



HEALTH CLUSTER SOMALIA

HEALTH CLUSTER BULLETIN

MARCH-APRIL 2026



The Federal Ministry of Health-Director General, Mr. Yussuf Hassan Issack launch the World Immunization Day April (Photo Credit: WHO).

Emergency type: Complex Emergency (Conflict, Drought, Floods, and Disease outbreaks)

19.8 M Population

3.3 M IDPs

5.0 M People in Need

50.2% Females
49.8% Males

2.4 M People targeted

80 M US \$ Required

Key Highlights

- The prolonged drought in Somalia continues to exacerbate malnutrition, increase susceptibility to disease, and elevate mortality risks, particularly among vulnerable populations.
- An estimated 2 million people in Somalia are experiencing emergency levels of food insecurity (IPC Phase 4), while over 1.8 million children under five are affected by acute malnutrition, including approximately 483,000 cases of severe acute malnutrition (SAM)—largely driven by prolonged and severe drought conditions (*OCHA Situation Report #5, April 6, 2026*).
- Epidemic-prone diseases, specifically AWD/cholera, measles, and diphtheria, remain the leading drivers of the country’s disease burden and public health risks. The scale of these ongoing outbreaks continues to drive morbidity and mortality rates.
- Population displacement continues to heighten public health risks and reported diseases, with overcrowded settlements lacking adequate WASH services, increasing the likelihood of disease transmission.
- Acute funding shortfalls are critically undermining the Health Cluster’s capacity to scale up life-saving interventions, particularly in outbreak response and primary healthcare delivery. As a result, health partners are increasingly forced to withdraw support from frontline health facilities.

Key Figures on Achievement (as of March 2026)

859 K Overall people reached	62% Female reached
	38% Male reached
2.5 M OPD medical consultations	63 Reporting partners
12.8 K Mental health consultations	41 NNGO
12.5 K Consultations of People with disability	18 INGO
202.4 K Children received measles vaccine	3 UN Agencies
128.8 K Children received Penta3 vaccine	1 Government service
68 K Births assisted by a skilled birth attendant (SBA)	741 Health facilities supported
449.3 K Antenatal care (ANC) visits	88 Hospitals
1.2 M Treatment courses delivered to health facilities	653 Primary health centers
11 K Cases referred for specialized treatment	187 Mobile health units
827 Health workers trained	FUNDING US \$ - FTS <small>(https://fts.unocha.org/plans/1180/summary)</small>
	80 M HNRP 2026 Requested
	7.3 M (9.1%) Received <small>(as of April 2026)</small>

Situation Overview and Humanitarian Needs

Somalia continues to face a complex humanitarian emergency driven by climatic shocks of prolonged drought, conflict, displacement and recurrent disease outbreaks, resulting in increased health needs and vulnerability among affected populations. Despite forecasts of improved rainfall, the impact of the extended Jilaal dry season (January–March 2026) has led to severe water scarcity, livestock losses, and population displacement, further exacerbating humanitarian conditions.

An estimated 4.6–5 million people have been affected by drought, including over 490,000 displaced persons, according to government authorities and humanitarian partners. Reduced water availability, including significantly decreased levels in the Shabelle and Juba rivers, continues to limit access to safe water, particularly in rural and hard-to-reach areas (*OCHA Drought Situation Report No. 5, April 2026*).

Malnutrition remains a major contributor to morbidity and mortality. An estimated 1.84 million children aged 6–59 months are projected to be acutely malnourished, including 483,000 cases of severe acute malnutrition (SAM). Service delivery capacity has been further constrained by the closure of 125 SAM and 360 MAM treatment sites due to funding shortfalls, limiting access to life-saving nutrition services (*Nutrition Cluster / OCHA, 2026*).

Drought-related displacement and limited access to water, sanitation, and healthcare services continue to heighten the risk of communicable diseases and adverse health outcomes, particularly among children under five and internally displaced populations.

Persistent funding gaps are significantly constraining the scale and continuity of humanitarian health interventions, including essential service delivery, outbreak response, and outreach activities in high-priority districts (*OCHA Situation Report No. 5, April 2026*).

Public Health Risks, Needs, Gaps, and Priorities

Somalia continues to experience multiple concurrent disease outbreaks, driven by drought conditions, population displacement, and limited access to essential health and WASH services. Acute watery diarrhoea (AWD)/cholera remains a major public health concern, with ongoing transmission reported in several drought-affected regions. Reduced access to safe water and sanitation, particularly in internally displaced persons (IDP) settlements, continues to facilitate the spread of waterborne diseases.

Measles outbreaks have intensified significantly, with a **marked increase in caseloads** reported across multiple states including Somaliland, Southwest, Hirshabelle, Lower Juba, and Banadir. This surge underscores a systemic vulnerability driven by low routine immunization rates and a high movement of population, posing a severe threat to child survival across the most affected regions.

Children under five years of age remain disproportionately affected, with increased risk of complications among malnourished populations.

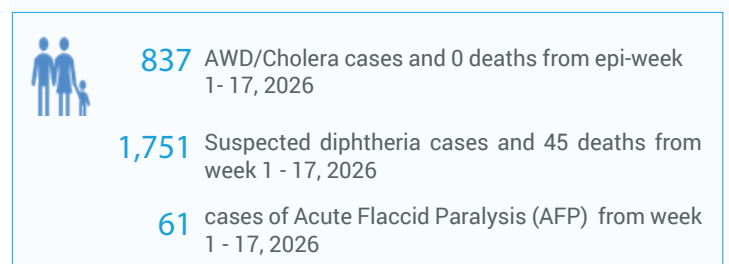
Diphtheria cases continue to be reported across nearly 30 districts, with 1,751 clinically confirmed cases and 32 associated deaths recorded between epidemiological weeks 1 to 17. This trend underscores persistent gaps in immunization coverage and the need to strengthen surveillance, case management, lab capacity, and other outbreak response capacity.

The overall disease burden is further compounded by high levels of acute malnutrition, which increase susceptibility to infection and the risk of severe disease outcomes. Seasonal factors, including the anticipated Gu rains, may further elevate the risk of outbreaks due to flooding, population movement, and increased contamination of water sources.

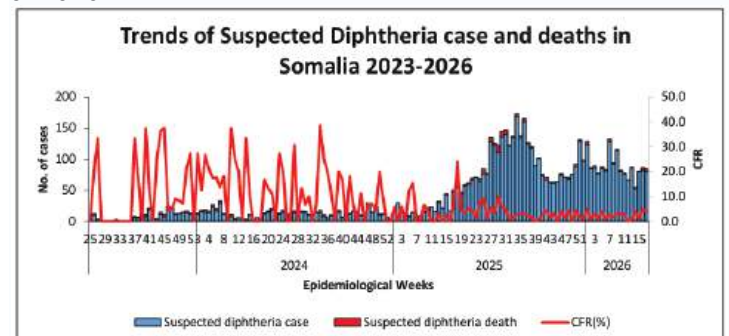
Surveillance systems, including early warning mechanisms, remain operational but face coverage and reporting gaps, particularly in hard-to-reach and conflict-affected areas. Delays in case detection and response continue to affect outbreak control efforts.

Overall, the epidemiological profile remains fragile, with a high risk of further disease spread and increased mortality, particularly among vulnerable populations, including children under five, displaced communities, and those with limited access to health services.

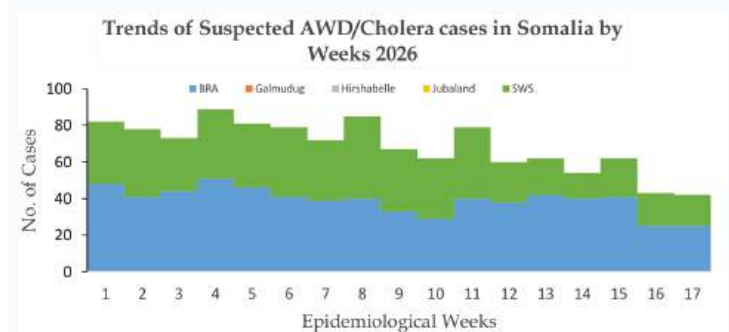
The following summarizes the reported burden of key epidemic-prone diseases in Somalia during epidemiological weeks 1–17, 2026:



The following graphs highlight the **epidemiological curves** of **Diphtheria**, **AWD/Cholera**, and **Measles** for weeks 1–17 of 2026.



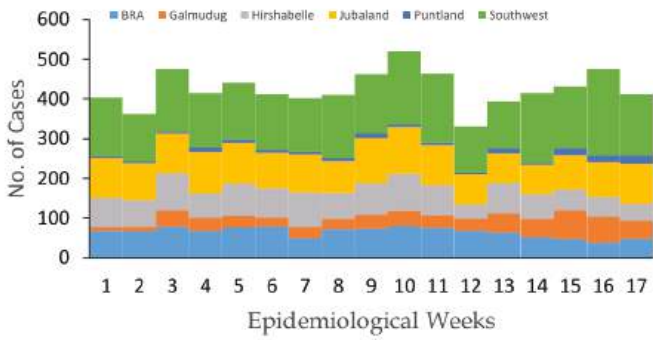
Trends of diphtheria cases in Somalia 2023-2026¹



Trends of AWD/Suspected Cholera by week 2025-2026¹

¹FMOH, IDSR Epidemiology Bulletin Somalia, May 2026

Trends of Suspected Measles Cases in Somalia by Weeks 2026



Trends of Measles cases in Somalia week 2025-2026¹

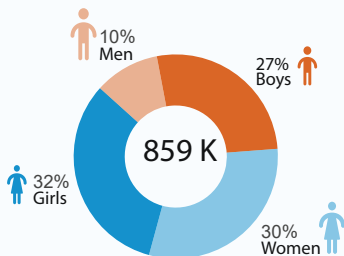
Health Cluster Response Efforts

Health Cluster partners in Somalia continued to scale up the delivery of essential health services in an increasingly difficult humanitarian context marked by worsening drought conditions, recurrent disease risks, displacement, and limited access to basic services.

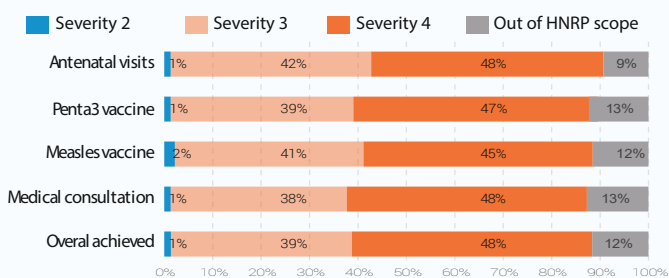
As of March 2026, a total of 858,700 people have been reached, representing 30.7% of the target population, reflecting continued efforts to scale up the response in priority areas. Partners delivered more than 2.5 million outpatient consultations, including 12,800 mental health consultations and 12,500 consultations for people with disabilities, demonstrating both the breadth of service delivery and continued attention to vulnerable groups with specific needs. However, the response remains heavily underfunded, with only US\$7.3 million received, equivalent to 9.1% of the total requirement, which continues to limit the ability of partners to fully meet growing humanitarian health needs across the country. Strengthened funding support will be essential to maintain current interventions and scale up response efforts to adequately respond to the growing health needs generated by the worsening drought crisis.

The following charts and map summarize the key figures related to partner response as of March 2026.

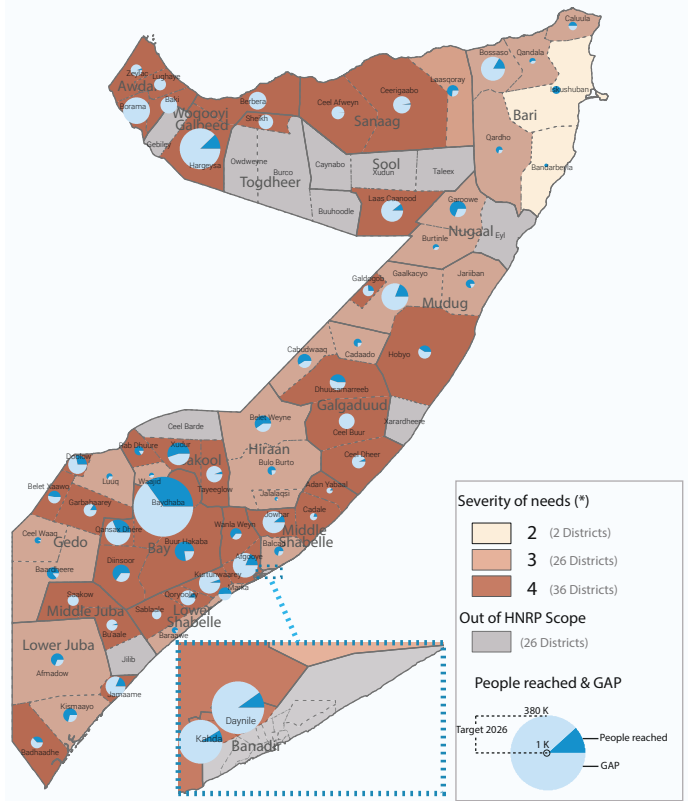
People reached by Age & Sex



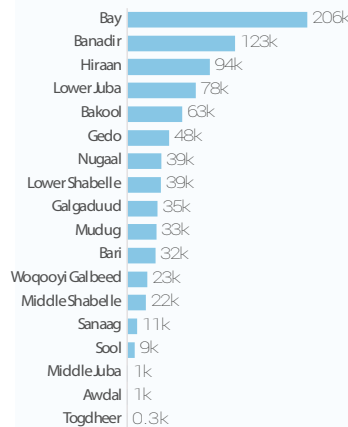
Achievement by Severity



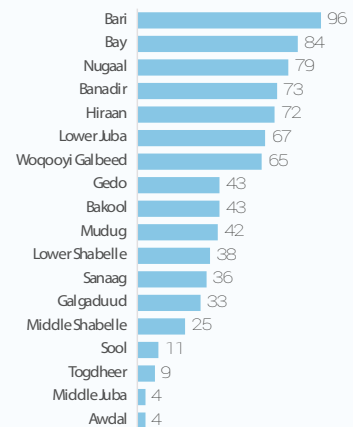
People reached and Gap at district level



People reached by Region



HF Supported by Region



Impact on funding cuts

Despite the tireless efforts of health partners to deliver life-saving services, severe funding cuts have critically hampered the capacity to scale up interventions against rising needs. A recent joint Health and Nutrition Cluster assessment reveals a staggering impact: between November 2025 and February 2026, over 260 health facilities have either closed or moved to reduced capacity. This includes 26 hospitals, 184 primary healthcare facilities, and 50 mobile outreach teams, directly jeopardizing essential care for 1.62 million people across 27 districts. A detailed analytical report is forthcoming.

In addition, the Better Lives Programme, funded by the FCDO and supported by UNICEF, closed early on 31 March 2026, despite being originally scheduled to end in September 2026 due to funding landscape in Somalia.



United Nation Children's Fund (UNICEF)

UNICEF is currently supporting 284 health facilities and 2 mobile clinics across Somalia to ensure access to essential health services for women and children. During March 2026 approximately 67,629 people reached essential health services through UNICEF-supported facilities, including 27,522 children under five. UNICEF supported health interventions successfully reached 7,656 women for ANC1 and 2,800 for ANC4, highlighting a positive trend in the continuity of maternal care. Furthermore, 4,281 deliveries were conducted by skilled attendants, ensuring safer outcomes for both mothers and newborns. Vaccination coverage also expanded, with 7,036 infants completing the Penta 3 series and 8,766 receiving measles-1, a critical step in mitigating the current measles surge.

During the reporting period, UNICEF, in partnership with the Federal Ministry of Health (FMOH), launched the Somalia Community Health Strategy (2025–2029) on April 7, 2026, marking a major milestone in strengthening community-based primary health care.

Concurrently, and in close partnership with the FMOH, the development of the Somalia Essential Newborn Care and Small and Sick Newborn Care Guidelines progressed to the final stages. Progress also continued the development of the Kangaroo Mother Care (KMC) Training Guidelines and KMC Operationalization Guidelines, which are ongoing. Additionally, the development of the National Child Survival Action Plan is in progress, with bottleneck analysis and field consultations having been completed.



The launch of community Health Strategy (2026-2029) in Somalia (7th April 2026). (Photo Credit : UNICEF)

Prior to the closure of the Better Lives Programme, funded by FCDO, UNICEF distributed equipment for newborn care units to selected districts and regional hospitals under the Better Lives Programme to facilitate the establishment of operational newborn care units. Somalia has achieved significant milestones in the global "Big Catch-Up" (BCU) initiative, completing multiple nationwide rounds to reach zero-dose and under-immunized children. Recognizing this progress, Somalia was selected to conduct a specialized BCU Case Study in partnership with UNICEF and the Federal Ministry of Health. This study will generate evidence-based insights to bridge the gap between emergency campaigns and sustainable routine immunization.

By evaluating both operational successes, such as integrated micro-planning, and persistent barriers like access and logistics, the study will inform future strategies across all Federal Member States including Puntland, Galmudug, Hirshabelle, South-West, Jubaland, and Benadir to ensure more equitable health service delivery.

Furthermore, building on the 2025 AHEAD (Actionable Health Analytics for Decision-Making) initiative successes, UNICEF is currently supporting the Federal Ministry of Health in a nationwide effort to strengthen immunization data governance. In April 2026, technical workshops are being held in Mogadishu, Garowe, and Hargeisa to build the capacity of federal and subnational HMIS teams. The primary objective of this phase is to institutionalize data quality standards and enhance the ability of government personnel to utilize subnational analytics for more effective and equitable health service planning.

Moreover, in the northeastern state, UNICEF conducted the third round of the Big Catch-Up campaign from April 19 to 23, 2026 targeting 40,855 children, with the aim of reaching zero-dose and under-immunized children through intensified vaccination approaches (fixed, outreach, and mobile teams) to close the immunization gap in the region. UNICEF, in collaboration with FMOH and WHO, is planning the implementation of the second round of the diphtheria response campaign targeting 17 hotspot districts across Hirshabelle, Galmudug, and South-West states. This campaign targets two key age groups: children under 5 with Pentavalent (Penta) vaccine, aiming for 576,935 children, and children aged 5–15 years with Td vaccine, aiming for 551,634 children.



During the 3rd Round of BCU conducted in Northeast State, Somalia (April 19-23, 2026). (Photo Credit : UNICEF)

WHO continue its collaboration with the Federal Ministry of Health and States MOHs to provide significant support to the health emergency response and service delivery in Somalia, particularly in diseases outbreak response pillars, vaccination, supplies and medicines, and capacity building of healthcare providers.

During March and April 2026, WHO supported capacity building of 63 healthcare workers in Garowe and Mogadishu on the clinical management of diphtheria, including early detection using standard case definitions, case classification, prompt administration of diphtheria antitoxin (DAT), antibiotic treatment, infection prevention and control (IPC), patient monitoring, and timely reporting in line with MOH and WHO guidelines. WHO has expanded IDSR implementation to 50 health facilities across 10 drought-affected districts.

In addition, WHO conducted capacity-building activities for 50 District Health Management Team (DHMT) members, 10 data clerks, and 10 State Surveillance Officers on Integrated Disease Surveillance and Response (IDSR), including detection of epidemic-prone diseases using standard case definitions, case reporting, data management, analysis and interpretation, and alert verification. WHO supported the establishment and operationalization of Rapid Response Teams (RRTs) in 15 drought-affected districts across 7 states. RRT members were trained on alert verification, detection of priority epidemic-prone diseases using standard case definitions, specimen collection, case management, and reporting in line with national and WHO guidelines. A total of 45 RRT members were trained and are now functional.

WHO supported the operationalization of influenza sentinel surveillance in 7 sites across Mogadishu (3), Garowe (1), and Hargeisa (2) through capacity building, provision of sample collection and testing kits, and facilitation of specimen transportation to the National Public Health Laboratory. Between Jan to April 2026, a total of 302 samples were collected, of which 55 tested positive for influenza, reflecting strengthened case detection and reporting. WHO also conducted capacity-building for over 20 surveillance focal points and laboratory personnel on surveillance and data management, and supported coordination with health facility leadership to address gaps in detection, sample handling, and transport, thereby enhancing influenza surveillance and response capacity.

WHO has prepositioned a range of health kits and equipment to support ongoing health partners and MOH health interventions in drought affected districts, including IEHK kits estimated to reach 680,000 people, PED-SAM kits for 4,350 children, and TESK modules for 12,800 trauma cases.

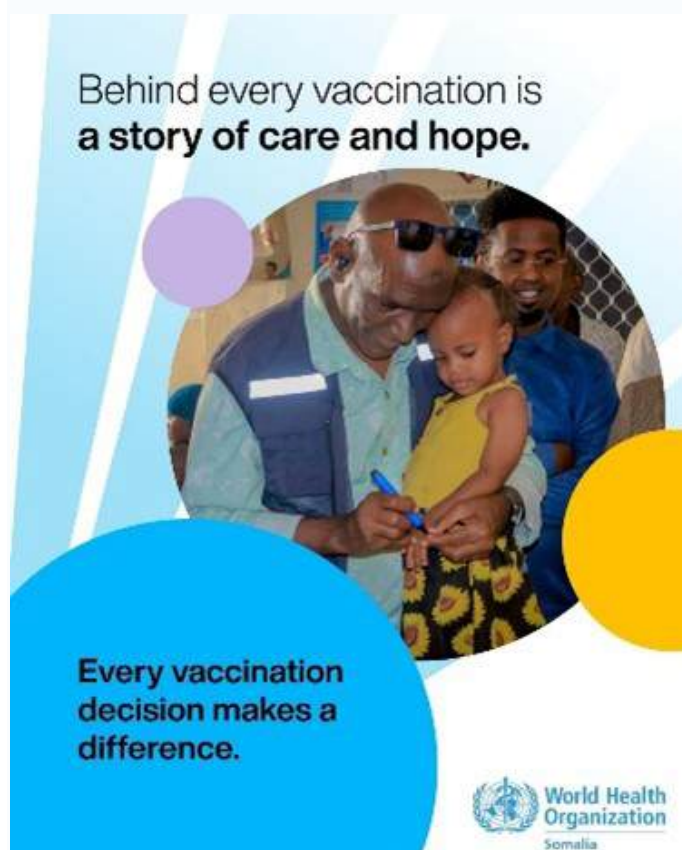
Additional supplies such as laboratory consumables, APC Smart-UPS, oxygen cylinders, and PPE units have also been provided to strengthen health services and ensure continued support for affected populations.

In partnership and support of WHO, UNICEF and other stakeholders, the Federal government of Somalia has launched the Somalia Community Health Strategy (2025–2029) on April 7, 2026, marking a major milestone and fundamental principle of strengthening primary health care in Somalia. The launch of the Community Health Strategy coincides with the World Health Day. Marking World Health Day, WHO reaffirms its support and standing together with Somali Academic Institutions for a stronger health system.

Additionally, for World Immunization Week, in close collaboration with FMOH, WHO and UNICEF have reaffirmed that vaccination is the backbone of health and the most effective health interventions to reduce the morbidity and mortality in Somalia and confirmed their continued support to reach every child with vaccination across the country.




WHO and UNICEF leadership in Somalia during launching the World Immunization Day April 2026 (Photo Credit : WHO)

The graphic features a circular inset photograph of a man in a blue uniform and sunglasses holding a baby. The background is light blue with white and yellow circular accents. The text is in a clean, sans-serif font. The WHO logo and 'Somalia' are in the bottom right corner.

Behind every vaccination is
a story of care and hope.

Every vaccination
decision makes a
difference.



Moreover, WHO convened field teams' internal in-depth discussion between April 5-9, 2026 with state-level WHO teams of Polio, Emergency and EPI to review progress in immunization, Polio eradication and health emergency response, analysis the current situations at states, challenges and agree on the 2026 plan and priorities.



WHO Field teams Emergency, Polio and Immunization Review Meeting- Mogadishu, April 2026 (Photo Credit : WHO)



United Nations Population Fund (UNFPA)

UNFPA is a leading sexual and reproductive health agency, and works to ensure every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. UNFPA's mission includes ending unmet needs for family planning, preventable maternal deaths, gender-based violence, and harmful practices like child marriage and female genital mutilation. UNFPA is currently supporting 12 health facilities (BEmONC and CEmONC) and 8 Mobile Outreach campaigns across the country.

Key Updates

Lifesaving SRH/GBV Services: UNFPA-supported 12 facilities and 8 outreach campaigns reached 38,383 beneficiaries with essential maternal and reproductive health services. 7,848 women attended antenatal care while 6,798 attended postnatal care. Further 2,843 deliveries were conducted by skilled birth attendants (SBA) and 733 Cesarean sections were performed in the facilities, while 721 mothers were provided with family planning services. 1,080 pregnancy-related complications were managed and 526 other medical issues, such as STIs.

Beyond the facility-based care, 10 outreach campaigns delivered 11,050 outpatient services while providing integrated SRH/GBV awareness to 6,069 individuals and facilitated 715 referrals for the management of pregnancy-related complications.

Quarterly RMNCAH TWG: 19th February 2026 Minister of Health held the RMNCAH TWG was held where the team reviewed and approve an annual workplan for the technical working group.

Review of the National Strategic Plan of HIV: Under the leadership UNICEF and MOH, the National Strategic Plan was drafted and awaits government endorsement

Essential newborn Care Guideline (PHC) and Small and sick newborn Care Guideline (Hospitals): With the support of UNICEF, the RMNCAH TWG has developed the two guidelines of newborn care both at the primary health care (Essential newborn Care Guideline (PHC)) and hospital (Small and sick newborn Care Guideline (Hospitals)), where validation workshop was held 24-25 February 2026



A neonatologist attending to a newborn under an infant radiant warmer in Hargaisa Group Hospital (UNFPA) (Photo Credit : UNFPA)



A medical doctor attending a very low birth weight newborn in an infant incubator newborn in Banadir Hospital. (Photo Credit : UNFPA)



HIDIG Relief and Development Organization (HIDIG)

Brief Organization Profile

HIDIG Relief and Development Organization (HIDIG) is a national humanitarian non-governmental organization established in 2000. HIDIG prioritizes support to vulnerable populations affected by conflict, drought, and displacement. The organization's main office is based in Mogadishu, with presence in Beletweyne and Baidoa, enabling effective coordination and field implementation.

Over the past two decades, HIDIG has implemented multi-sectoral humanitarian programmes in partnership with UN agencies and international NGOs. The organization maintains strong engagement with local communities through collaboration with community-based organizations (CBOs), as well as women's and youth groups. HIDIG also works closely with government institutions at federal and state levels.

Organization Programming Updates (March–April 2026)

In response to the drought in the Southwest, with support from the Somalia Humanitarian Fund (SHF), HIDIG is currently implementing three projects in Beletweyne and Baidoa, including a flagship programme in rural Baidoa. Under this support, HIDIG continues to deliver essential primary health care services through Sigalow Health Center, Qoydo Primary Health Unit (PHU), and mobile outreach activities serving hard-to-reach communities, including Dharkeynta, Dabeyl, Bacad Buke, Dhaay Wabar, and Qoydo villages.

A total of 6,161 individuals were reached during the report period. This included 2,582 outpatient consultations, 493 antenatal care (ANC) visits, 408 postnatal care (PNC) consultations, 52 safe deliveries, and 369 children vaccinated against measles. In addition, 2,257 individuals received health education, and 23 emergency referrals were facilitated.

As part of the drought response in Baidoa, HIDIG is also implementing nutrition programming focused on both treatment and prevention of malnutrition through Outpatient Therapeutic Programme (OTP) sites support.



Medical consultations are provided by medical team in one of health facilities in Baidoa (Photo Credit : HIDIG)

In Beletweyne, HIDIG strengthened its referral system to ensure continuity and quality of care in collaboration with other organisations either those supported by SHF and other donors. The severe and complicated cases were referred to Beletweyne Hospital for advanced care. The combination of fixed health facilities, mobile outreach services, and referral mechanisms has improved access to essential health services for underserved populations, particularly in hard-to-reach areas.



Outreach activities are provided to community in rural Beletweyne (Photo Credit : HIDIG)



Zamzam Foundation

Organization background

Zamzam Foundation is one of Somalia's longest standing national humanitarian and development organizations, established in 1992. Over more than three decades, the foundation has maintained a sustained operational presence across Somalia, addressing immediate humanitarian needs while supporting recovery, resilience, and local systems strengthening.

As of 2026, Zamzam Foundation supports 35 health service delivery points across seven regions of Somalia, comprising 5 Primary Health Units, 9 Health Centres, 5 health camp/mobile teams and 16 Tuberculosis Management Units across Gedo, Lower Jubba, Banadir, Middle Shabelle, Hiraan, Lower Shabelle, and Middle Jubba.

Service delivery

In March 2026, a total of 23,500 people reached with outpatient medical consultations, this include 3,200 pregnant women attending antenatal care, while 380 deliveries were supported skilled birth attendants, contributing to safer childbirth and improved continuity of maternal care. Routine immunization services continued to strengthen protection against vaccine preventable diseases, with 912 children receiving measles vaccine and 1,018 children completing the third dose of pentavalent vaccine (Penta3), reflecting continued progress in routine immunization coverage. At community level, complementary interventions reinforced facility-based service delivery through strengthened referral pathways, health promotion, and integrated community case management. Trained Community Health Workers provided treatment for childhood pneumonia, diarrhoea, and malaria among 153 children in remote and underserved settlements where access to fixed services remains constrained in Bardhere and Jamame Districts. During the period, 32,100 community members were also reached with integrated health and hygiene promotion messaging focused on prevention of communicable diseases and mitigation of heightened public health risks associated with ongoing drought conditions.

Unique initiative

Since 2022, Zamzam Foundation, in collaboration with CORE Group Partners Project and with funding from Gates Foundation, has been implementing the Far-Reaching Integrated Delivery (FaRID) Project in Somalia. FaRID represents a distinctive service delivery model designed to restore essential health services in some of the country's most access constrained and underserved districts. The initiative brings together non-traditional Global Polio Eradication Initiative actors to reach populations historically excluded from routine health systems through an integrated package of immunization, primary healthcare, maternal services, and nutrition support. What distinguishes FaRID is its ecosystem approach, combining local acceptance, technical innovation, and operational flexibility to deliver services in areas affected by insecurity, weak infrastructure, and the presence of non-state armed actors.

The CORE group partners supported project has supported service delivery in highly constrained districts including Jamame, Hagar, Luuq, Afmadow, Dhobley, Elwak, Beled Hawo, Doolow, Bardhere, and Badhaadhe. In these districts, FaRID has combined fixed service points, targeted outreach, community mobilization, zero dose identification, referral pathways, and disease surveillance to expand continuity of care for remote communities.



Nurse providing services in one our health facility supported by FaRID project (Photo Credit : ZAMZAM)

In 2025 alone, through FaRID implementation, CGPP and partners (Zamzam and VCI) delivered strong results across these hard-to-reach geographies. A total of 41,699 children under five received vaccination services, including 936 zero dose children identified and vaccinated for the first time. An additional 41,355 children under five were reached during four rounds of supplementary immunization activities. Across integrated health services, 79,367 outpatient consultations were delivered, of which 38,643 were for children under five years. Community engagement efforts also reached 40,051 people with health education and behaviour change messaging. FaRID demonstrates that with trusted local leadership, negotiated access, and integrated service delivery, even the most difficult operating environments can achieve measurable gains in immunization equity, child survival, and restoration of essential health services.



Nurse administering TT vaccine at Kulmiye HC, Deynile district. (Photo Credit ACF)

In March 2026, ACF reached 150,006 individuals (19,376 boys, 21,759 girls, 47,525 men, and 61,346 women) through outpatient consultations, including services to 2,296 people living with disabilities. A total of 461 mental health consultations were provided. 2,833 cases were admitted to the inpatient services across 7 hospitals. Additionally, 6,362 children received immunization services, 26,698 antenatal care consultations were conducted, and 2,140 deliveries were assisted by skilled birth attendants. Furthermore, 17,999 community members were reached through PSEA awareness-raising sessions.



Training of frontline health workers on BEmONC, GBV, MHPSS and Disability Inclusion. (Photo Credit ACF)



ACTION AGAINST HUNGER (ACF)

OVERVIEW OF ACF WORK IN SOMALIA

As part of a global network operating in 55 countries, Action Against Hunger (ACF) has maintained a strong presence in Somalia for 32 years, with interventions spanning 10 regions across the country. ACF and its consortium partners cover 41 districts out of 75 districts representing 55% coverage. It operates in 39 HTR villages through the ICCM+ approach to contribute to reduction of childhood illness and acute malnutrition. Its work covers key sectors including health, nutrition, WASH, food security and livelihoods, emergency response, and protection. A strong commitment to localization is reflected through ACF's partnerships with six national organizations, which collectively receive approximately 20% of the annual budget.

ACF implements the Federal Ministry of Health's flagship Damal Caafimaad program in two regions (Bay and Bakool), funded by the World Bank, and has been a pioneer in health systems strengthening, supporting over 2,400 seconded staff in 107 facilities to deliver lifesaving services. In addition, it plays a leading role in consortia efforts, heading Caafimaad Plus and participating in SomRep, BRCiS, SCC, and the Future of Pastoralism initiatives.

CASE STUDY : ADDRESSING VACCINE HESITANCY IN BAIDOA THROUGH THE HUMANITARIAN ACCESS INITIATIVE (HAI) UNDER CAAFIMAAD PLUS CONSORTIUM

The issue: During the last quarter of 2025 measles outbreak in Baidoa, data from ACF-managed Bayhaw and Bay Regional Hospitals identified a specific community near HFs with the highest caseloads.

Strategy: The HAI community engagement model was applied to strengthen outreach and trust. Key misconceptions, such as the belief that vaccines are only for sick individuals or that faith prohibits vaccination, were actively addressed through targeted messaging. Peer learning was promoted by linking resistant communities with pro-vaccination groups, while continuous engagement with community members and opinion leaders helped reinforce positive attitudes toward vaccination.

Result: Within two months, 164 children under five were vaccinated, demonstrating strong uptake of immunization services among this community. All identified cases recovered, reflecting effective case management. In addition, five community health workers were recruited from within the community, ensuring continued referrals beyond the immunization campaign and enabling outreach to 58 children in 2026 within the same community.

LESSON LEARNT:

- Service re-organization at Makka Hospital improved patient flow at the facility level, leading to better identification of zero-dose children. This resulted in a 37% increase in immunized children in 2025, with an average of 21 previously unvaccinated children identified each month. The approach proved effective and was scaled up to 107 health facilities in 2026.
- Under the WHO CERF-funded project implemented by ACF, a significant gap was identified in zero-dose reporting, as existing EPI registers do not systematically capture unvaccinated children, limiting their usefulness for evidence-based decision-making. To address this, qualified nurses at service delivery points manually identify zero-dose children using a marker for tracking and reporting. This simple approach also supports the mapping of zero-dose hotspots for targeted interventions. In Jowhar and Kahda, 44% of children vaccinated across eight sites were identified as zero-dose, underscoring substantial immunity gaps.
- Intentional inclusion of ethnic minorities in Jowhar, through representation in health facilities (2 of 23 staff) and especially among CHWs (13 of 15), significantly improved access and trust in services. This approach enhanced outreach, including the identification of zero-dose children, and supported inclusion of people living with disabilities. As a result, accounted for 50% of total project beneficiaries across integrated health, nutrition and protection services.

These achievements were supported through strengthened service delivery systems, mobile outreach to underserved communities, and continuous efforts to improve access to quality maternal, child health, and primary healthcare services.



Safe delivery is assisted by skilled birth attendant (midwife) in Deynile (Photo Credit : HDC)



Mobile Clinic provide SRH services in Hard-To-Reach areas (KOICA/ UNFPA support) (Photo Credit : HDC)



Human Development Concern (HDC)

Human Development Concern (HDC) is a national non-governmental organization (NNGO) supporting health response interventions in Somalia since 2005, operating in Baardhere, Doolow, Ceelwaq, and Deynile. HDC supports hospitals, PHC centers, and mobile maternity clinics delivering essential health services to vulnerable populations. Our core focus is on maternity and child health, emergency response to climate shocks, and expanding access to comprehensive family planning services.

During March and April 2026, Human Development Concern (HDC) delivered integrated health services across Baardhere, Ceelwaq, Doolow IDP settlements, and Deynile, targeting vulnerable and hard-to-reach populations through both static health facilities and mobile outreach teams.

Key achievements include:

- 6,892 outpatient consultations (OPD) provided, addressing common illnesses, including support for vulnerable groups such as IDPs.
- 1,444 children under one year received Penta3 vaccination, improving routine immunization coverage.
- 1,670 children under two years were vaccinated against measles, strengthening disease prevention efforts.
- 2,918 antenatal care (ANC) visits conducted, ensuring early detection of pregnancy-related risks and improving maternal health outcomes.
- 931 safe deliveries assisted by skilled health personnel, contributing to reduced maternal and neonatal risks.

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