of the disease but many has to be done.

The access to health facilities at the IDP settlements is very poor and the few are less equipped with less and or poor services. The most vulnerable population includes over 2.6 million internally displaced persons (IDPs) living in overcrowded sites with poor hygiene. Due to their low economic status, the IDPs have limited access to health care service, if at all. Many also lack safe drinking water, clean latrines and hygiene kits including soap. Apart from IDPs, the elderly - approximately 2.7 per cent of the population - and the urban poor, are also considered vulnerable groups who could be heavily impacted should COVID-19 spread.

Given the above facts and figures, IDPs are amongst the most vulnerable people for Coronavirus that is killing the rich and poor, the Christian and the Muslim. Disease doesn't know status or background. The only way you can prevent and protect your self, your community and society is to follow the health warning and adhere to the precaution measures.

4. Challenges towards the theories (hand washing, social distancing, staying at home)

There is this notion of flattening the curve or the wave. What does this mean? The wave is the number of patients in the community that actively have that infection. Number of infected people with the Coronavirus in any country, territory and region. Certainly small percentage of the community that have the infection could become more ill and require health care services. So if the wave is very big, then there will proportionally be more people that need health services. Many powerful countries with highly advanced health systems are struggling to cope and flatten the curve. They are trying to flatten the wave so that it is within the capacity of their community health care system to handle ailing people with diseases. The aim is to slow down the transmission of this virus and flatten the curve by strictly following the theories (precaution measures): social distancing, hand washing with soap and staying at homes. The question here is will this be viable in Somalia given the health system in place, the attitude of the community and current situation humanitarian.

There are many contributing factors that undermine the realization of the theories aimed in preventing the spread of Covid 19 despite the ongoing efforts being made by the humanitarian partners and government institutions particularly ministry of health but this will be a drop in the ocean if the efforts are not doubled. It is very challenging to avert many deaths due to (1) the practice of hand washing in IDPs which is not that much viable due to the lack of hand washing facilities and adequate water. I think this requires huge investment from the humanitarian actors on ground to prevent the disease of Covid 19 and AWD those can be prevented to install adequate and sustainable hand washing facilities at the IDPs and other settlements of the poor host communities. The other issue in regard to hand washing is the current awareness raising approach regarding the hand washing made by the stakeholders who demonstrate the steps of hand washing with facility that has a tap. This is not available at the IDPs and the message given is not workable at the IDPs. I think this entails to be revisited and come up with other approach. For example, encourage IDPs to wash their hands while placing a three liter jerrycan filled with water on a wall or tree inserted with a nail as a cover. Such affordable mechanism can be tried and its use and significance can be stressed by the key influential groups such as religious groups and government.

(2) Social distancing: - this will not be practical at the IDP setting for so many reasons, one, Somalis underestimate the early warning and health warning given by the health workers and government due to culture, belief, and ignorance. Before the onset of every disaster, the government and aid humanitarian workers always alert the communities to be vigilant and follow

the advice given but this is never practiced by the local people, be it host or IDPs whose condition varies from from the other communities in terms of economy and living standard. What are the underling reasons for this; one is the belief and culture, Somalis are said to be communities who like gathering together, going outside to eat, talk and kill the time while isolating in a congested room.

The other reason is they always rely on the religion by saying, this disease will not infect us since we are Muslims! “45-year-old Ahmed Farah[3] from Stockholm blames the community for failing to heed health warnings as well as misinformation from religious scholars.

The situation of IDPs will be worse than the host or elite communities whose mindset is based on misinformation and ignorance. IDPs dwell in over crowded settlements and have the same or worse mentality, ignorance and negligence when it comes to the theories aimed in preventing the Covid 19. Additionally, they have language barrages’ since most of the IDPs speak another dialect called Maay script while the awareness raising provided by the Government and aid workers is mainly aired with Maaxa-tiri. This will not be effective and it requires another approach. For example, communicating the IDPs with their own dialect in order to enable them understand the gist of health warning.

(3) Stay at home: this seems to be burden on the Somalis wherever they, be it local and external, this attributed to poverty, and attitude of the people. Firstly, IDPs/ and drought affected population have no income or support to feed their children, family and siblings. Secondly, Somalis are said to be stubborn and underestimated the consequence of the virus. It is beyond their economic capacity, not to stay at home unless the government and humanitarian partners should come up with other strategy of providing food, cash and other services to its citizens who are stressed with the Covid 19.

22-year-old, Somali Swedish Mustaf Salah from the small town of Falköping, Sweden lists stubborn disregard, large families living in close quarters and frequent social gatherings as the problems to which he attributes the high COVID-19 death rate in the Swedish Somali community:

“First, we refused to follow the guidelines and the awareness to remain home and not to meet with a large number of people in restaurants, community centers, mosques, barbershops. Often Somalis are gathering socially. Every single weekend there is a meeting or wedding going on and sometimes people are not obligated to follow preventative procedures. Second, people who succumb to the flu and pass it on to at-risk groups often happens while a person with symptoms has a family number of 4, 6, 7, up to 12 people in the area. They are not separated from one another because they are a big family unit. Lastly, the quarantine aim was for everyone to stay at home, but Somalis invite each other over to their homes and they play all night play-station games and so forth. Most of the time that is how they contracted the COVID-19 from each other.”

I am afraid that the same will happen in Somalia particularly in the IDP camps where there are thousands of uneducated people, living in circle of poverty, displacement, lack of adequate resources (food and cash) to stay at home.

The dilemmas, of lack of following the health warnings/advice and precaution measures do not need to be viewed as unworkable barriers but can be re-conceptualized as holding constructive potential in designing strategy that reinforce the set measures that can keep people safe from this deadly virus. Different approaches have to be attempted to ensure that no one is killed by Covid- 19.

5. Preparedness and Response

Somalia set up a national COVID-19 task force and trained health workers on preparedness and response, among other control measures. Health workers have been deployed to all 23 officially designated points of entry, including the four international airports at Mogadishu, Garowe, Bossaso and Hargeisa.

On 25 March, the Government received a donation of testing kits and other preventive products from the Chinese billionaire and Alibaba co-founder Jack Ma. The donation included 20,000 testing kits, 100,000 face masks and 1,000 protective suits and face shields, which the Government is distributing to various states.

All the humanitarian aid workers INGOs and UN are deeply concerned about the impact that the virus could have on communities who were already weakened by violence, conflict, drought, cyclones, mass displacement, malnutrition and outbreaks of disease are widespread.

The international communities are appealing funds to address the spreading virus in Somalia. To start with what ADRA, my employer and other UN for example doing in the Covid 19 response include.

ADRA is supporting the Somalia Government particularly the ministry of health towards the fight against the virus by conducting public awareness raising through radios, TVs, production and provision of IEC information Education Communication to promote the awareness raising, campaigns in the IDPs, provisions of soaps, and hand based sanitizers to health facilities, and IDPs in Mogadishu, Garowe, Baidao, Kismayo and Hargiesia through the partnership of MoH. This is funded by SIDA. ADRA is planning to increase access to water and install hand washing facilities in IDPs to promote hand washing.

Similarly, other INGOs and UN are also supporting the Somalia government in this response. For example, UNCHR is planning to provide multi-purpose cash assistance to cover basic items, awareness raising, supporting business opportunities arising as a result of COVID-19 (e.g. production of face masks and other medical apparel).

Other INGOs and UN are also taking part of the response of Covid 19 and there is taskforces established by the government. Response plans have been developed by the respective ministry of health.

6. Recommendation

To Government:

- Government has to reinforce the guidelines/theories (precaution measures) by doubling its effort in raising public awareness through different channels, TV, radios, holding talk shows and etc.
- Government should impose curfew to all towns to minimize the movement of people
- Should allocate budget for the vulnerable communities including minorities, IDPs, disabled people and drought inducted communities
- Government has to hold briefings to the public and keep them informed about the Coronavirus and share plans with their citizens. In this briefing, the communities can be reminded about the precaution measures.

To communities:

- Adhere to the health guidelines and precaution measures and implement seriously for of your safety and your family and society.
- Educate your children, relatives and others about the consequence of the virus and refrain them from going outside of the house.
- Purchase what you can to prevent the spread of the disease such as food, soaps and etc. If not, utilize what you are given by the aid workers and other care givers during this critical times.
- Practice the critical hand washing that is strongly recommended. Wash your hand with soaps as advised. Use hand hand based alcohol or sanitizers.

Humanitarian aid workers in Somalia

WASH and health

- Increase access to water and soap in child friendly spaces and provide hygiene and menstrual health kits,
- Ensure families have access to basic needs such as food, water and hygiene equipment if they need to isolate
- Install additional hand washing facilities, distribute hygiene kits and share age-appropriate, gender-aware health and hygiene information.
- To maintain essential services for adolescent girls and young women, such as sexual and reproductive health services,
- To support public awareness raising on the Covid 19 via different channels (TV, internet, radio, posters, mobile vehicle etc)
- To continue the demonstration of hand washing via videos with appropriate affordable mechanism such as Jerry cans

- Encourage IDPs to wash their hands while placing a three liter jerrycan filled with water on a wall or tree inserted with a nail as a cover.

Education

- Train teachers and key workers on the prevention/control of COVID-19 and empower parents, caregivers and the wider community to support the learning, development and wellbeing of children when schools close.
- Work closely with the water, sanitation and hygiene sector to ensure hygiene in schools. This will include obtaining and distributing hygiene and wash kits, and ensuring children have access to hand washing facilities and clean toilets.

Child protection

- Focus on raising awareness of the crisis via different channels (TV, internet, radio, posters etc.) and provide targeted support to vulnerable households.
- Ensure there is a clear system of referral for children in need of special support, including psychosocial counselling.
- To identify and support vulnerable children, e.g. children without family, children with health problems and children living or working on the streets.

Livelihoods

- In order to protect the vulnerable communities including IDPs from Coronavirus, it is highly recommended to provide food and emergency cash transfers. This will enable people to connect to the world through their smartphones buying groceries, sending money to their loved ones and keep chatting with families and stay home mentally positive.

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