

EVALUATING THE GOVERNANCE OF THE COVID-19 RESPONSE IN SOMALIA

A Call for Inclusive and Transparent
Decision-making



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Cover: A team of volunteers operating a Covid-19 call center in Mogadishu

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Table of Contents

Executive Summary	1
Introduction.....	2
Research Methodology.....	4
National Capacity to Respond.....	5
Governance mechanisms	10
Decentralization of the response.....	13
Coordination, Communication and Collaboration	16
Resources Mobilization.....	18
Accountability at times of crisis	20
The missing links	21
Conclusion	22
Policy Considerations.....	23
References.....	25

Executive Summary

Upon the announcement of the first Covid-19 positive case in Somalia, the federal government and regional states started to improve the capacity to test and treat affected patients. Initially, testing samples were sent outside the country as there was no laboratory to do this in Somalia. With the support of international organizations, three laboratories in Mogadishu, Garowe, and Hargeisa were operationalized. Since then, as the testing capacity increased, the number of Covid-19 positive cases also increased. The Martini hospital has for many months been the only hospital nationally equipped exclusively to treat Covid-19 patients in Mogadishu. However, a section at the Benadir Hospital in Mogadishu was also opened for Covid-19 treatment recently. Call centers were also established with volunteers receiving calls from citizens. A number of isolation centers – albeit with limited bed capacity – were established in the (regional) Federal Member States.

The Somali Federal Government based in Mogadishu and Federal Member States (Galmudug, Hirshabelle, Jubaland, Puntland, and the South West State) undertook some governance measures to curb the spread of the Coronavirus. These measures included stopping international and domestic flights, the closure of schools and universities, tax exemption on some basic commodities, a night-time curfew, and banning Khat imports. However, these measures were poorly implemented due to the weak enforcement capacity of government institutions.

Although the Coronavirus spread across many towns, the response was limited to major cities. All Federal Member States except

Puntland have sent testing samples to Mogadishu. The testing kits were also accessible only in main districts in each state. Many people who contracted the virus or died in peripheral districts could not be reached due to the limited capacity of the government.

There were national and regional Covid-19 task forces. The federal-level task force (whose members include civil society, religious scholars, and business people) was coordinated by the Prime Minister. Most of the regional task forces (with the exception of Puntland) were set up at the ministerial level and had no representation from other segments of the society. The coordination between the federal government and regional states, as well as coordination among regional states, was generally poor. Moreover, the communication methods employed varied. While the federal government disseminated only positive cases and the gender and age demographics, Puntland and Somaliland ministries of health included the number of people they tested.

Resources were mobilized both domestically and internationally to better respond to the Coronavirus pandemic. Yet, accountability and transparency mechanisms put in place for the use of these funds have been insufficient. The federal government provided half a million dollars in hard currency to the five Federal Member States, but there is currently no evidence on how these funds have been used for Covid-19 response.

The study recommends, inter alia, investing in healthcare, inclusive decision-making, improving the intergovernmental relations, decentralizing public services, and advancing transparency and accountability in crisis response.

Introduction

Covid-19 pandemic has become a global threat and has affected the lives of millions of people around the world. The latest statistics (as of 22 September 2020) show that more than 31.2 million positive cases in 235 countries, areas, and territories have been confirmed; and more than 962 613 people are believed to have died from the virus.¹

Somalia's Ministry of Health and Human Services confirmed the first Covid-19 case in the country on 15 March 2020. The patient was a student who had returned from China. Although the federal government did not disclose the number of people tested, WHO Covid-19 dashboard states that as of September 22, 18,987 persons had been tested nationally.² The federal government disseminates (except rare occasions) only the positive cases and their age and gender demographics. As of September 22, there were

3,465 cases confirmed nationally. 490 out of the 3,465 are active; 2,877 recovered while 98 died of the Coronavirus.

Mogadishu has the highest number of cases. Out of the number of people tested, 1,535 cases are in Mogadishu, meaning the rest of the country shares the remaining 1,930 cases. 61 cases in Mogadishu are active; 1,419 recovered; and 55 died. Positive cases are also in all Federal Member States and the self-declared republic of Somaliland. The reason why reported cases in Mogadishu cases are significantly higher than the rest of the country is believed to be (i) that the population living in Mogadishu alone is over 2 million; and (ii) the location of the federal government's testing laboratory in the capital. Importantly, it is also believed that due to the limited testing capacity, the actual number of coronavirus cases in Somalia has been much higher than that reported by the Federal Ministry of Health.

Table 1: Snapshot of COVID-19 in Somalia [including Somaliland] (as of 22 September 2020)

	Confirmed Cases	Active Cases	Recovered Cases	Deaths
Benadir	1,535	61	1,419	55
Somaliland	934	123	780	31
Puntland	496	232	255	9
Jubaland	212	49	162	1
South west	144	2	142	0
Galmudug	119	21	97	1
Hirshabelle	25	2	22	1
Total	3,465	490	2,877	98

Source: Somalia Ministry of Health and Human Services

¹ See real-time updates from the WHO website <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

² The WHO dashboard can be explored here <https://bmgi.maps.arcgis.com/apps/opsdashboard/index.html#/dod9a939c5fa401caa3a7447e72b2017>

The capacity to test Covid-19 has increased. Authorities in Garowe established a laboratory in Garowe with support from UN agencies – UNFPA and WHO – (UNFPA, 2020). It is likely that higher numbers of Covid-19 cases in Puntland (compared to the other Federal Member States) are due to its greater local testing capacity. However, the federal government has recently upgraded the tuberculosis testing laboratories in each Federal Member State, and these can now conduct Covid-19 tests, albeit at a limited number. Apart from the testing capacity, the country also lacks the capacity to respond to the pandemic. There is a lack of isolation centers (only roughly 18 across the country), a shortage of public health workers, limited testing kits, quarantine centers, ventilators, and personal protective equipment among others.

To reduce the spread of the virus, the federal government has taken certain measures. The government has suspended international and domestic flights. It has also closed schools and universities. A night curfew was imposed in Mogadishu, and the Ministry of Finance announced a tax exemption on basic goods to avoid increased food prices. Measures were also taken by some Federal Member States such as banning the Khat entering from neighboring Ethiopia and Kenya, monitoring border movements, and undertaking COVID-19 awareness-raising activities.

However, the virus has spread across the country. The vehicles that transport people between towns have continued to function and have even increased their operation in the midst of the Covid-19 pandemic as confirmed by different people who talked to Somali Public Agenda researchers. No govern-

ment institution – federal or state – has attempted or managed to halt domestic mobility. The public awareness of the symptoms and prevention measures for Covid-19 remains low. There is a social stigma associated with the coronavirus, and many people avoided reporting that they have contracted the virus (Irbad, 2020). Moreover, congregational prayers were not banned in most of the towns.

The Covid-19 pandemic has exposed the weaknesses of the intergovernmental relationships of the different tiers of government in Somalia. The federal government established the National Task Force for the Prevention of Covid-19 chaired by former Prime Minister Hassan Ali Khairi. There are also ministerial and technical level committees at each of the five Federal Member States in Somalia. However, the coordination of Covid-19 aid and its decentralization to districts has not appeared well-coordinated.

Besides, the federal government has received some external support and donations from the UN and other international agencies and friendly countries. It has also revised its annual budget and included Covid-19 response funds to the national budget. This report analyzes how the Covid-19 response efforts have been governed at a federal level from Mogadishu, the role of Somalia's federal member states, the decentralization of efforts to district levels, and the effectiveness and efficiency of the governance measures employed.

Overall, the deficiencies in the governance response to Covid-19 in Somalia identified in this report are often closely related to wider political divisions that affect the country's relatively young and unconsolidated federal

system of government. These involve tensions between the Federal Government in Mogadishu and the Federal Member States in the regions; intra-Member State divisions; and the separate status of the government in Somaliland, which exerts *de facto* independence and does not (in practice) form part of the federal system. National governance either by the Federal Government of Somalia or the Federal Member states is also hampered by security concerns, and the frequent inability of the state to exercise power beyond regional capitals or even maintain a presence in many districts. In those areas, conflict is often ongoing and other armed groups, primarily al-Shabaab, predominate. As with other complex emergencies that Somalia faces regularly, Covid-19 has brought to light many of the challenges for the country's still emerging federal structures of governance.

Efforts to control the pandemic have also been affected by wider perceptions among citizens and figures in government that Covid-19 is not a major threat to Somalis. Considering other long-term humanitarian, public health, and poverty-related issues that are faced by the Somali population, it is not entirely surprising that some people (including politicians) have not necessarily regarded Covid-19 as the most pressing singular threat. Nonetheless, the true scale of the spread of Covid-19 and its death-toll in Somalia may never be known, and this, in itself relates to the capacity of the state to gather data and monitor the virus. As authorities have lacked the capacity for large scale, widespread and systematic testing, the overall reported numbers of infections and deaths may be much lower than reality. The perception of minimal impact (as of writing, officially only 98 deaths) may have itself

meant that actors have not prioritized preventative responses, or failed to sustain initial activities. This may have allowed the virus to spread further undetected. As such, there are many things that we do not know about the actual impact of Covid-19 on Somalia, and these contextual factors must be taken into account when evaluating – as this report attempts to do – governance responses at federal, member state, and district levels.

Research Methodology

To understand the governance and decentralization of Covid-19 responses in Somalia, Somali Public Agenda conducted interviews with relevant government representatives. SPA researchers interviewed 18 key informants including politicians and civil servants at federal, state, and municipal levels between April and May 2020.

Officials working with the Federal and State Ministries of Health, representatives from state ministries of humanitarian affairs, representatives from ministries of information, journalists, aid workers, and representatives from doctors' associations were interviewed to understand ongoing efforts at state and local government levels. Interviews focused on the governance mechanisms used, the coordination structures in place, the decentralization of the coronavirus responses to districts and remote areas, resource mobilizations, and existing accountability measures.

Due to the Covid-19 pandemic, SPA researchers conducted all interviews over the telephone. The primary data was complemented with secondary literature that further informed and contextualized the interview findings.

National Capacity to Respond

The most visible Covid-19 response has been undertaken by the federal government in Mogadishu. The federal government prepared and equipped the Martini Hospital in Mogadishu, which was repurposed to focus on treating Covid-19 patients with a bed capacity of 71 (including ICU beds). There are a number of ventilators (according to interviews, there are 20 ventilators at Martini Hospital) in Mogadishu, most of which were donated by Turkey and United Nations agencies and are in the Martini and Benadir public hospitals. The federal government has recently refurbished, equipped, and opened a section at Benadir hospital for treating Covid-19 patients.

The operation of the Covid-19 treatment hospital(s) is, however, not exclusively a federal government effort. The Martini hospital has received dry food and washing machines, uninterrupted electricity, ambulances, and medical professionals from Ex-Digfer now Erdogan Hospital (in Mogadishu), as well as individual donors, companies, and charity organizations. Because of its limited capacity, Martini hospital only admitted the most vulnerable and seriously ill patients at the peak of the Covid-19 pandemic in Somalia, while advising others to self-quarantine themselves.

The federal government also established a call center. A team of volunteers operated the center on a 24 hour (three eight-hour shifts), seven days a week basis. People called the center from all over the country. The volunteers categorized callers in three

groups: people who needed consultation, people who needed treatment, and people who just called to check if the service was working. Informants interviewed told Somali Public Agenda that the call center submits the information to a small team of doctors who follow-up on the information.

Three laboratories in Somalia have been able to be used for tests for Covid-19. These are located in Mogadishu, Garowe (capital of the Puntland State of Somalia), and Hargeisa (capital of the *de facto* independent Republic of Somaliland). More recently, according to an interview with a director of FMS Ministry of Health, the federal government managed to upgrade some tuberculosis laboratories using Covid-19 software and deployed in each Federal Member State. Although these are not Covid-19 laboratories, the laboratory technicians in the regional states can test a limited number of Covid-19 cases at state levels.

The federal government in Mogadishu avoided releasing the number of people tested per day and only announced positive cases and associated gender and age demographics. While the Federal Ministry of Health announces the number of cases nationwide, Somaliland and Puntland Ministries of Health release their tested, positive, recovered, and death cases separately. Political fragmentation in Somalia clearly affects the gathering and publishing of 'national' statistics, further complicating efforts to understand the true spread of Covid-19.

Surprisingly, the World Health Organization dashboard publishes the number of cases tested, which includes Puntland and Somaliland. As of September 22, the dashboard records 18,987 samples tested.³ These statistics,

³ Ibid.

which the federal government wouldn't disseminate, albeit for reasons unknown, indicate that the positive cases (3,465) made up 18% of the total number of samples tested. This illustrates a weak national testing capacity. With over 12 million population, testing a mere 18,987 in around five and half months nationally is evident that mass testing and tracing contacts are not possible in Somalia. It also supports the theory that the number of people who have contracted the virus and those who recovered is much more than the numbers reported.

The Benadir Regional Administration and Mogadishu Municipality have also responded to Covid-19 in the Somali capital. The BRA developed a strategy guiding the response of the Administration to contain the outbreak of the pandemic. The Covid-19 management strategy envisaged the activation of an Emergency Operations Center; slowing and reducing transmission; focusing on the protection of high-risk groups; reinforcing and expanding health system capacity; expanding risk communication and community engagement; and mitigating economic and social consequences of the Covid-19 pandemic.⁴ Although the strategy highlighted and proposed multiple activities with a budget of \$35 million in three months, access to information about how this money has been spent is not publicly available.

Furthermore, the Benadir local authorities designated 6 personnel each to six cemeteries located in the center and edges of the Benadir region to monitor and maintain an accurate record of numbers of burials. Moreover, officers working at the Benadir local government stated in interviews that the

municipality established guidelines regarding the processing of the dead bodies and their funeral with 40 health workers trained for these duties. The information on the number of people buried per day is being shared with the daily coronavirus update meeting chaired by the then Somalia Prime Minister Hassan Ali Khairi and attended by the mayor of Mogadishu (who is also the governor of Benadir region). Although the figures shared with the national task force on Mogadishu burials were initially made available to the public, this has since stopped. The reason could be that the number of deaths recorded has decreased. It is also possible that the municipality has stopped monitoring the cemeteries.

Benadir Regional Administration has no Covid-19 treatment centers under its jurisdiction. However, it does help in referring patients or suspected cases to the Martini Hospital from the various districts of Benadir. The BRA, especially its Public Health Department, embarked on activities (mainly awareness raising) such as practicing handwashing, distributing handwashing facilities to vulnerable groups, attempting to implement (limited) social distancing practices in some markets, and engaging religious groups to support these efforts. However, these awareness-raising campaigns have not appeared to have been sustained and seem to have declined rapidly in recent months.

Puntland had established two isolation centers in Garowe and north of Galkayo. The Puntland government also took proactive measures to prevent the spread of the virus, such as banning Khat imports from the neighboring countries, restricting fishing

⁴ Benadir Regional Administration Coronavirus (COVID-19) Management Strategy was drafted and adopted soon after the government announced the Coronavirus outbreak in Mogadishu.

vessels on Puntland's coastline, and undertaking awareness-raising campaigns to encourage the public to adhere to the preventive measures of the pandemic.

In March 2020, Puntland established a Coronavirus Prevention Committee (CPC) consisting of four sub-committees: (1) a communication and community awareness group; (2) a security working group; (3) a finance and commodities working group; and (4) a coordination team chaired by the President of Puntland. The committees are comprised of cabinet members as well as civil society groups, including the religious leaders, media (both private and public), and the chairman of the Puntland Non-State Actors Association (PUNSAA).

The Ministry of Health also trained a number of public health personnel to work on the Covid-19 response. Moreover, Puntland had received equipment for a Covid-19 laboratory from UNFPA and WHO, which allowed the state to test Coronavirus cases in Garowe. Puntland has also established a toll-free Covid-19 hotline (343) in Garowe. Some people call the designated hotline to get information related to Coronavirus. Some callers explain the symptoms they feel and seek medical advice from the center employees.

Jubaland is struggling with Covid-19 due to the weak health structures that the whole of Somalia is also accustomed to. The state now has testing kits but until recently it used to send samples to Mogadishu for testing. The state Ministry of Health with the support of other international organizations has set up isolation centers in Dollow, Dhobley, and Kismayo districts.

Key border towns include Dolow, Beled Hawo, Luuq, and Dhobley. Dolow, which borders Ethiopia has one isolation center

supported by Trócaire. However, it has not received Covid-19 support from Jubaland state and the Federal Government of Somalia. Local health organizations, with the help of WHO, have taken samples from people with symptoms, and they have been taken to Mogadishu for confirmation. Medical staff from the Ministry of Health of Jubaland and the International Organization for Migration (IOM) do the screening of travelers at the border (International Organization for Migration, 2020). Beled Xaawo, which borders Mandera, Kenya, has an isolation center but is not fully equipped and is understaffed. There is screening at the border and travelers between major towns in the state are screened at checkpoints. However, the screening is only limited to temperature checks. The Dhobley municipality – which is also a border town – screen travelers who cross over from Kenya. Travelers from other parts of Somalia are also screened when they arrive at the town. The town has an isolation hospital with a bed capacity of 15. The town has seen no positive cases so far. There were only two suspected cases, samples from which the Jubaland Ministry of Health, with the help of WHO, took to Nairobi, Kenya for confirmation.

The overall Covid-19 response capacity of South West State is limited, similar to most of the other Federal Member States in Somalia. According to South West officials interviewed, there are only two isolation centers in all of the districts of the administration: one in Baidoa and one in Afgoye. The isolation center in Baidoa is Bay Regional Hospital, which is supported by the International Committee of the Red Cross (ICRC). It has only 8 beds with no other equipment such as ventilators or patient monitoring equipment. There are two other centers in Marka

and Hudur that authorities have started to rehabilitate.

The capacity of Galmudug to contain the novel coronavirus is also weak. Galmudug does not have testing kits necessary for the testing of people who show symptoms of the virus. Until recently, it has sent the samples to Mogadishu. This contributed in part to the small numbers of cases reported in the Federal Member States despite the virus undoubtedly lurking within the communities.

Regarding the isolation centers, there is a facility in Dhusamareeb with an 18-bed capacity and supported by the WHO. The Ministry of Health prepared and opened an isolation ward at the Dhusamareeb General Hospital with a 28-bed capacity. The hospital lacks the life-saving machines to deal with critical conditions such as oxygen, intensive care beds, and ventilators, which are expensive and in short supply in the country as a whole. The state primarily relies on being equipped with the deliveries from the FGS in Mogadishu. It is noteworthy that one more isolation section was opened at Galkacyo (south) General Hospital with 17 beds, which was supported by the Health NGOs operating there. Two other isolation centers were created by the communities in Adado and Abudwaq. The Federal Ministry of Health equipped Abudwak Isolation Center while

the Adado center was supported by Save the Children. Further, to circumvent the proliferation of the virus, the Galmudug Ministry of Health sent two teams to the Galmudug-Ethiopia border to undertake screening activities for the people crossing the border into the state.

On 12th April, the first government official to die of coronavirus was the former Hirshabelle State Minister for Justice. The state, similar to other regional states, struggles with weak institutional capacity to respond to the pandemic. The state was hastily formed in late 2016 amid the indirect elections, and its institutional infrastructures are still at an embryonic stage. According to officials in Hirshabelle, there is one center for Covid-19 patient treatment, which has a 15-bed capacity, and one isolation center with 16 beds in Jowhar. The administration has established an isolation center in Beledweyne near the airport, but this was not functioning at the time of writing. The testing and treatment capacity in Hirshabelle is very limited. This is potentially indicated by the fact that Hirshabelle is among the states with the least recorded cases, despite being the first state where a government official has died of Covid-19. Testing kits are also limited and are only available in main towns like Jowhar and Beledweyne.

Isolation centers in Somalia (including Somaliland)

Town	Isolation site	Bed capacity	Supported by
Baidoa	Bay Regional Hospital	8	ICRC
Dolow	Dolow Hospital	12	Trocaire
Hargeisa	Hargeisa General Hospital	4	Somaliland Ministry of Health
Dhobley	Dhobley Hospital	15	Save the Children
Kismayo	Kismayo General Hospital	13	ICRC
Moga-dishu	Martini Hospital	71	Federal Ministry of Health
Baidoa	Baidoa District Hospital	30	WHO
Hargeisa	Daryeel Hospital	42	Private
Erigabo	Surud Isolation/treatment Center	2	Somaliland Ministry of Health
Garowe	Garowe Isolation Center	18	Puntland Ministry of Health
Kismayo	Maxfalka Isolation Center	30	WHO
Galkacyo	Galkacyo (North) Isolation Center	20	Local Community
Moga-dishu	Keysaney Hospital	15	ICRC
Jowhar	Jowhar Isolation Center	16	WHO
Dhusamareb	Dhusamareb Isolation Center	28	WHO
Adado	Adado Isolation Center	25	Save the Children
Abudwak	Abudwak Isolation Center	10	Federal Ministry of Health
Galkacyo	Galkacyo (south) Isolation Center	17	IMC
13 towns	18 isolation centers	376 beds	

Governance mechanisms

Curbing the spread of Covid-19 requires the enactment of policy decisions and the enforcement of governance mechanisms. Most of the governance decisions were made by the federal government in Mogadishu. Soon after the announcement that coronavirus was present in Somalia on 16 March, the federal government banned international flights coming to Somalia. This ban had political implications and re-awakened and intensified long-standing tensions over aviation control between the government of Somaliland and the federal government in Mogadishu. The latter has the formal international recognition of sovereignty to govern the whole of Somalia. This would include Somaliland, a self-declared republic in the north, which has not yet been recognized as a sovereign state, but whose government exercises *de facto* control over its territory. Expectedly, international flights from Ethiopia continued arriving in Hargeisa despite the ban of all flights by the Ministry of Aviation of the Federal Government of Somalia. The federal government has also halted local flights and limited domestic air travel to essential humanitarian flights only. After months, domestic flights in Somalia were resumed on July 5 2020 after the cabinet decision to re-open local flights while complying with Covid-19 health guidelines. However, the federal government did not attempt to control road travel. Many people who may already have contracted the virus in Mogadishu traveled by road, and the Coronavirus has spread across many periphery districts in Somalia that have limited or no health facilities.

Moreover, the then Prime Minister announced the closure of all schools and universities in the country. This order was fulfilled by all stakeholders. While school teachers and administration faced financial and exam management challenges, universities face significant difficulties in teaching the courses online mainly due to their unpreparedness for this mode of tuition, as well as issues with ICT infrastructure and student access (Yusuf, 2020).

The Ministry of Finance announced a 100% tax exemption on rice and dates and a 50% tax waiver for wheat flour and cooking oil. This was designed to ensure that food prices didn't increase due to limited mobility and the ban on international flights (Abdullahi & Sharif, 2020). Although the food prices did not increase exponentially as some expected, the food prices increases have been observed by some analysts at markets in Mogadishu (Hassan, 2020).

However, the most controversial governance step of the federal government was the night curfew in Mogadishu. The Somali Police Force Commander Colonel Hajar announced a nighttime curfew from 15th April starting at 8:00 in the evening and ending at 5:00 in the morning. The curfew was implemented smoothly for about a week. However, when the Holy month of Ramadan started on 24th April, the Somali Police Force Commander ordered a change in the curfew hours. Many people expected that the curfew hours would be reduced due to the Ramadan month. But in contrast, the Police Commander stated that the curfew would start one hour before the previous schedule.

Upon implementing the curfew, a police officer shot two civilians in Bondhere district. The next day, public fury and violent demonstrations followed. The government arrested the police officer who killed the civilians and also sacked the Bondhere District Police Commander. The government stated that the curfew schedule would again start from 8:00 in the evening as usual and that people walking alone would not be stopped. The lifting of the curfew has not been announced as of the time of writing, however, it is currently not being enforced. Furthermore, the curfew was only implemented in areas of the capital in which the government has a strong presence and so people's nighttime movements in the periphery districts were not affected by this.

The Mogadishu Municipality has provided employees to Martini Hospital to take on the hygiene and sanitation responsibilities of the hospital. A notable effort of the Benadir Region Administration (BRA) was its mass campaign of distributing thousands of face masks to inhabitants of the Benadir region in a bid to encourage public transport drivers, conductors, truck drivers, security forces, and other essential workers to cover their faces. Furthermore, the BRA distributed awareness stickers to the public with the help of the ministries of information, health, and religious affairs.

To curb the spread of Covid-19, Puntland first banned the landing of commercial boats that were coming from Iran and the Arabian Peninsula, banned Khat import from Ethiopia, and imposed a partial curfew starting at 7 pm in Bosaso, Galkacyo (north), and Garowe (Majid, et. al, 2020). In terms of awareness-raising, the Covid-19 task force was established to coordinate awareness efforts en-

gaging a spectrum of civil society figures, including the media (both public and private), religious scholars, and public health professionals to warn the public about the danger of the virus.

To tackle surging infection, the Jubaland administration announced the closure of all mosques in conjunction with religious leaders. Second, the state formed a committee made up of ministers, other government officials, and members from the civil society. Third, Jubaland districts and local administrations have embarked on awareness-raising campaigns where the public is educated on the symptoms of the virus and measures to prevent infection. These campaigns are run by local health workers and volunteers who are supported by the Ministry of Health and humanitarian organizations. Fourth, roads and key public places in Kismayo have been disinfected to reduce the levels of risk. Fifth, the state television introduced programs and bulletins intended to inform and raise the awareness of the public about the coronavirus. Finally, the Jubaland Ministry of Health has trained a team of religious leaders and health care workers on burial protocols for anyone who is known or suspected to have died from Covid-19.

In South West state, a Covid-19 task force established by the state president prepared a communication strategy and awareness messages to be disseminated at the local radios, namely Radio Baidoa, Radio Koonfur Galbeed (radio South West), Radio Hudur in the local dialect (Maay) as well as the state's television channel. There were also cars with microphones playing recorded messages of Covid-19 awareness in both Hudur and Baidoa neighborhoods. On the 14th of April, the South West State temporarily halted the road transportation from Mogadishu due to

the spread of Covid-19 in Mogadishu to keep the situation in hand. However, this order has not been effectively implemented for several reasons. First, road transportation continued functioning in all other parts of the country and South West trucking/bus businesses maintained connections with these networks. Second, there was pressure from business people and other segments in the society who didn't have other emergency transportations in a place other than by road. Third, the district administration and other authorities simply didn't follow up on the order to implement it.

The state also closed the schools, madrassas, and other social gathering places following the national order of the Prime Minister. Schools, universities, and madrassas stayed closed, but the ban was not effectively enforced in other places of social gathering due to the limited awareness among the people about the pandemic. Venues like hotels and cafes remained opened, and people continued to have social interactions and hold public gatherings. The administration also imposed a post 8 pm night-time curfew that applies to the businesses, cars, and rickshaws (although rickshaws were not allowed to work at night before even the outbreak of Covid-19). However, this was only effective in the first few days in Baidoa, the interim base for the state, due primarily to the weak enforcement capacity of the police and local authorities.

Similar to the rest of the country, air travel in Galmudug was halted (except for planes carrying medical aid) as part of the measures intended to stifle the spread of the virus into Galmudug areas. Other measures considered by Galmudug included school closures and banning Khat cargos by air and overland. However, Galmudug didn't manage to

control the flow of Khat cargos, which continued to be smuggled into the cities of the State due to porous borders. Khat dealers profited from this contraband commodity and the lack of awareness among the people.

Besides this, mosques, restaurants, and tea-shops remained in full operation and were not affected by coronavirus restrictions in Galmudug. Importantly, the Galmudug Ministry of Health broadcast awareness-tailored messages through media outlets operating in its jurisdiction. Brochures were distributed and posters were posted on billboards along the thoroughfares as part of the awareness-raising campaigns. Additionally, the Galmudug Ministry of Health erected hand-washing containers in public places as part of the preventive measures taken to contain the virus. Galmudug was not able to restrict the overland transport. The state lacks access to a large port and is heavily dependent on imports from Mogadishu and Puntland, and continued transport links. This posed a risk of transmitting the virus in the state, thus impairing prevention efforts.

Like many other regional states, Hirshabelle shares a border with Ethiopia. When the federal government banned international flights – including the Khat from Kenya – Khat dealers started to import Khat from Ethiopia over land. Hirshabelle announced an order to ban Khat from Ethiopia. However, due to weak enforcement capacity, Khat is regularly consumed across Hirshabelle jurisdictions, and the ban was not implemented due to the limited enforcement capacity of the state. Another reason why the ban on Khat was not successful is that the Khat is used by the local authorities themselves. This impeded controls on the trade shared by all regional states. The state also has limited capacity and facilities to

monitor border movements. For instance, there is limited or no personal protective equipment for health professionals supposed to monitor border movements and people coming from Ethiopia. Hirshabelle has not attempted to impose measures to reduce public gatherings and mosques and restaurants have remained open and without any restrictions. Movements of people through a road trip to parts of Hirshabelle were not also controlled. Therefore, it is likely that many people affected by the coronavirus in Mogadishu traveled to Hirshabelle districts and spread the virus.

The governance mechanisms imposed by different layers of government and their generally weak enforcement are illustrative of the capacity level of national institutions. First, the federal government-imposed governance measures were only applicable in Mogadishu. For instance, the night curfew announced by the Somali Police Force Commander was only applied in the Benadir region. Other states such as Puntland and South West announced their curfew measures. Second, the governance measures employed by different levels of government were different. The federal government and Jubaland alone ordered the closure of mosques. However, both failed due to lack of enforcement capacity and the resistance of the public to the closing of places of worship, especially during Ramadan. Third, although regional states have boundaries, there was no evidence that two or more states collaborated on the implementation of common governance measures. It is an indication that administrative intergovernmental relationships – the crux of the operationalization of a federal system of governance – are not in place.

Decentralization of the response to districts

An effective response to the Covid-19 pandemic requires local governments that can prevent the spread of the virus as well as treating patients. This is problematic in Somalia as the regional states are weak and not equipped to respond. Many districts simply cannot get testing kits due to security issues and their distance from regional capitals; there is limited personal protective equipment for health professionals, and rudimentary health infrastructure is not in place in many districts.

Some essential health equipment was donated to the federal government. Several countries and international organizations contributed much-needed materials for the Covid-19 response. These facilities were required to be distributed to districts so that the response could be decentralized. The Office of the Prime Minister facilitated the distribution of such facilities to the Federal Member States. While the Ministry of Health coordinated the mission to deliver health materials to the regional states, the national Covid-19 task force (led by the Prime Minister) coordinated and provided policy guidelines; and the Office of the Prime Minister itself delivered medical aid to districts. However, the challenges that such distribution and decentralization of aid faces have included the fact that the pandemic has coincided with an election year. As such, politicians have an interest in giving shares of the medical facilities and supplies to their respective constituencies to gain political leverage.

The Benadir Regional Administration (BRA) decentralized its efforts and established district-level committees encompassing seven individuals from the sub-divisions of each district. This is responsible for the monitoring of the situation of the coronavirus at district levels. These committees feed the information to the Regional Level Task Force, which then shares it with the national task force for deciding the course of action to be taken. Furthermore, the BRA trained 40 persons selected based on their healthcare background from the different Benadir districts to participate in the ongoing awareness-raising campaigns of their respective districts.

In Puntland, the local governments in Bosaso, Galka'yo, and Garowe have established improvised hand-washing facilities in the popular areas of the city. Further, the businesses in Puntland districts were ordered to put hygienic materials such as hand sanitizer and washing machines at the front of their businesses, although the implementation of this has not been effective. Social distancing measures are encouraged, and the local government in Garowe mounted big microphones on small rented vehicles that moved around the city, to raise the awareness of the community against the spread of the virus.

Districts and major towns in Jubaland formed local committees that coordinated responses and activities geared towards curbing coronavirus. Health workers from the Ministry of Health, Jubaland, and International Organization for Migration (IOM) have set up screening centers at border points across Jubaland. Isolation centers have been set up in districts and towns that border neighboring countries, Kenya, and Ethiopia. Moreover, the Jubaland Ministry

of Health has also trained awareness teams in Kismayo.

In South West State, there are efforts to decentralize the Covid-19 response to the districts in the state, but these efforts remain limited. For example, there are efforts to establish isolation and quarantine centers in the main districts of the state. So far, only one center was established in Baidoa while the rehabilitation of other isolation centers is ongoing. The same applies to the support and resources allocated/provided for the state by either the federal government or the international NGOs. Since the support the state receives is limited, most of this aid remains concentrated in the big cities such as Baidoa, – the interim capital of South West State. The South West Ministry of Health formed a call center for the people in Baidoa and localized the national hotline number (449). Anyone who calls this number from Yeed to Afgoye is directly linked to this Baidoa based call center. The ministry has also deployed rapid response teams at the entry points of some districts. For instance, Baidoa has three entry points: the road from Berdaale – used primarily by people coming from Kenya; the road from El-Barde – mainly used by people coming from Ethiopia and Bakool; and the road from Mogadishu – used mainly by people coming from Mogadishu and Lower Shabelle. 4 person rapid response teams consisting of regional medical officers, district medical officers, and community mobilizers were stationed at the entry of three regions. the Norwegian Refugee Council (NRC) and the World Health Organization (WHO) pay the incentives of those community mobilizers.

In Galmudug, isolation centers were operationalized in Galkacyo, Adaado, and Abudwaaq to help isolate the infected patients and reduce the transmission of the virus among the community. The State Ministry of Health has provided training to the health workers at health facilities in Galmudug districts on Covid-19 to raise the awareness of people who come to their facilities and the wider community. Communities across the Galmudug have mobilized youth teams to help provide awareness to their respective communities about the Covid-19. Coronavirus task forces at a district level have been formed comprising the district commissioner – who is the chair – business people, women, and religious leaders to mobilize local resources to tackle the Coronavirus collaborating with the Ministry at this respect.

In Hirshabelle, like other regional states, the decentralization of Covid-19 response to districts is limited. The only isolation and quarantine facilities are located in Jowhar and Beledweyne. Testing kits are only available in Jowhar and Beledweyne. This means the Hirshabelle response to Covid-19 is decentralized only to the two main towns of the state. The rest of the districts, which have limited or no healthcare infrastructure, could not be accessed. The state relies on most of its Covid-19 response on the support and medical facilities from the federal government and international organizations. Beledweyne experienced flooding during the Covid-19 situation. People in Beledweyne who were displaced by the flooding could not practice Covid-19 prevention measures such as self-isolation and social distancing.

The district decentralization of the Covid-19 response in Somalia displays several drawbacks. First, the Federal Ministry of Health has not decentralized its functions since

there are no ministry offices at the district level. However, the federal government under the leadership of the Office of the Prime Minister and the Ministry of Health did undertake some decentralization by helping state-level ministries of health respond to Covid-19. Second, almost all states have only been able to devolve Covid-19 responses and awareness-raising efforts to their main districts, whilst neglecting many others. For instance, the elderly people dying in towns like Marko in Lower Shabelle, Bulaburte in Hiiraan, and Adado in Galmudug increased in May 2020. People believed that Covid-19 could have been the reason, but there was little or no decentralized response for these towns and no one to register cases as Covid-19 positive. As domestic flights were halted these patients could not come to Mogadishu to get treatment. Third, neither the federal and state governments mobilized or sought enough support (similar to flood and drought humanitarian emergencies) from the business and other non-governmental actors. Likewise, the response efforts of non-governmental organizations and the business sector were limited. This could be interpreted as a result of wider denial downplaying of the Coronavirus or the idea that the pandemic response represented as a federal government project-driven and financed by external actors.

Coordination, Communication and Collaboration

The national task force chaired by Somalia's former Prime Minister Hassan Ali Khayre is the main coordination mechanism for the Covid-19 response. Cabinet ministers and representatives from civil society, the chamber of commerce, religious scholars, and health associations are members of the national task force. Members of this body used to meet almost every night during the peak of Covid-19 cases in Somalia. They have a sub-committee on logistics, surveillance, supporting vulnerable people, mobilizing resources, and awareness. The leaders of these sub-committees usually briefed other members at the national task force during the evening meetings. Sometimes presidents of some Federal Member States attended the evening online meetings.

In the Benadir region, the mayor of Mogadishu is a member of the national task force. Moreover, a regional task force of 15 members from the various departments of the administration was installed feeding the National Committee of Covid-19 on the situation of the virus in the Benadir Region. The 17 districts of the Benadir region have also established district-level committees of 7 members from the sub-division of each district to monitor the developments in their respective districts and furnish the information to the regional body, which passes this to the national task force.

Coordination arrangements were established in all Federal Member States. In Puntland, there is a ministerial-level task force. The Covid-19 committee used to brief the media regularly to update the public on tested cases and positive cases and their de-

mographics. The committee also occasionally discussed the pandemic's impact on the economy and how the government was trying to minimize damage. The Puntland Ministry of Health, alongside the WHO, activated the Incident Management Support Team (IMST) in response to Covid-19.

The Jubaland state has formed a committee that is tasked with Covid-19 response. The committee was constituted of government officials from concerned sectors and members from the civil society. It's led by the ministers of health and interior affairs. They coordinate all activities related to the prevention and response of Covid-19. They also oversee how the health authorities are responding. The task force is also a focal point and works closely with the federal government. The committee also gives updates of the coronavirus including new cases and related developments. Besides, most districts across Jubaland have formed similar district-level committees that are making awareness and sensitization campaigns, receiving any medical supplies from the government/humanitarian organizations, and liaising with the state and federal Covid-19 response committee if there any cases or updates on the same.

The president of South West State has appointed a response committee to Covid-19, which consisted of 5 state ministers and the governors of the 3 regions of the state namely Bay, Bakool, and Lower Shabelle. The committee is chaired by the state Minister of Health. The South West Ministry of Health has also established an incident management taskforce, which consists of NGOs and the ministry staff, to make a collective response.

In Galmudug, parallel committees at the state level and several districts have been instituted to coordinate the efforts geared towards confronting the pandemic. The Galmudug State Ministry of Health has formed a Covid-19 committee tasked with coordinating the fight against Covid-19. The committee is the nerve center for the communications with FGS and the local committees. District committees composed of notable religious personalities, the business community, youth, and women chaired by the district commissioner shoulder the responsibility of spreading awareness in the community and feeding back to the State level committee.

In Hirshabelle, there is a ministerial-level Covid-19 committee. On 17th March, the Hirshabelle State President Mohamed Abdi Waare formed a committee of 5 state-level ministries namely the Ministry of Planning, the Ministry of Health, the Ministry of Religious Affairs, the Ministry of Interior, the Ministry of Justice, and the Ministry of Information. The committee is led by the Ministry of Health and reports and coordinates with Hirshabelle President and the federal Office of the Prime Minister. There is also an incident management team in Jowhar and Beledweyne. However, as discussed above, coordination committees and the technical team in Hirshabelle are only limited to Jowhar (which is the capital of Hirshabelle), and Beledweyne town.

The political and technical level committees at state levels do not usually operate at all jurisdictions of the regional states because the writ of most states does not reach beyond the capital cities and other main towns. There

are also no observed coordination mechanisms between neighboring states. For instance, Puntland and Galmudug co-administer Galkacyo town. Although they are geographically adjacent to each other, there is no indication that the two administrations coordinate. The same applies to Galmudug and Hirshabelle; Benadir and South West, etc. Furthermore, there is no organized coordination mechanism established among the federal government and the Federal Member States. While such coordination is important, the rift between the center and some regional states could have contributed to the failure to form a coordination body or inter-governmental relationships between the federal government and regional states on Covid-19 response.

With the exception of the national Covid-19 task force led by the Prime Minister, and Puntland and Jubaland task forces, other state-level bodies have no representatives from civil society, religious scholars, and the private sector, which are all crucial for the fight against the coronavirus. In Puntland, the private sector contributed to the response efforts of the administration in Garowe.⁵ Engagement of non-state actors is crucial in Somalia since the government resources and response capacity is limited. Some private companies offered support to Mogadishu's Covid-19 hospital, Martini. Some companies also pledged financial support to fight misinformation and awareness. Engagement with the private sector is not evident in structures set up by most of the regional states.

⁵ Alsalaam Group, for example, donated 10,000 USD to Puntland Ministry of Health to support the Covid-19 response <https://hornpost.net/2020/04/10/shirkadda-al-salaama-oo-lacag-ugu-deeqday-guddiga-ka-hortagga-coronavirus-daawo/>

Communication methods employed also reveal disparity in how Covid-19 cases are disseminated. The Ministry of Health in Mogadishu regularly updated the public on the positive cases and their gender and age demographics. This briefing includes cases across the country including Somaliland. However, Somaliland and Puntland authorities, which both have laboratories for testing Covid-19 cases, have their own means to disseminate results and communicate with the public. Their briefings follow the same format as that of the Federal Ministry of Health, through press conferences, and infographics highlighting the positive cases and their age and gender profiles. Remarkably, Somaliland and Puntland briefings also include the number of people tested, which the federal government ‘purposely’ avoided disseminating. This means the communication means employed by Puntland and Somaliland authorities have more details than that employed by the federal government in Mogadishu. The other Federal Member States rarely communicate with the public in their respective communities. One reason why other regional states communicate poorly could be that their capacity to test Covid-19 is weak.

In addition, coordination and engagement between Somalia federal and state governments and the UN and other international organizations are likewise disorganized. It is mainly based on direct engagement between the regional states and the supporting organizations. Notably, the federal government with the leadership from the Office of the Prime Minister continues to receive international aid and distribute some of this aid to the Federal Member States. However, engagement with organizations like the International Organization for Migration (IOM) and World Health Organization (WHO),

which help federal and state governments in the establishment and technical support of incident management teams, tracing border mobility, and the provision of much-needed health equipment such as personal protective equipment, is mostly based on direct engagement between the regional states and these organizations.

Resource Mobilization

Both locally and internationally, financial and material resources were mobilized to fight against Covid-19 in Somalia. The federal government allocated 5 million USD and used this money for the response in the early days before external resources came into the country. The federal government has also paid half a million dollars in cash to each of the Federal Member States.

However, the resources mobilized locally to respond to the pandemic were minimal. The private sector has contributed funds both in cash and in-kind to address the coronavirus pandemic. Hormuud Foundation has contributed \$500,000, which was used in rebuilding sections of the Benadir Hospital that is recently opened to serve as the Covid-19 response center (Benson, 2020). The company has also delivered 2 ambulances to be used by frontline health workers. Dahabshiil Bank and Zamzam Foundation have donated 1 ambulance each to Martini Hospital. Benadir Electric Company (BECO), which is the main provider of electricity in Mogadishu, has donated an electrical generator that supplies uninterrupted electricity to the Martini Hospital. The reason why the local resources were minimal could be that Somalis often deny the existence or threat of the virus, and social distancing and self-isolation have not been practiced widely.

USAID has committed and contributed \$12.5 Million to address the Covid-19 outbreak in Somalia and a further \$7 Million in humanitarian and health assistance.⁶ USAID has also contributed 350 Hospital beds, 500 sets of bed sheets and 20,000 Somali made face masks to isolation centers and different hospitals across the country.⁷ USAID has also provided IT equipment and furniture to Covid-19 testing centers in Mogadishu and Puntland.⁸ The United Kingdom has contributed £38 million to the fight against coronavirus in Somalia with implementation from IOM, WFP, WHO, and UNICEF (multi-partner implementation). The World Bank approved \$137.5 million for Somalia in response to the challenges posed by Covid-19 and floods (World Bank, 2020).

Turkey has brought medical assortments and equipment that are vital for containing the spread of coronavirus. Through two subsequent flights, Turkey contributed ventilators, test kits, medical supplies, masks, and protective equipment.⁹ UAE has delivered a cargo plane that carried over 35 tons of aid and medical supplies to combat the coronavirus and provided relief items to those affected by the floods.¹⁰ The supplies also included 10 ventilators, as well as PPEs. The Inter-Governmental Authority on Development (IGAD) has contributed a cheque of \$100,000 to Somalia for the fight against the coronavirus. IGAD has also delivered medical equipment worth of \$175,000. Moreover, UN agencies contributed a number of venti-

lators to the federal government. More recently, the Organization of Islamic Cooperation (OIC) has handed over \$50,000 to the Ministry of Health.¹¹

These are huge financial resources. Although not all resources mobilized by the international community for Covid-19 response in Somalia have been released and some don't go through the country system, accountability and transparency in the distribution of materials and spending of this money would be crucial for an effective Covid-19 response. We return to this issue below.

At the Federal Member State level, Puntland deposited \$100,000 in a designated account for combating the pandemic. Members of the business community also contributed to that account. However, the exact amount of money deposited in the account and its management is not clear to the public. Additionally, Puntland had received, five hundred thousand USD out of the million that the federal government had pledged to the Federal Member States.

Resources mobilization in the other Federal Member States was small, and these regional states did not allocate budgets for Covid-19 response. They rely on the federal government and international organizations for finance, training, and equipment. At the community level, there are also no evident resources mobilized. In fact, the Covid-19 response has not been seen as a priority for some states. For instance, the authorities in

⁶ This was announced in a twitter post <https://twitter.com/USAIDSomalia/status/1245591828486750208?s=20>

⁷ For more, read the press release of the US embassy <https://so.usembassy.gov/united-states-bolsters-somalia-covid-19-response-with-donation-of-350-hospital-beds/>

⁸ See the photos here <https://twitter.com/USAIDSomalia/status/1265630141184651267?s=20>

⁹ You can see photos of these medical assortments here https://twitter.com/TC_Mogadishu/status/1257307235148955653?s=20

¹⁰ Details of this can be found at the UAE Ministry of Foreign Affairs website <https://www.mofaic.gov.ae/en/mediahub/news/2020/5/12/13-05-2020-uae-support>

¹¹ See the Somalia Ministry of Foreign Affairs tweet <https://twitter.com/mfasomalia/status/1285198783664488449?s=12>

Hirshabelle and the community focused on the flooding that displaced hundreds of residents in Beledweyne and other districts in Hirshabelle. Covid-19 was not seen as an issue in Beledweyne compared to the displacement and need for drinking water and shelter.

Accountability at times of crisis

During crises like the coronavirus pandemic, special funds are usually mobilized to respond. This opens debate and raises questions around the spending decisions relating to these funds, how the funds are allocated to the different levels of government, and the effectiveness and efficiency of the spending (Zannath & Gurazada, 2020).

In Somalia, special funds were allocated to the Covid-19 response. These include government special allocation, local businesses, and funds from the international community. Furthermore, equipment and important resources were donated by several countries, UN agencies, and other international organizations. Checks and balances and transparency in how these resources were used are vital. The country has been consistently listed as the world's most corrupt country by Transparency International. The Covid-19 pandemic also coincided with an election year (at the federal level and Hirshabelle state), which raises further concerns on possible misappropriation of Covid-19 funds towards campaign financing. The federal government has already arrested departmental directors of the Ministry of Health over corruption allegations; some of these civil servants were recently sentenced to years of imprisonment.

The federal government has allocated \$5 million to the Covid-19 response. While the government handed over half a million to five regional states (\$2.5 million in total), little is known how the federal government spent the remaining half of its special fund. Furthermore, there are no available data on how the half-million dollars handed over to the five regional states were spent.

Somalia has institutions mandated to ensure public accountability. The Office of the Auditor General's duty is to enhance public accountability in the management and use of public funds and resources. There is also a parliamentary Committee on Budget, Finance, Planning, International Cooperation and Financial Oversight of Public Institutions whose mandate is to hold the executive accountable to the public expenditures. It is within the Attorney General Office's (AGO) jurisdiction to administer criminal justice cases including corruption allegations and ensure the protection of the rights of citizens. Although there are no exclusive anti-corruption bodies, the recovering courts also play a role in providing justice to individuals alleged to have misappropriated public resources.

Accountability is important especially in the fight against the coronavirus pandemic in Somalia. First, the federal parliament and the office of the auditor general could ask questions to the federal government on how the in-kind and money donated externally are distributed. The federal government rented airplanes and distributed medical supplies to districts. Little is known how the federal government decided what resources to allocate to which district and the effectiveness and efficiency of its approach. Second, it is important to understand how the meager funds and Covid-19 response assistance

received by the regional states are spent. This is the primary duty of state legislators, but the federal government, which has provided the money as well as the federal parliament, could also follow up on how these resources have been managed. To understand the management of Covid-19 funds at both federal and state levels, the Puntland Development and Research Centre (PDRC) suggested the establishment of an independent 15-member Coronavirus Oversight Committee with a similar structure of the Financial Governance Committee (Bile, Shire, & Hussein, 2020). Although such a body could have advanced transparency and accountability, its establishment may take some time. Third, civil society especially the media and research organizations should monitor and investigate how resources and special funds allocated to Covid-19 response have been and continue to be used.

The missing links

The coronavirus global pandemic has exposed the fragility and weakness of public institutions in Somalia. The country's health systems are at a rudimentary stage and are dominated by the private sector. There were a number of missing elements that became evident during the pandemic. First, the country has no properly functioning institutions responsible for both prevention and virus response. The National Health Institute was not fully operational. There were no laboratories capable of testing for viruses like Covid-19, which initially induced the country to send test samples outside of the country for processing.

Second, there are many emergencies in Somalia. Yet, there is no single functioning national or state emergency center that could deal with situations such as the Covid-19

pandemic. When more than 500 people died in the Zoobe junction deadly explosion on 14 October 2017 in Mogadishu, it exposed how Somalia is unprepared for crises. Although there have been efforts in the past to establish a national emergency center to coordinate responses to such incidents, the government has not succeeded in operationalizing any facility of this type. There are also other periodic emergencies such as flooding, droughts, and others that such a center could respond to.

Third, there have been no institutional arrangements or governance mechanisms to respond to a pandemic public health emergency. This is evident in the different federal and state-level coordination committees and every government entity working on the coronavirus response. What is also missing is an inter-governmental relationship that could improve coordination and collaboration among the different tiers of government. Article 111(f) of the Provisional Federal Constitution mandates the establishment of the Interstate Commission. The constitutional review committee in 2016 recommended the formation of a coordination office under the Office of the President that would replace the interstate commission (Somali Public Agenda, 2019). Neither the commission nor the coordination office was established. Were these in place, they could have helped formulate and enact a more effective Covid-19 response.

Fourth, the Covid-19 pandemic has necessitated a decentralized response as the virus has spread across the country. In many places, both the federal government and states failed to decentralize such life-saving services to districts. On other occasions, the federal government unilaterally delivered

some health support to districts. Furthermore, the horizontal coordination and inter-governmental relationship between regional states were almost non-existent. This then poses a question on the viability of the current federal structure in place and how it could be better operationalized going forward.

Finally, Coronavirus is just one of the many crises facing Somalia. The fragile but slowly recovering public institutions in the country faced the pandemic and governed it along with other pressing challenges including flooding in some regions, the impact of locusts, long terms needs of IDPs, insecurity, electoral politics, poor relations between the center and regional states, among others. These other pressing priorities have also negatively impacted the governance responses of the Covid-19 in Somalia. This is compounded by widespread popular misunderstandings or doubts about the dangers posed by Coronavirus. In a sense, this is in itself also related to a lack of state capacity: the inability of authorities to undertake large scale, wide-spread, and systematic testing across Somalia mean that the number of confirmed case and deaths has – on paper – remained low. In turn, this may have fueled a downplaying of the crisis by certain authorities and a lack of sustained prevention and treatment activities.

Conclusion

The Covid-19 pandemic spread across Somalia and again exposed the fragility of public institutions. There are limited laboratories that can be used to test the Covid-19 samples. The number of samples tested was minimal in number, and the positive, recovered, and death numbers reported likely do not reflect the actual number of people who contracted the virus and the actual deaths from the coronavirus. The national Covid-19 response was understandably minimal, and was/is only limited to Mogadishu, the seats of regional states, and few other major towns. Although some governance measures were employed by the federal government and federal member states, these measures were poorly enforced due to the weak enforcement capacity of public institutions. There have been some financial and in-kind support to Covid-19 response, but transparency and accountability mechanisms relating to how these resources have been used are not clear. The Covid-19 pandemic became one among many pressing priorities for the recovering public sector institutions in Somalia, and one key lesson from the pandemic relates to the need for investment in both governing institutions and the delivery of public services. The pandemic may come to an end, but it could inspire leaders to invest more in increasing access to and quality of public services in Somalia.

Policy Considerations

Health sector investment: before the Covid-19 pandemic, the public budget for healthcare was low, despite experiencing a modest increase from \$4.4 million in 2018 and \$7.3 million in 2019 to \$9.4 million budget in 2020 (Somali Public Agenda, 2020). It is encouraging that the budget for the health sector was significantly increased during the recently revised budget approved by the Council of Ministers. The revised budget indicates that the budget for the Ministry of Health and Covid-19 response project account for \$31.9 million, which is a \$22.4 million increase. Such funds should be invested in the establishment and strengthening of key public health institutions. The capacity of the National Health Institute could be significantly enhanced. Moreover, at least one public hospital with the necessary equipment and health professionals could be operationalized in each of the Federal Member States as well as in Mogadishu. The Covid-19 pandemic will likely come to an end, but it should mark a turning point for the state in terms of access to healthcare in Somalia, and it should lead to the prioritization of the health sector.

Inclusive decision-making: The Covid-19 task forces established at different levels of government in Somalia generally showed a lack of inclusivity. The task forces in three regional states were only constituted at a ministerial level, and key segments of the society including the civil society, business actors, and religious scholars were not included. When dealing with a global pandemic like Covid-19 with little resources and weak public institutions, collective efforts are even more crucial. Policy decisions and measures were made unilaterally by the gov-

ernment with little or no input from the different groups of the society that the decision would affect. The government must recognize the multi-dimensional effects of Covid-19 and seek the support and contribution of the wider community.

Inter-governmental relations: the study revealed poor inter-governmental relations between the Federal Government and the Federal Member States as well as among regional states. There was no coordination office or commission established to better coordinate Covid-19 responses. One reason why the inter-governmental relations were poor could be the rift between the center and some of the periphery states. The Covid-19 pandemic governance indicates the urgent need for an inter-governmental disaster response coordination body that is insulated from wider politics. A good inter-governmental relationship would help better coordinate the international financial and material support to the fight against the coronavirus and other natural disasters in Somalia.

Decentralizing public services: although the Covid-19 pandemic spread across the country, access to treatment was limited only to major towns. The federal government concentrated all its efforts on Mogadishu, while regional states managed to reach only two to three main districts under their respective jurisdictions. Citizens in many towns were deprived of access to basic healthcare. This reflects a broader marginalization of periphery districts and towns by both the federal and state governments. One primary driver for a decentralized form of governance was a genuine need to decentralize access to basic services (Elmi, 2014). The federal government, regional states as well as the international community should col-

lectively prioritize decentralizing basic government services to the periphery districts. Citizens of these districts through their state and federal level representatives should also demand access to government services.

Transparency and accountability: huge material and financial resources were pledged and contributed to the Covid-19 response. Citizens need to know how policy decisions regarding the distribution of these resources were reached and the efficiency

and effectiveness of these decisions. Transparency in public spending especially in Covid-19 related funds is important for a better response. The federal and state institutions mandated to check and make the executive accountable should begin to play a key role in advancing accountability and transparency by examining the allocation of Covid-19 funds. In the short term, civil society especially the media and research organizations should also monitor and investigate the appropriation of Covid-19 funds and material support.

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