



**BULAY DEVELOPMENT ORAGNIZATION (BUDO)**

*Maka AL-Mukarama Main Road, Mogadishu, Somalia.*

**PROJECT TITLE: EMERGENCY RESPONSE TO COVID-19 in  
BULO BURTE DISTRICT, HIRAN REGION, SOMALIA**

**IMPLEMENTING AGENCY:**

**BULAY DEVELOPMENT ORGANIZATION (BUDO)**

**CONTACT: Said Ahmed Mohamed**

**Eimal: [budobulay0@gmail.com](mailto:budobulay0@gmail.com),**

**Tel. +252618427038/252628427038**



**BULAY DEVELOPMENT ORAGNIZATION (BUDO)**

*Maka AL-Mukarama Main Road, Mogadishu, Somalia.*

## **TABLE OF CONTENTS**

<b>1.0</b>	<b>Current situation in Somalia-----</b>	<b>2</b>
<b>1.1</b>	<b>Strategy for the emergency response of COVID-19-----</b>	<b>4</b>
<b>1.2</b>	<b>Engage &amp; mobilize communities to limit exposure-----</b>	<b>4</b>
<b>1.3</b>	<b>COVID-19 emergency response activities of BUDO NGO-----</b>	<b>5</b>
<b>1.3.1</b>	<b>Training of some of community members on how to recognize and manage COVID 19-5</b>	
<b>1.3.2</b>	<b>WASH facilities-----</b>	<b>6</b>
<b>1.3.3</b>	<b>Personal prevention Equipment (PPE), facemasks, gloves-----</b>	<b>6</b>
<b>1.3.4</b>	<b>Disinfection solution-----</b>	<b>7</b>
<b>1.4</b>	<b>List of Items required &amp; their prices-----</b>	<b>7</b>
<b>1.5</b>	<b>Implementation schedule-----</b>	<b>9</b>
<b>1.6</b>	<b>Reporting &amp; supervision -----</b>	<b>9</b>
<b>1.7</b>	<b>Monitoring &amp; evaluation-----</b>	<b>9</b>



**BULAY DEVELOPMENT ORAGNIZATION (BUDO)**

*Maka AL-Mukarama Main Road, Mogadishu, Somalia.*

## **1.0 CURRENT SITUATION IN SOMALIA**

COVID -19 is a viral infection caused by a coronavirus that has not been previously identified in humans. It is a novel (new) coronavirus first identified in Wuhan, China. Somalia confirmed the first case of the global coronavirus (COVID-19) pandemic on 16 March 2020. On 26<sup>th</sup> April 2020, the last update of COVID-19 is almost 390 confirmed cases with 23 resulting fatalities and 10 recovered- some of the cases are imported with recent travel history to affected countries while some other cases has no travel history thereby signifying human-to-human transmission. Somali government closed all airports, ports and land crossings and declared a public health emergency over fears of further spread of coronavirus. Only scheduled flights of goods and humanitarian supplies are permitted. As of 30 March 2020, inter-state public transportation has been halted and a capital wide imposed curfew between 18:00 and 06:00. Between 17 March and 5 April 2020, 1,772 passengers were screened upon arriving in Somalia through Aadan Adde International Airport. About 100 passengers have completed the 14 days' follow-up period.

Humanitarian agencies are concerned that further spread of the virus could have a devastating impact in Somalia given the lack of capacity to prevent, detect and respond to such a pandemic. Less than 20 per cent of health facilities have the required equipment and supplies to manage epidemics. A full-scale outbreak would also disrupt the ability of humanitarian agencies to respond to existing humanitarian needs, thus compounding the situation. Before COVID-19, an estimated 30 per cent of the population (5.2 million people) required some form of humanitarian assistance; this number will sharply increase if the virus spreads. Millions of people are vulnerable Within the Somali population, the risk of illness and death is significant due to pre-existing illnesses and malnutrition. Internally displaced people (IDPs), who are estimated at 2.6 million, and the urban poor face the greatest risk given crowded living conditions, insufficient hygiene facilities and lack of access to medical care. The other vulnerable groups are the elderly, who represent about 2.7 per cent of the population. WHO has supported the Federal Ministry of Health (FMOH) to elaborate a countrywide preparedness and response plan including management of arrivals at the points of entry, isolation, patient care, infection prevention and control, supplies, risk communication,



***BULAY DEVELOPMENT ORAGNIZATION (BUDO)***

***Maka AL-Mukarama Main Road, Mogadishu, Somalia.***

surveillance and capacity building. WHO Country office continues to share with the FMOH all information, guidelines, recommendations, protocols and risk communication materials provided by WHO HQ. The effect of the COVID-19 pandemic will compound an already fragile situation characterized by an economic crisis, conflict, displacement, malnutrition, food insecurity, lack of basic services, and natural disasters including floods. The health system is marked by decades of limited to no investment, underfunding, and lack of qualified staff, infrastructure, equipment, medicines and supplies. The surveillance system doesn't cover the entire country and is structurally weak with long delays between alert and confirmation of an outbreak. Somalia lacks sufficient and adequately trained medical staff to support increased demand, isolation units, intensive care units, infection control materials, medicines and medical supplies to address quickly spreading outbreaks including the corona virus (covid-19) in all states across the country. COVID-19 cases may force health facilities to close to other patients due to isolation procedures. BUDO operates in Mogadishu as the main office and the project is situated in Buloburte district, 170Km north of Mogadishu, we have a reduced number of people and workdays in the office in Mogadishu. And Buloburte district is a rural area outside of Congested big cities. The coronavirus situation of Somalia is gradually increasing and so far 164 people are reported to have the virus. We would like to use the reserve fund for the immediate needs of Sanitizers, mask, and any emerging situation since the Somalia cases are too early to predict how will spread the disease and the performance of the Government to contain the imported cases. The current situation is fluid and needs monitoring daily. The worst scenario in the project area is weak economic and the purchasing power of poor households, particularly pastoral and agro-pastoral when they not able to sell their livestock on the markets, because of the restriction of livestock export imposed by the pandemic of coronavirus.

## **1.1 STRATEGY FOR THE EMERGENCY RESPONSE OF COVID-19**

### **1.2 ENGAGE AND MOBILIZE COMMUNITIES TO LIMIT EXPOSURE**

Slowing the transmission of COVID-19 and protecting communities will require the participation of every member of at-risk and affected communities to prevent infection and transmission. This requires everyone adopting individual protection measures such as washing hands, avoiding touching their face, practicing good respiratory etiquette, individual level distancing and cooperating with social distancing measures and movement restrictions

In order to mobilize the local community in the project target areas and reduce exposure and suppress transmission, the following should be considered as well:-

- Personal measures that reduce the risk of person-to-person transmission, such as hand washing, social distancing, and respiratory etiquette;
- Community mobilization to minimize non-essential contacts between individuals, such as the suspension of mass gatherings, local traditional dances, the closure of non-essential places of work and educational establishments, and reduced public transport.
- Measures to ensure the protection of health workers and vulnerable groups, such as through the provision of correct personal protective equipment.
- Train some of the village members on how to mobilize and help the community cope with covid-19 and identify covid-19 symptoms using the adopted WHO guidelines.
- Based on WHO & MOH guidelines, train selected individuals to implement preventative measures (such as:- distancing, hand washing, respiratory hygiene and etc.)
- Continues awareness raising for village communities on importance of taking health workers' advice.
- Create awareness on covid-19 through megaphone and to make the community alert that this disease is a worldwide disaster.

- Community mobilization on how to isolate or at least separate suspected cases of COVID-19 from the community.
- Instruction of masks, gloves wearing, social distancing, and practice appropriate hand hygiene.

### **1.3 COVID-19 EMERGENCY RESPONSE ACTIVITIES OF BUDO NGO**

#### **1.3.1 Training of some of community members on how to recognize and manage COVID 19**

- BUDO health team workers will create awareness on COVID-19 through megaphone & make the community alert that this disease is a worldwide disaster.
- BUDO health workers will train 50 persons, and each village 2 persons (male and Female) will be trained so the trainees are fully selected from 25 villages in project sites in Buloburte District.
- BUDO health workers will take the role of community mobilization to limit unnecessary person-to-person contact.
- BUDO health workers will contribute “Community Sensitization Handouts” written IPC guidelines of COVID19 Management Process, and this will take part Community Awareness on COVID-19.

#### **1.3.2 WASH facilities (Hand washing)**

To develop hand washing, BUDO NGO will establish community hand washing centers which have the following hand washing facilities like:-

- Establish and provide WASH facilities; means 30 pcs of locally available plastic jerry cans with water taps for hand washing will be used.
- Putting the jerry cans with water tabs containing at least 20 liter of Water where the community are common and washing their hands, focusing on BUDO project Areas, In Buloburte District.
- Provision of hand washing materials like soaps to the community to keep the sanitation and hygiene.
- 20 cartons of UNTAC Soap will be distributed to the target communities, so safe and clean water is available in project areas that will enable the community to get running water for hand washing.

#### **1.3.3 Personal Preventive Equipment (PPE): Face masks, gloves.**

- BUDO NGO will purchase Locally Produced Masks (tailored facemask) and disposable mask of 3-play Ear lope type as personal Preventing Equipment (**PPE**) so 60 boxes of disposable facemask & 60 boxes of tailored masks will be distributed to the communities in project target area, so these facemasks will contribute COVID-19 transmission prevention and again will be used during the community Awareness program.
- BUDO NGO Will purchase 12 cartons of sterilized hand gloves of medium size and distribute to the community and these sterilized gloves will be used by the health workers and community during the community Awareness on COVID19 management process.

#### **1.3.4 Disinfection solution**

Disinfectant is very important in terms of germs removal and cleaning handled utensils, So BUDO will purchase 42 cartons of Methylated Spirit disinfectant of 500ml with its active ingredient is denatured alcohol, and 10 cartons of small handled empty plastic bottles so the items will be distributed to the target community. Moreover, these empty plastic bottles are intended for an individual use through spraying.

## 1.4 LIST OF ITEMS REQUIRED AND THIER PRICES

[illegible]

### **1.5 IMPLEMENTATION SCHEDULE**

The BUDO will effectively implement the project within a period not exceeding 3 months due to the nature of emergency & the associated socio-economic impact. The total implementation period of the grant is (3) months, from the date of the budget approval of the grant. To limit inefficiencies and avoid duplication, BUDO will work closely/collaborate with other relevant health centers like Buloburte hospital.

### **1.6 REPORTING & SUPERVISION**

The BUDO will submit a final report, containing an operational & a financial section to Globalgiving within (3) months of completion of the operation & its financial closure. In addition to that, health team will monitor execution and implementation of this emergency operation and submission of the required reports by BUDO.

### **1.7 MONITORING AND EVALUATION**

BUDO health team workers will monitor the progress of implementation of designated activities as well as measures' performance in different villages, and they will also conduct COVID-19 prevention training among the communities and come up with performance indicators that will be adopted as community mobilizers on COVID-19.

