

SOMALIA RAPID HEALTH FACILITY ASSESSMENT

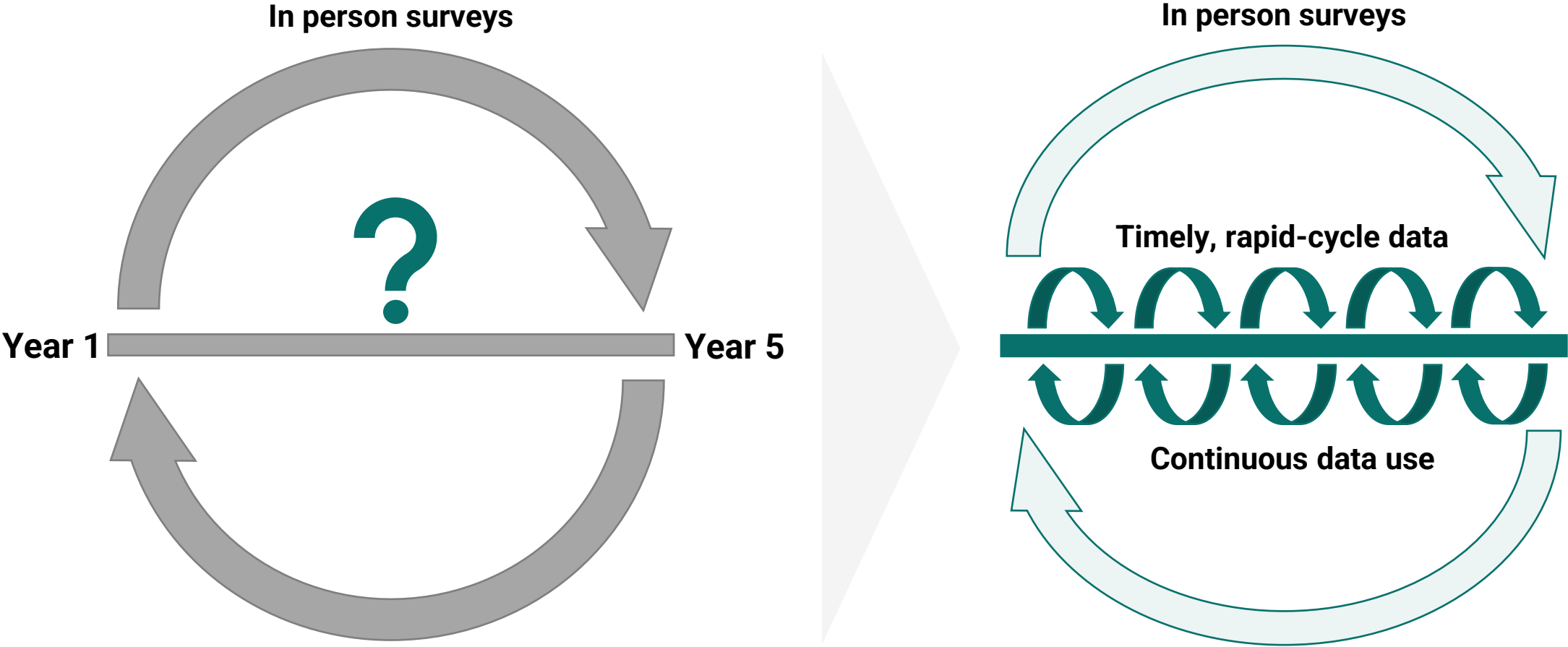
Round One : July 2025



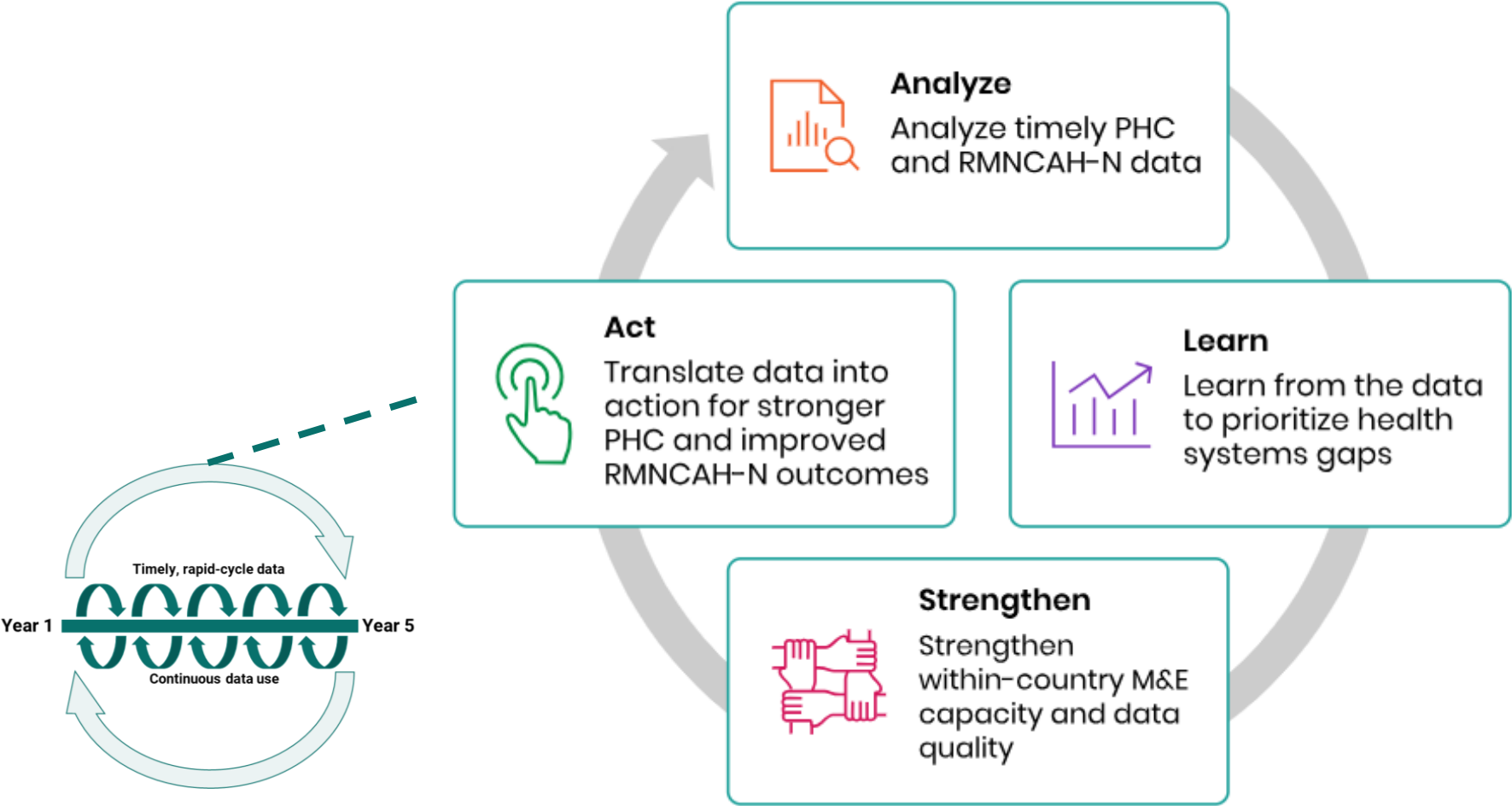
FASTR APPROACH

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Objective? Rapid cycle analytics accelerates improvements in RMNCAH-N outcomes by increasing the systematic use of data for decision making



What is FASTR? Approach to catalyzing continuous ‘analyze, learn, strengthen, act’ cycles and use data for decision making



How do we do it? Supporting countries with timely, rigorous, and low-cost approaches to monitoring PHC systems & capacity building support



**Routine
RMNCAH-N Data**



**Health facility
Surveys**

Understand service delivery gaps in PHC facilities and monitor their performance over time; understand the impact of health reforms or shocks on PHC performance.



**Household &
client surveys**



**Digging deeper
with follow-up
analyses**

Build capacity + data use support

Building within-country capacity for data collection, analysis, and use, with a focus on Ministry of Health leadership and partner alignment.

SURVEY METHODOLOGY

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Health facility survey design

- **Mode and length:** Phone survey of health facility managers. In the first survey round, interviews lasted an average of **29 minutes**.
- **Frequency:** Conducted quarterly, with **four rounds** completed over the course of one year. In Somalia, we will implement eight survey rounds. To date, only 1 survey round has been completed.
- **Survey questionnaire:** Designed to assess the impact of external shocks on facility resilience and to capture **key aspects of service readiness**—including infrastructure, supplies, services, and workforce—as well as community engagement, leadership, and quality improvement. The questionnaire measures components of the WHO-UNICEF Primary Health Care Measurement Framework and is aligned with other large-scale health facility assessments (HHFA, SARA, SDI).
- **Implementation:**
 - The Ministry of Health & Human Services led the questionnaire adaptation, advance notification process, and data use and dissemination components.
 - Sanigest and Benadir University conducted enumerator training and data collection.
 - GFF FASTR central team conducted the sampling, analyzed the data and will produce quarterly survey reports.

Survey design: Adaptive content across rounds

Round one data has been collected and is the focus of today’s meeting; rounds two through eight will be conducted between 2025-2027.

Quarterly modules

Annual modules

★ Round 1 and Round 5	Round 2 and Round 6	Round 3 and Round 7	Round 4 and Round 8
Facility characteristics -	Facility characteristics* Adaptive content**	Facility characteristics* Adaptive content**	Facility characteristics* Adaptive content**
Shocks	Shocks	Shocks	Shocks
Medical supplies	Medical supplies	Medical supplies	Medical supplies
Infrastructure	Infrastructure	Infrastructure	Infrastructure
Services	Human resources	Community engagement	Facility-level financing
-	Quality improvement	-	Leadership and Coordination

* Asked only to replacement facilities

** Additional locally-relevant questions identified based on previous round’s responses, or addressing newly emerging priority topics

Survey sampling

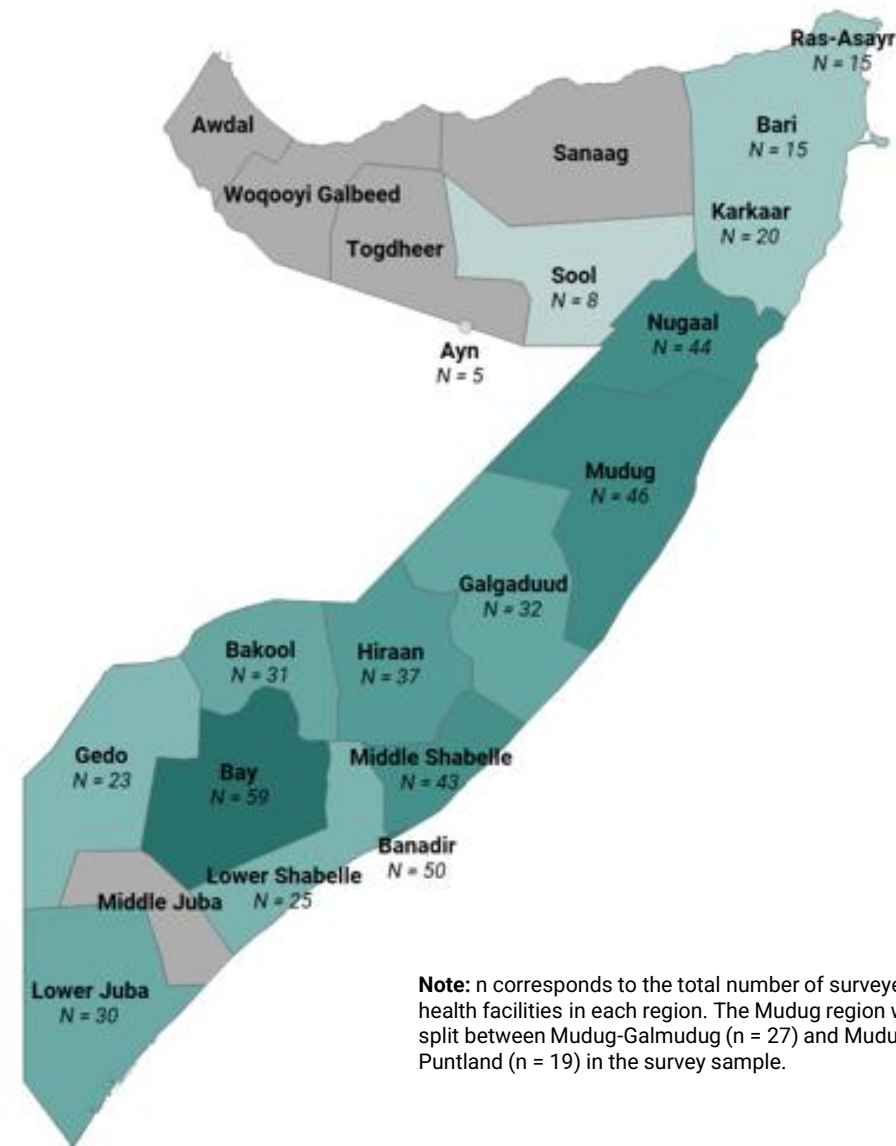
- A panel sample of 532 primary health care (PHC) facilities was selected from the national master facility list using systematic stratified random sampling. 483 facilities were interviewed in the first round.
- Sample stratified by region, facility type, and Gavi priority status to ensure representativeness at these levels.

Number of PHC facilities interviewed in round 1

	Number of interviewed facilities	% of total sample
District hospital	39	8.1%
Health center	363	75.2%
Primary health unit (PHU)	81	16.8%
Total sample	483	100%

Survey Sample

Somalia Survey Round 1



Note: n corresponds to the total number of surveyed health facilities in each region. The Mudug region was split between Mudug-Galmudug (n = 27) and Mudug-Puntland (n = 19) in the survey sample.

Data collection overview

- **Data collection:** Sanigest and Benadir University conducted Computer-Assisted Telephone Interviewing (CATI) interviews from June 25 to July 24, 2025, using a team of 10 trained enumerators.
- **IRB & Consent:** IRB approval was obtained from the Somali Federal Republic Ministry of Health & Human Services. Informed consent was secured from respondents at the start of each interview.
- **Questionnaire adaptation:** translated into Somali and pretested by Benadir University to ensure clarity, relevance, and local appropriateness.

CHALLENGES ENCOUNTERED

- **Lower than expected response rate due to refusals, incorrect contact information and calls not connecting (no answer):** Sanigest and Benadir worked with GFF representatives and HMIS department to both contact facilities that refused and update the current numbers of the OIC's. The low response rates did require multiple follow-up calls, an extended data collection period and increased labor costs.
- **Coordination with HMIS and GFF team to enable contact of OICs through HMIS state levels took several days:** Project team and supervisor did daily follow up calls to HMIS and GFF team.

SURVEY RESULTS



Contents

Rapid health facility assessment in Somalia



A mother and her child at the mobile health clinic in Galkayo, Somalia.
@ UNICEF.

Primary Health Care (PHC) assessment

- Service Availability
- Infrastructure
- Medical Supplies
- External shocks

[Selected results – further survey findings are available in the full report]

Services

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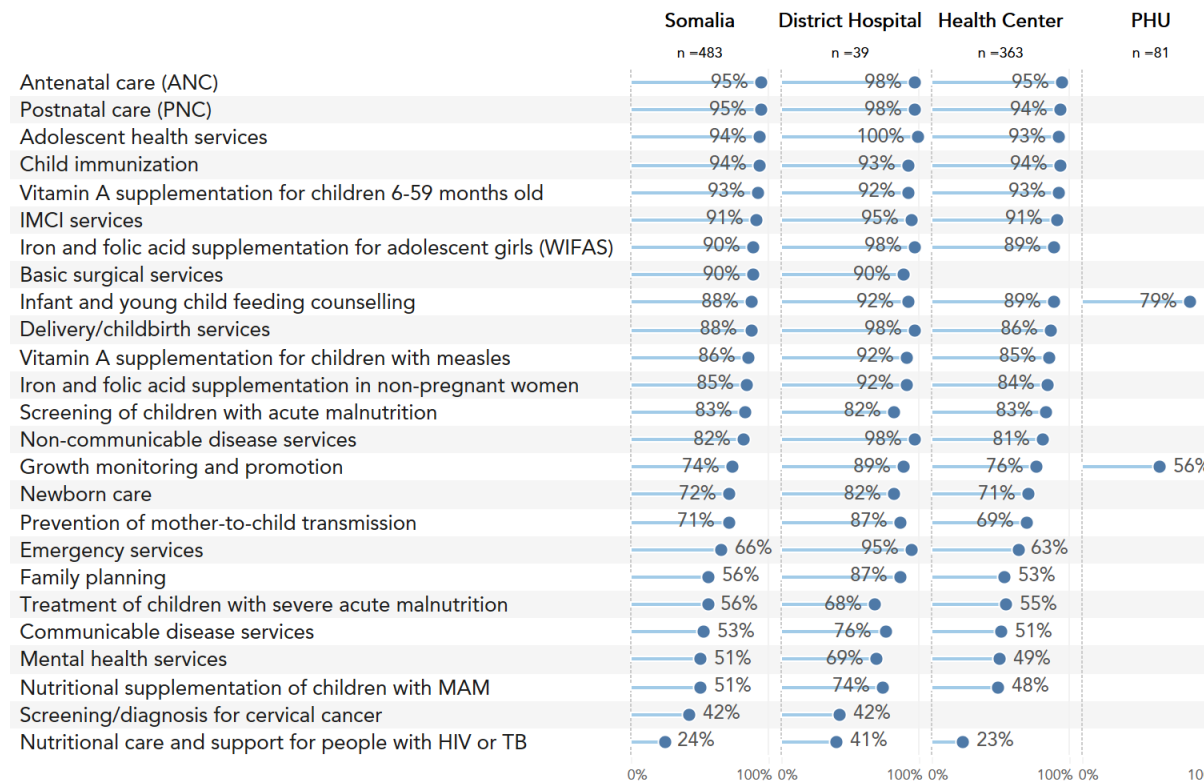
Health service availability

- Health facilities reported providing on average **74%** of key services, and **12%** offered the full package of all essential services.
- Widely available:** basic RMNCAH-N services – such as ANC, PNC, adolescent health, immunization, IMCI, and delivery/childbirth.
- Less available:** malnutrition treatment (SAM/MAM, HIV/TB), cervical cancer screening, mental health, communicable disease services. **Only 53% of health centers** reported offering family planning services.
- Service availability was relatively **similar across states, with some variations across regions.**

Service availability Based on a rapid survey of PHC facilities in June/July 2025

	Somalia n =483	District Hospital n =39	Health Center n =363	PHU n =81
Average share of key services available at health facilities (%)	74%	85%	75%	68%
Percentage of facilities with all key health services available (%)	12%	12%	4%	52%

Percent of facilities delivering a package of health services



Note: The two composite indices are calculated based on the list of health services presented in the graph above. **Note:** Primary health units (PHU) were excluded from the denominator for various health services.

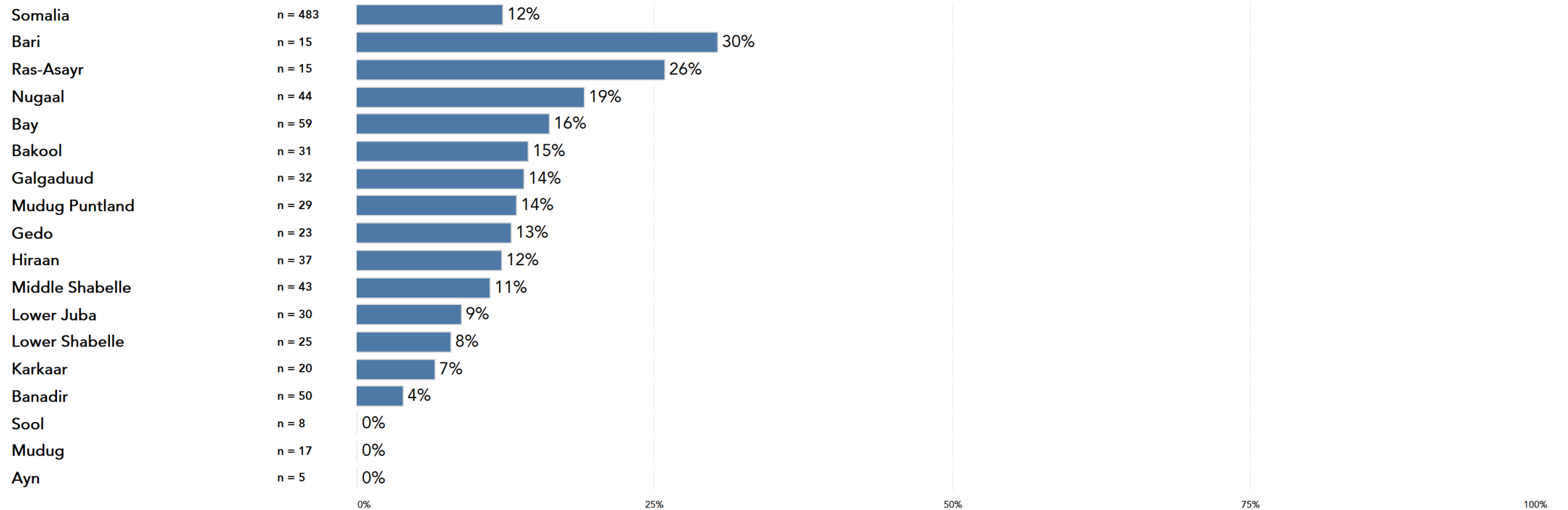
Services

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Service availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all key health services available (%)



Services

RESILIENCE

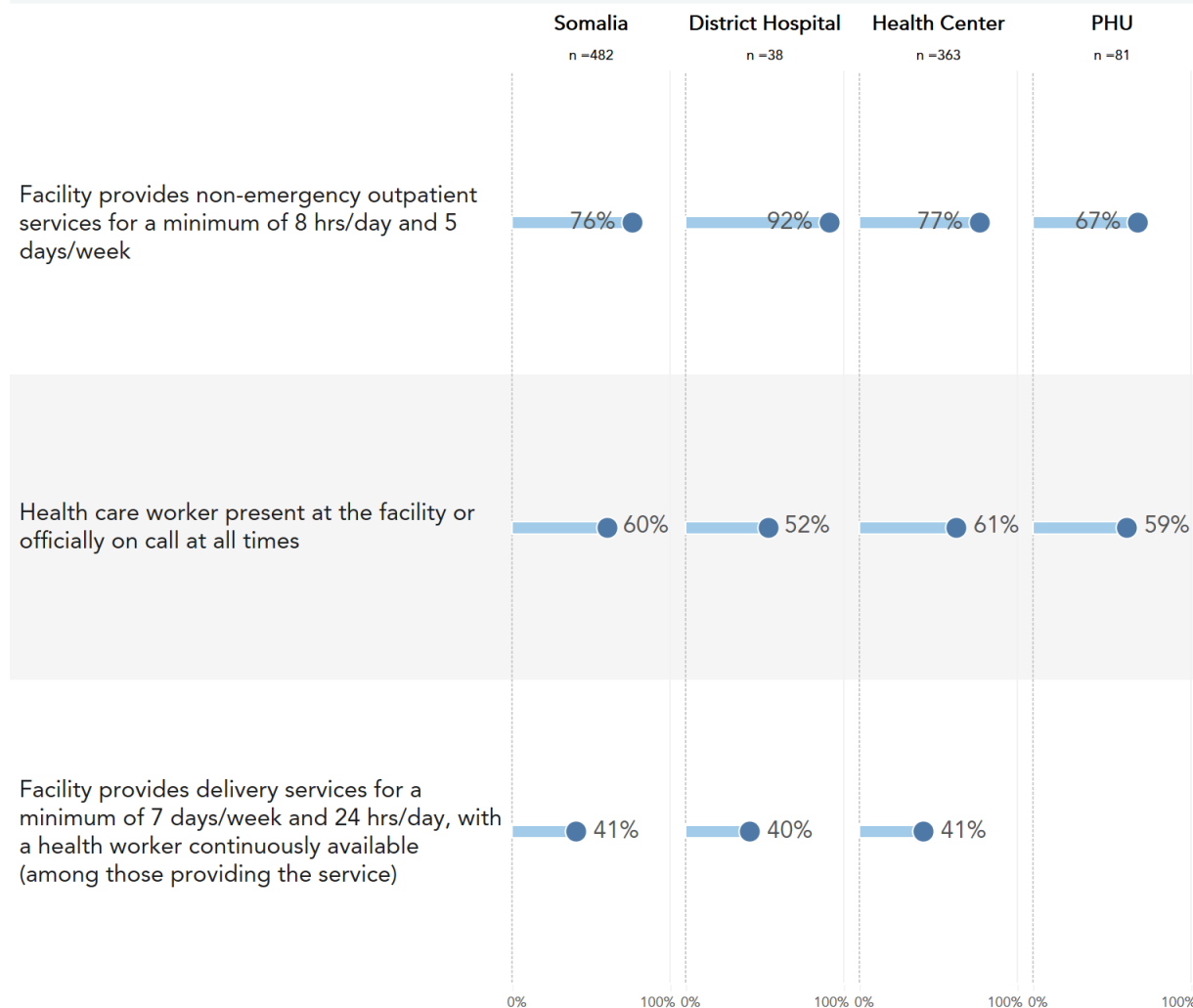
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Opening hours and health worker availability

- **76%** of health facilities reported providing non-emergency outpatient services for at least 8 hours per day and 5 days a week.
- Among facilities offering delivery services, only **41% provided services 24/7 and had a health care worker continuously available.**
- Availability of outpatient services 8 hours/day and 5 days/week and 24/7 delivery services was **lower in primary health units and health centers** compared with district hospitals.

Percent of facilities reporting adequate service hours and continuous health worker availability

Based on a rapid survey of PHC facilities in June/July 2025



Services

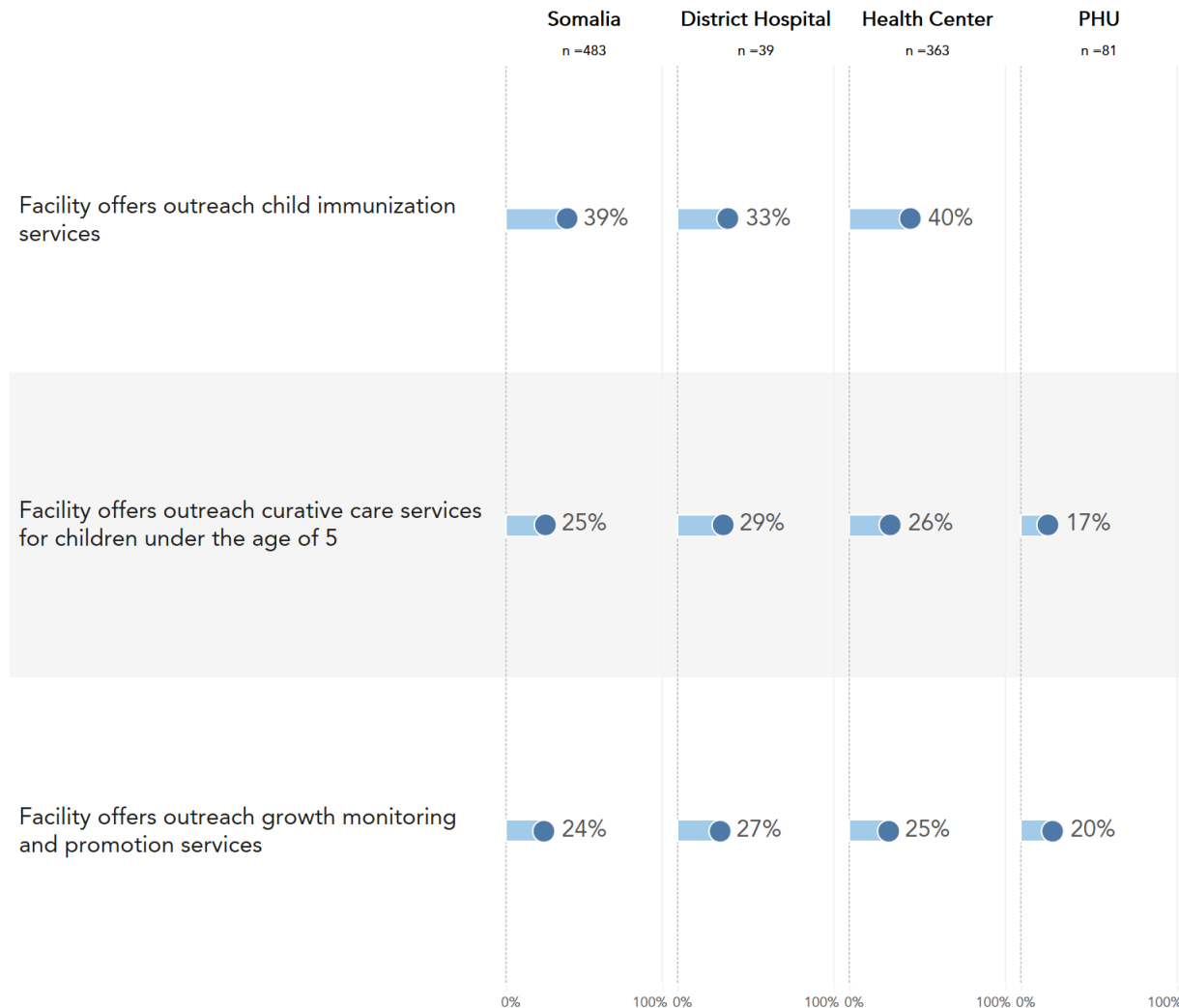
RESILIENCE

SOMALIA

Outreach service availability

- **Outreach services were generally limited** at surveyed facilities.
- **39%** of facilities reported offering child immunization as outreach; and about a **one-quarter** offered curative care for children under 5 and growth monitoring and promotion services as outreach.
- Reported availability of outreach services was **similar across facility types**.

Percent of facilities reporting offering different services as outreach Based on a rapid survey of PHC facilities in June/July 2025



Infrastructure

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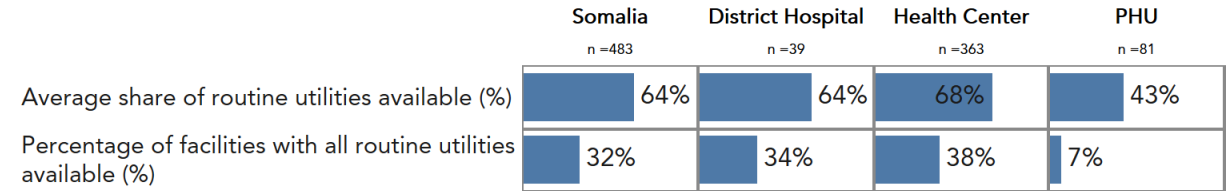
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Routine utilities and communications

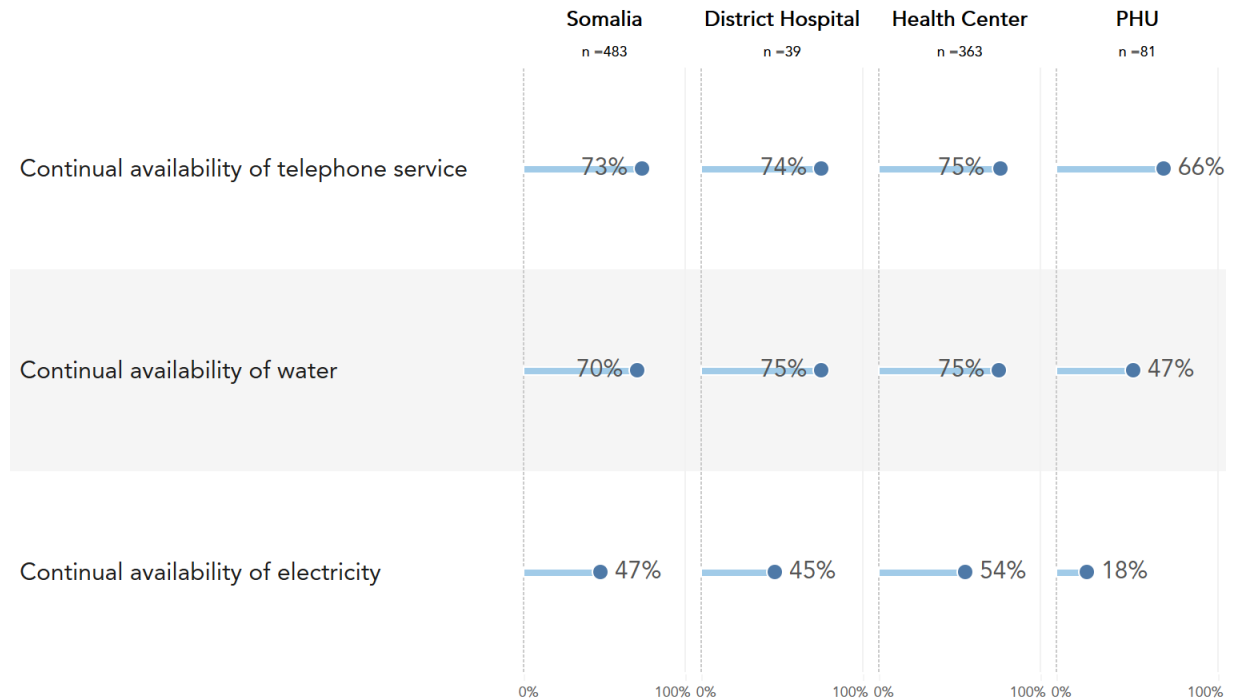
- Only **32% of facilities** had all utilities (telephone, water, electricity) continuously available in the past week.
- **Electricity** was the least available: fewer than half reported continual availability.
- **Primary health units** faced the largest gaps—just **7%** had all utilities.
- Availability varied by state: **lowest in Galmudug, highest in BRA and Jubbaland.**

Further infrastructure findings on power, WASH, and transport will be available in future rounds.

Routine utilities availability Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities with continual availability of routine utilities and communications in the past seven days



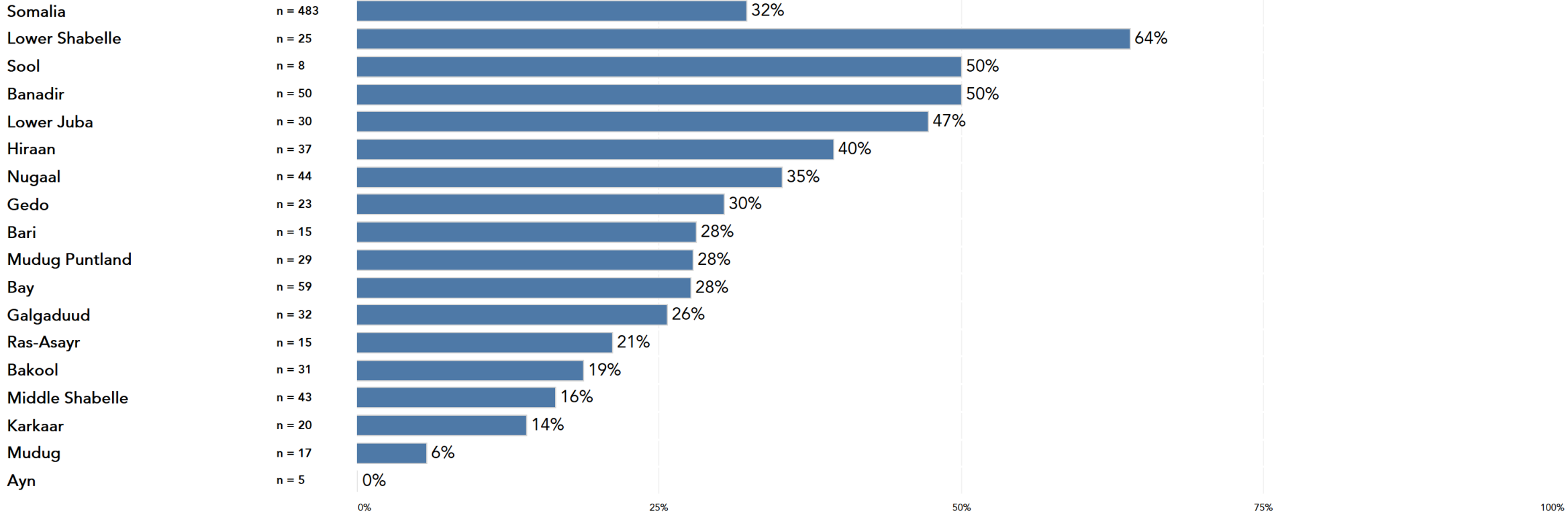
Note: The two composite indices are calculated based on the list of routine utilities tracers presented in the graph above.

Infrastructure

INPUTS SOMALIA

Routine utilities availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all routine utilities available (%)



Medical Supplies

INPUTS

SOMALIA

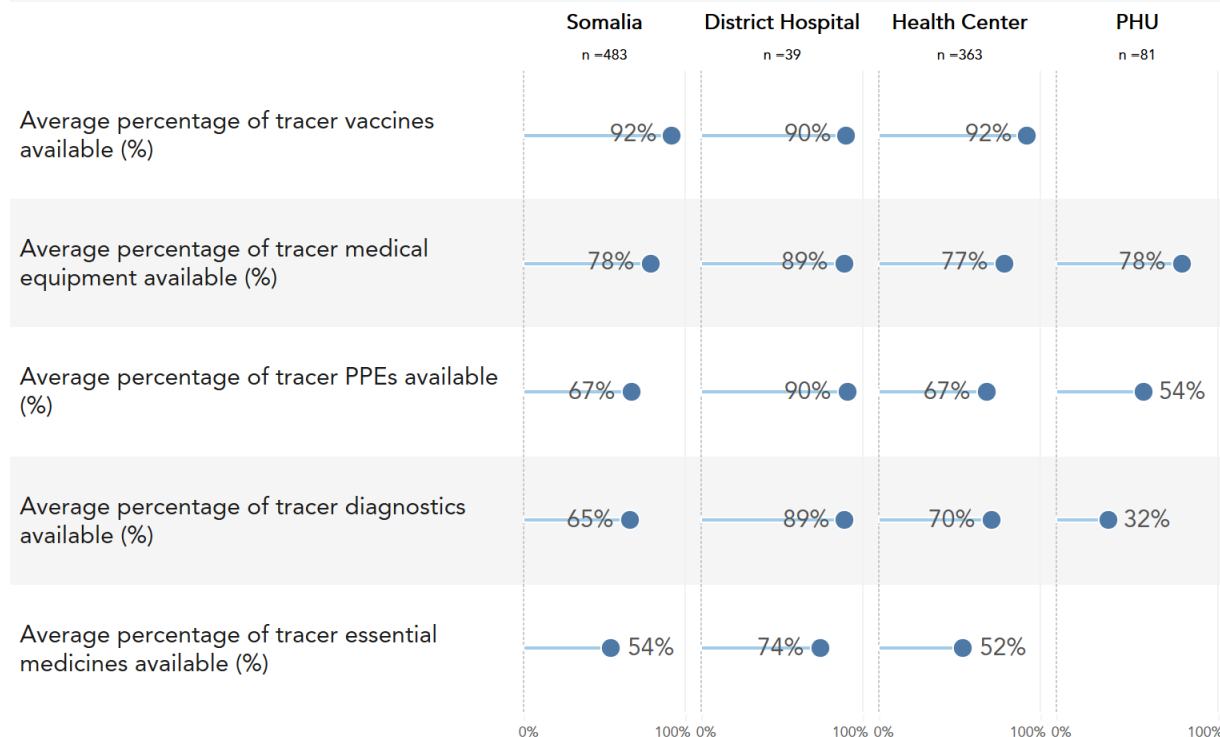
Availability of medical supplies

- Health facilities reported having an average **64%** of the survey's tracer supplies, yet only **1%** had the complete set of supplies.
- Vaccines** were widely available; important gaps were identified in **essential medicines, diagnostics, and PPE**.
- District hospitals** reported relatively strong availability, with 81% of tracer supplies on average. **Primary health units faced the greatest gaps:** only 52% of tracer items were available on average.
- Availability varied by state: lowest in **Hirshabelle and BRA**; highest in **Jubbaland**.

Medical supplies and equipment availability Based on a rapid survey of PHC facilities in June/July 2025

	Somalia n = 483	District Hospital n = 39	Health Center n = 363	PHU n = 81
Average share of tracer medical supplies and equipment available at facilities (%)	64%	81%	64%	52%
Percentage of facilities with all tracer medical supplies and equipment available (%)	1%	0%	1%	3%

Percent of facilities with medical supplies and equipment currently available on-site



Note: The two composite indices are calculated based on the list of tracer medical supplies resented in the subsequent slides, excluding contraceptive commodities (see Methodology Annex for a full description of the methodology).

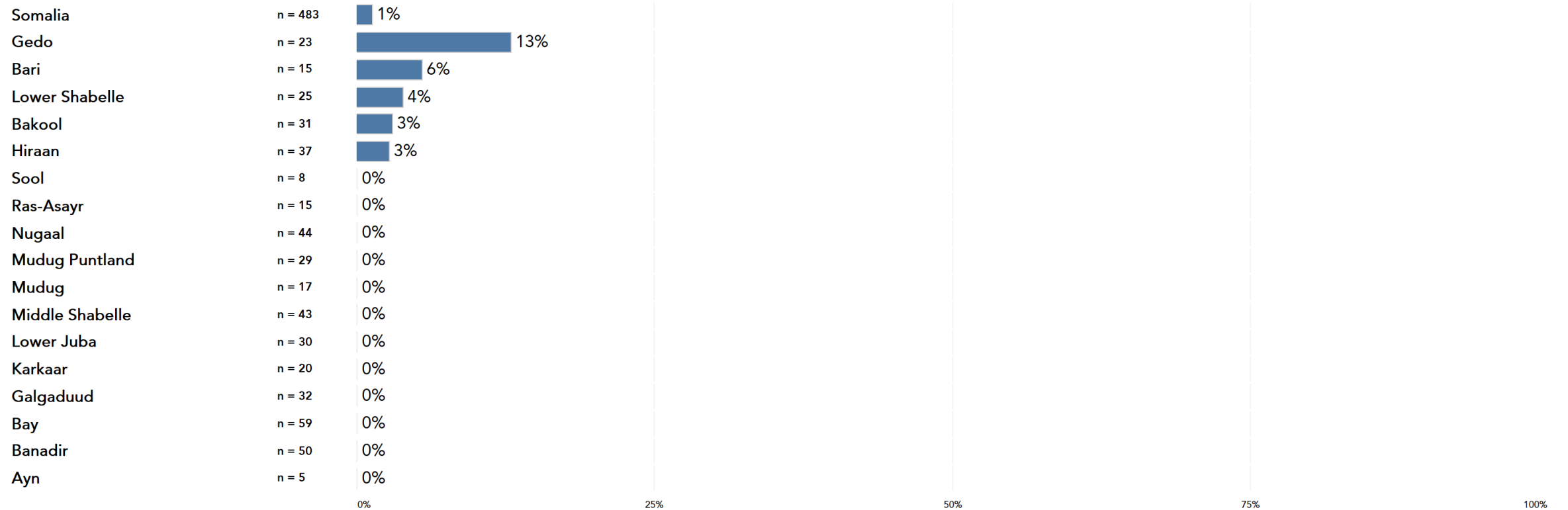
Medical Supplies

INPUTS

SOMALIA

Medical supplies and equipment availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all tracer medical supplies and equipment available (%)



Medical Supplies

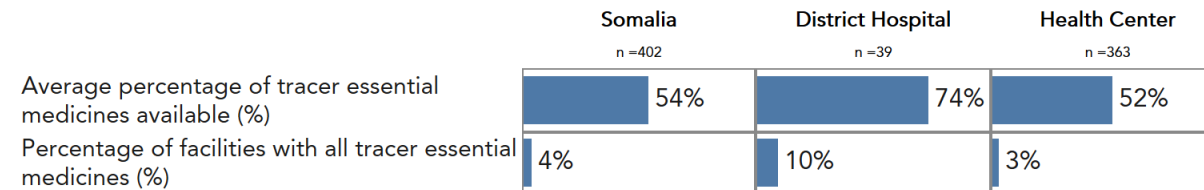
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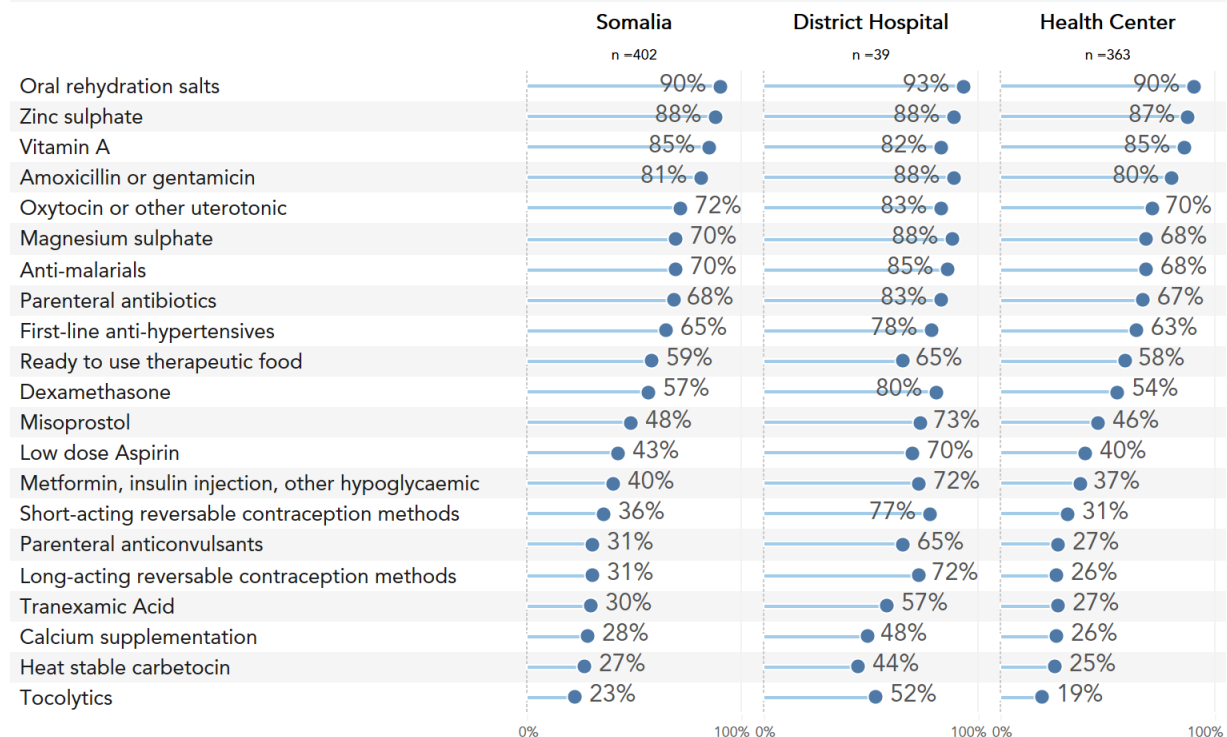
Essential medicines availability

- Health facilities reported having, on average, only **54%** of the survey's tracer essential medicines on site.
- District hospitals reported moderate availability, while **health centers had notable gaps, with only 52% of tracer items available.**
- Key shortages in hospitals: tocolytics, heat-stable carbetocin, calcium, tranexamic acid. Health centers: nearly half of essential medicines available in fewer than half of facilities.
- Availability varied by state: lowest in **BRA (38%)**, highest in **Puntland (64%)**.

Essential medicines availability Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities with essential medicines currently available on site



Note: The two composite indices are calculated based on the list of tracer medicines presented in the graph above (see Methodology Annex for a full description of the methodology). PHUs were excluded from questions related to essential medicine availability.

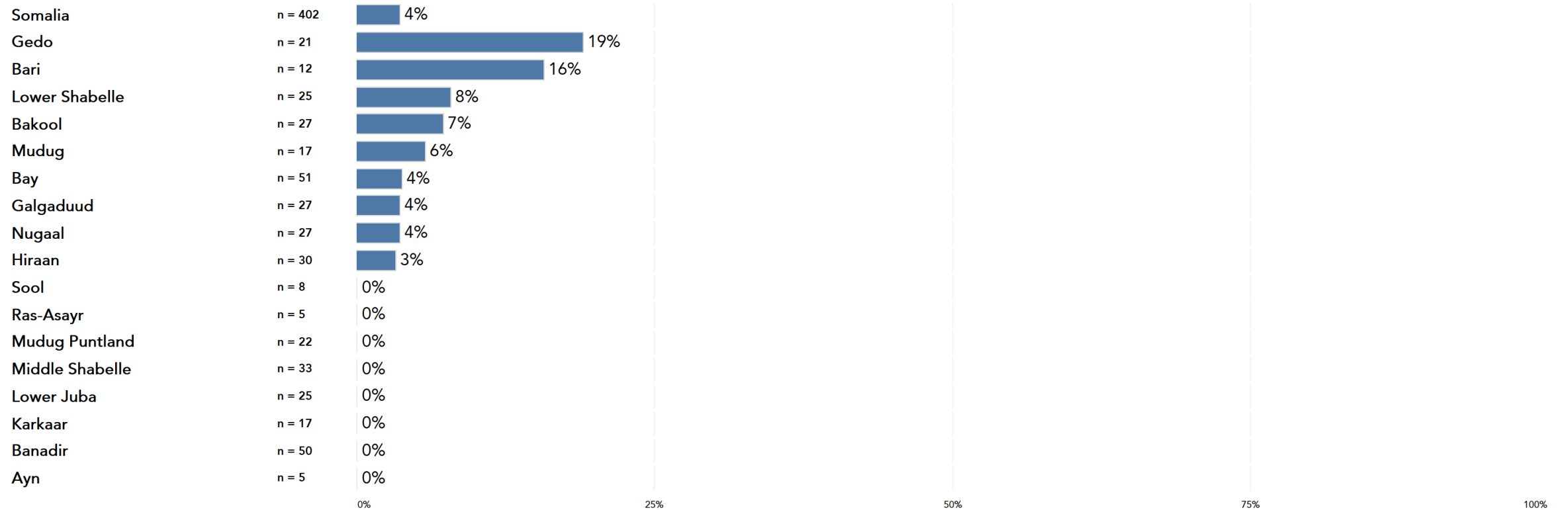
Medical Supplies

INPUTS

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Essential medicines availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all tracer essential medicines (%)



Medical Supplies

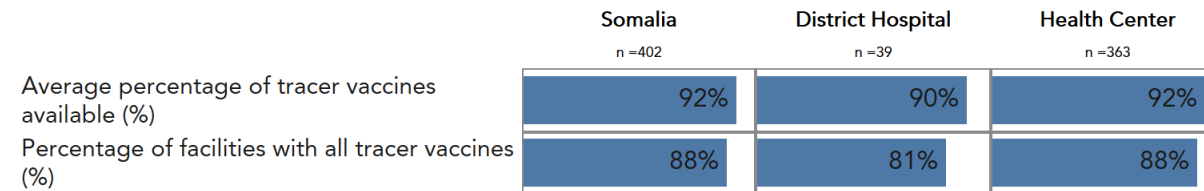
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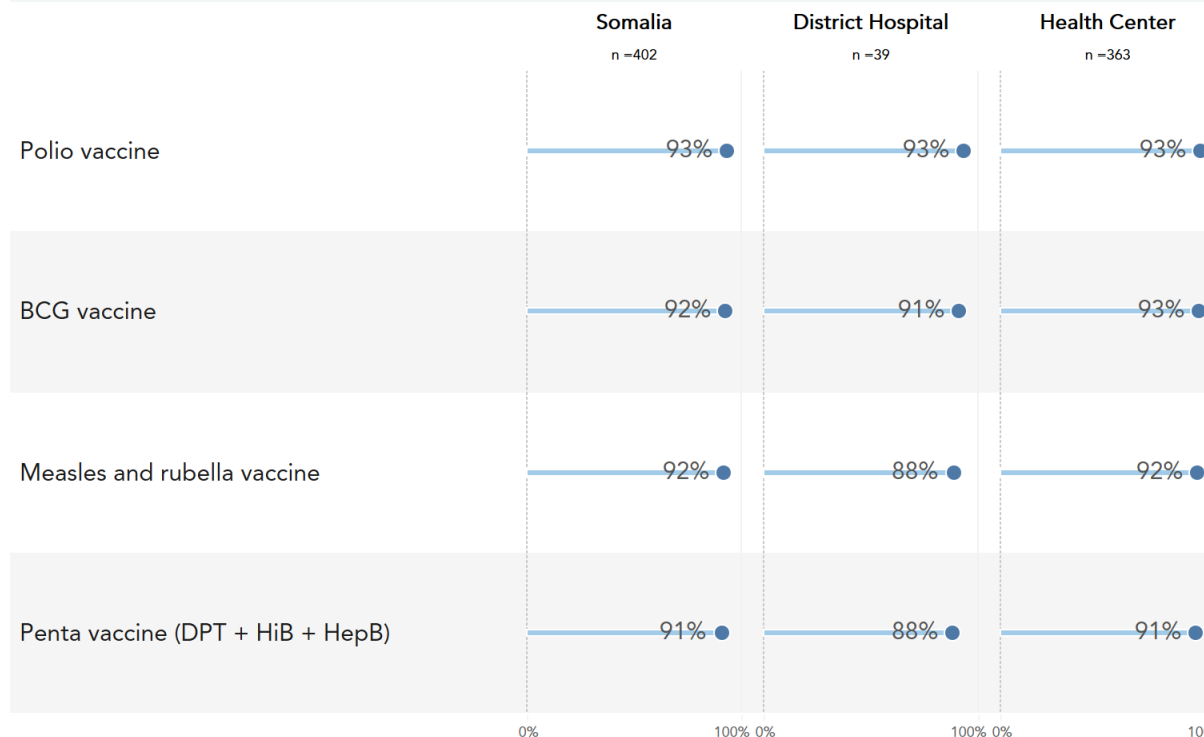
Vaccine availability

- Facilities typically had essential vaccines in stock, with **88% of all facilities** reporting all tracer vaccines available on site.
- District hospitals and health centers** showed similar availability and reported similar reasons for shortages.
- Availability varied by state: **lowest in Hirshabelle, highest in Southwest.**

Vaccine availability Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities with essential vaccines currently available on-site



Note: The two composite indices are calculated based on the list of tracer vaccines presented in the graph above (see Methodology Annex for a full description of the methodology). PHUs were excluded from questions related to vaccine availability.

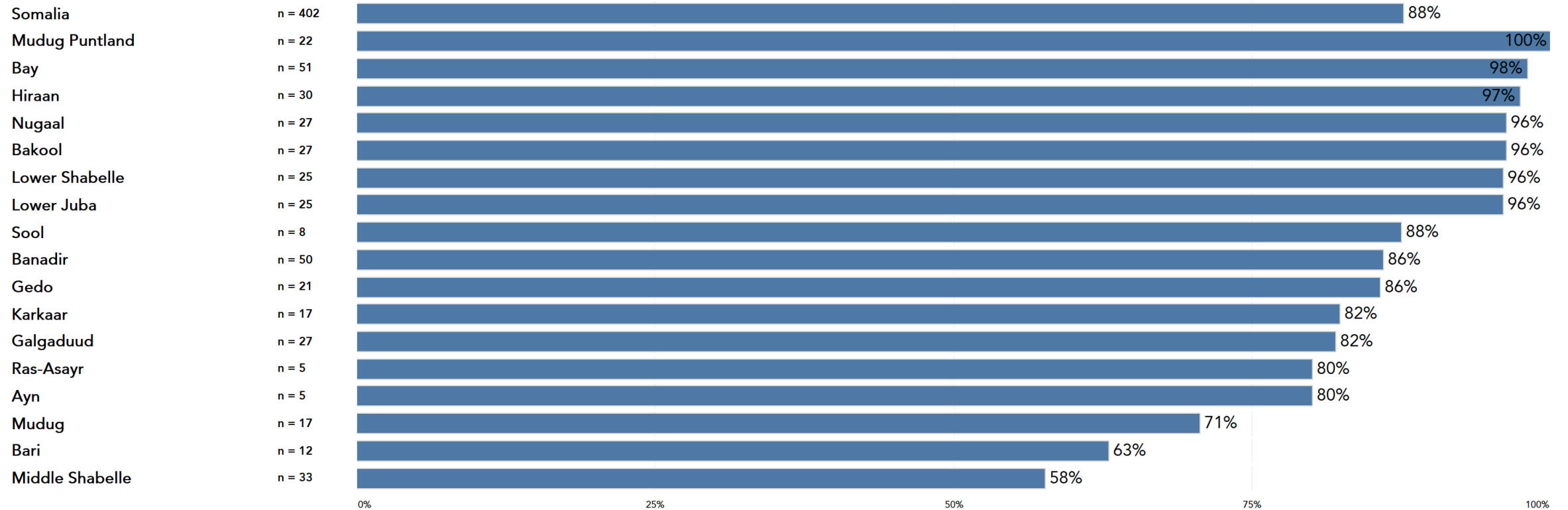
Medical Supplies

INPUTS

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Vaccine availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all tracer vaccines (%)



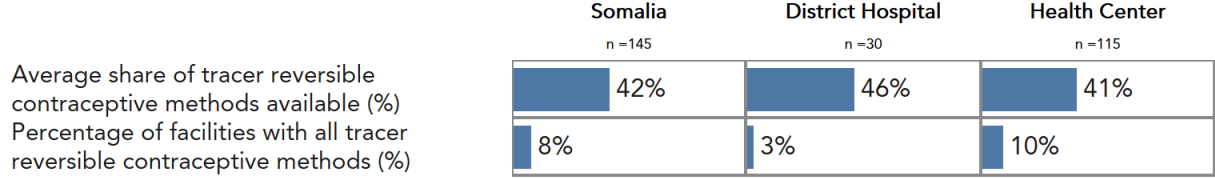
Medical Supplies

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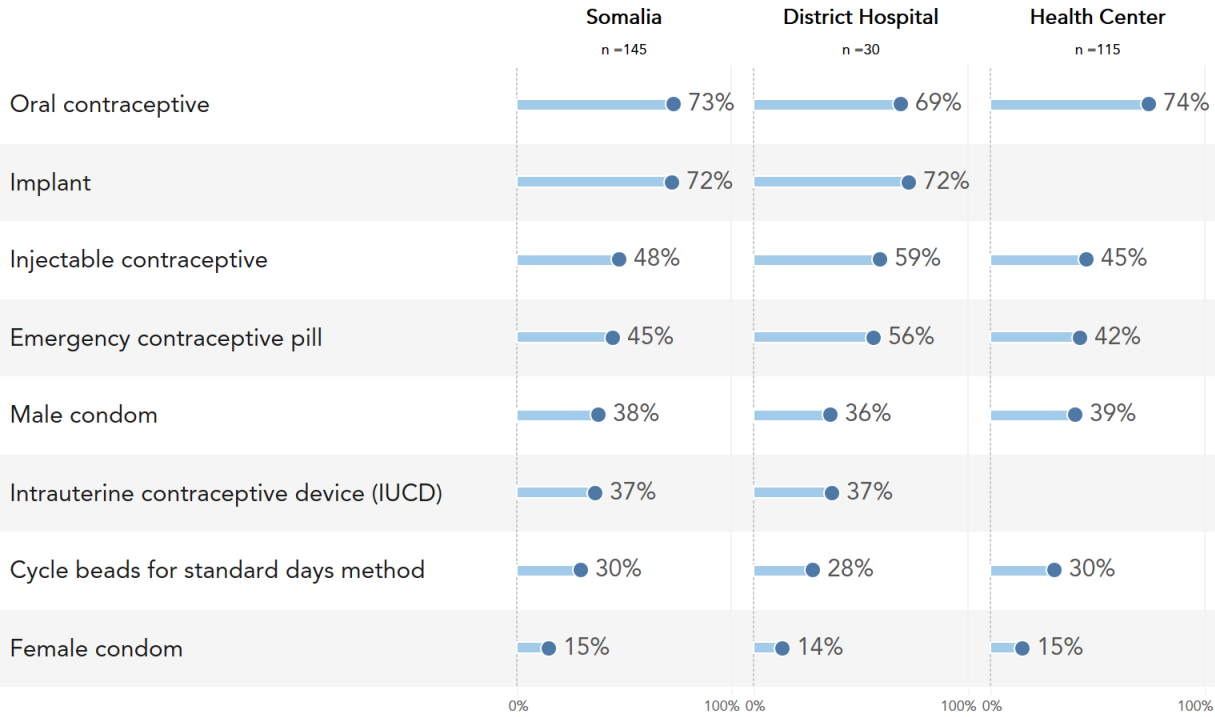
Contraceptive methods availability

- Among 145 facilities reporting having any long- or short-acting contraceptive methods, the average availability of reversible methods was **42%**.
- Less than half had **injectables, emergency contraceptive pills, male condoms, or IUCDs**; fewer than a third had **cycle beads**, and only 15% had **female condoms**.
- Availability was similar between **district hospitals and health centers**.
- Availability varied by state: lowest in **Hirshabelle**, highest in **BRA**.

Contraceptive methods availability Among facilities reporting any long-acting or short-acting contraceptive methods available.



Percent of facilities with contraceptive methods currently available on-site Among facilities reporting any long-acting or short-acting contraceptive methods available.



Note: The values presented in the graphs above are limited to health facilities that reported at least one short-acting or long-acting contraceptive method available (N = 145). The two composite indices are calculated based on the list of tracer contraceptives presented in the graph above. PHUs were excluded from questions related to contraceptive method availability.

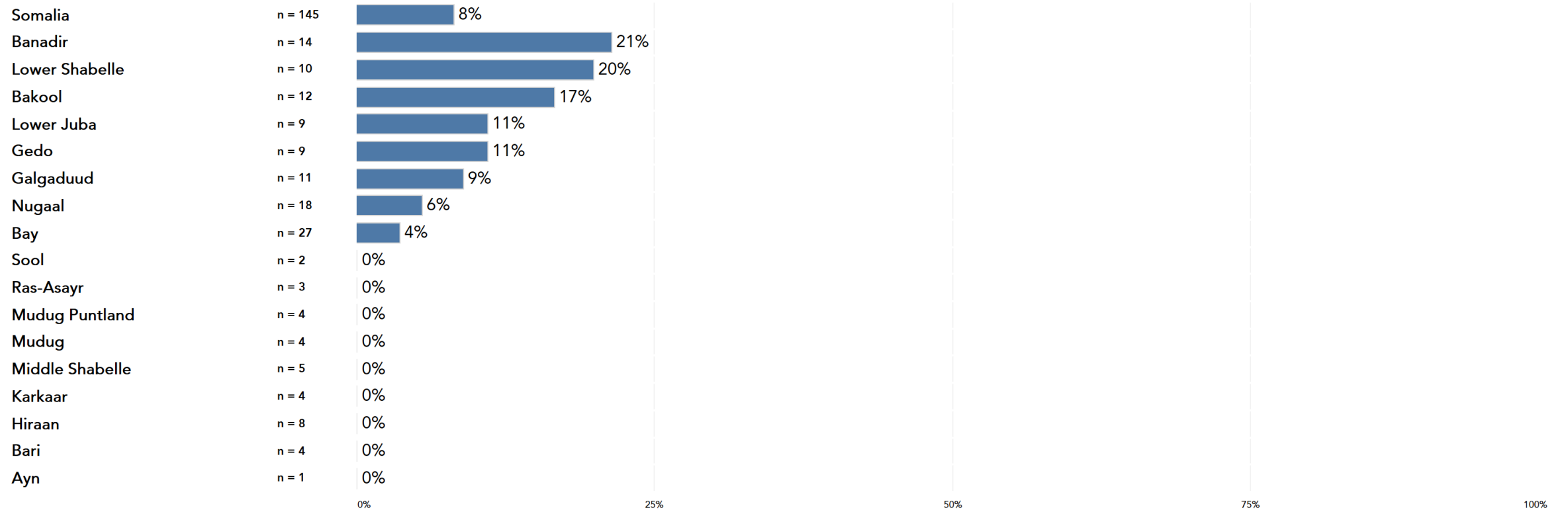
Medical Supplies

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Contraceptive methods availability, by region Among facilities reporting any long-acting or short-acting contraceptive methods available.

Percentage of facilities with all tracer reversible contraceptive methods (%)



Medical Supplies

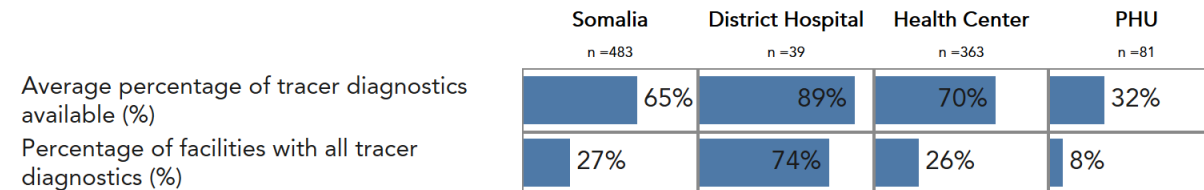
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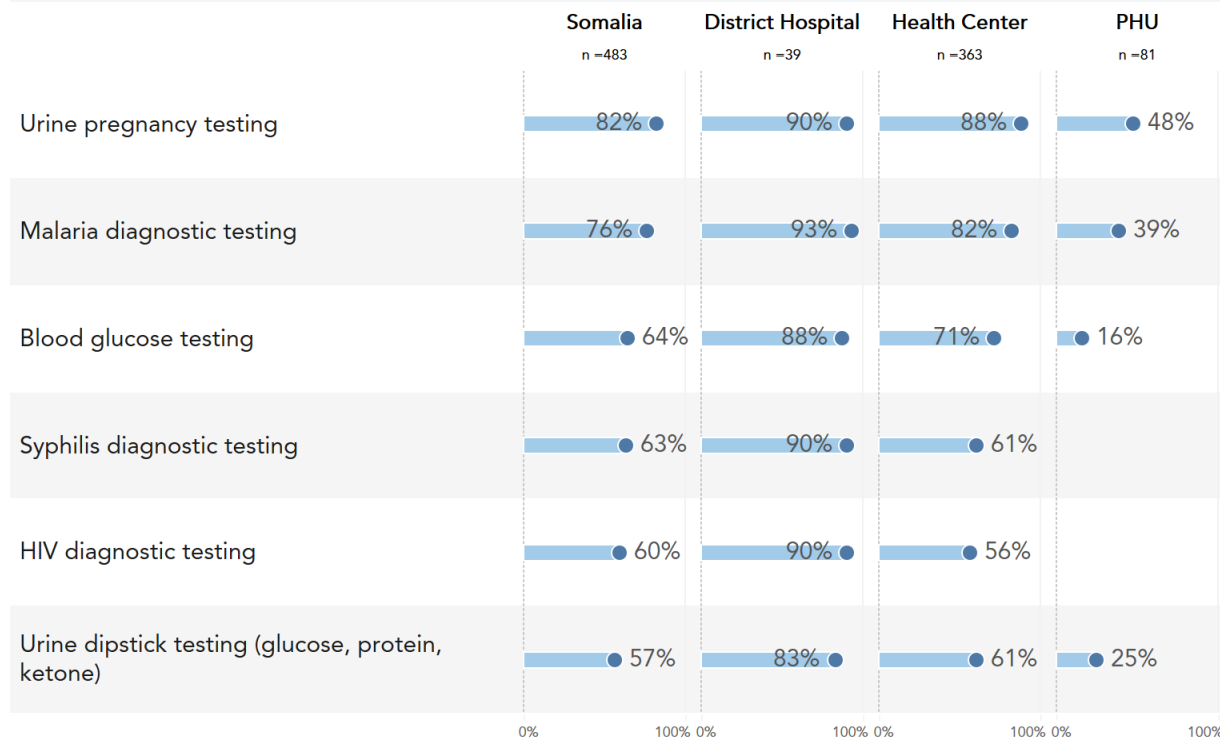
In-vitro diagnostics availability

- Health facilities reported having, on average, **65%** of the survey's tracer diagnostics on site.
- District hospitals** reported high availability, health centers moderate availability, and **PHUs were severely limited** (only 32% of diagnostics available).
- Key shortages:** urine dipstick, HIV, and syphilis tests in health centers; PHUs lacked most tracer diagnostics, especially blood glucose tests.
- Availability was **relatively similar across states**, ranging from 61% in BRA and Puntland to 72% in Galmudug.

In-vitro diagnostics availability Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities with in-vitro diagnostics currently available on-site



Note: The two composite indices are calculated based on the list of tracer diagnostics presented in the graph above (see Methodology Annex for a full description of the methodology).

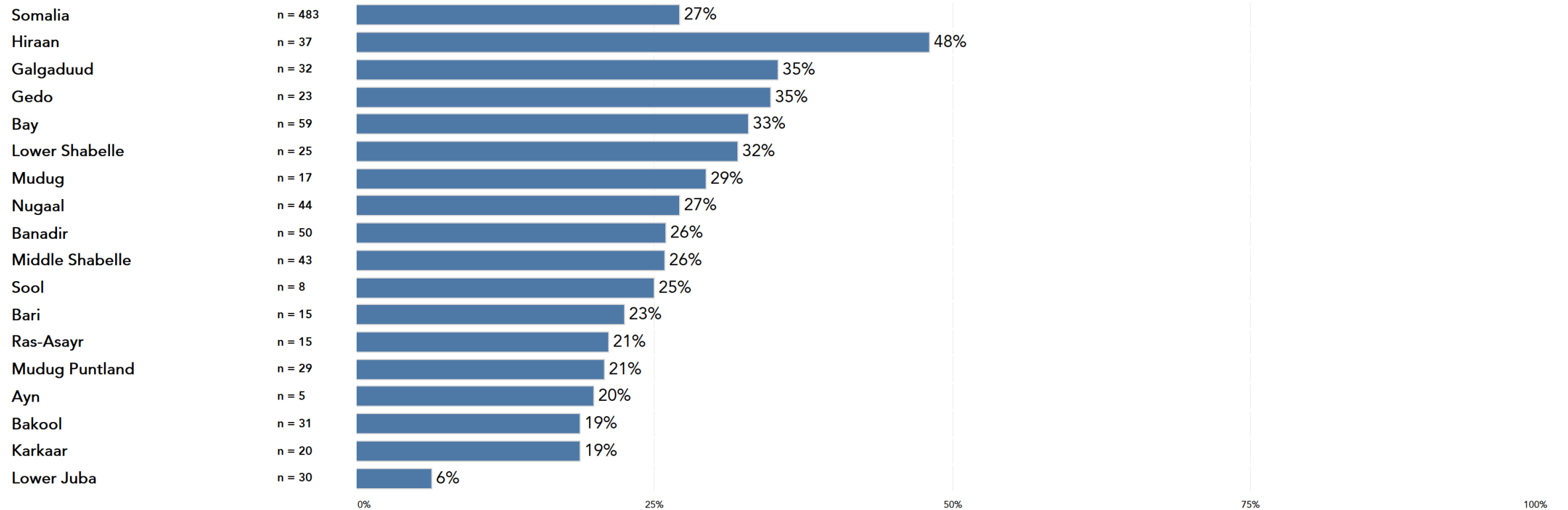
Medical Supplies

INPUTS

SOMALIA

In-vitro diagnostics availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all tracer diagnostics (%)



Medical Supplies

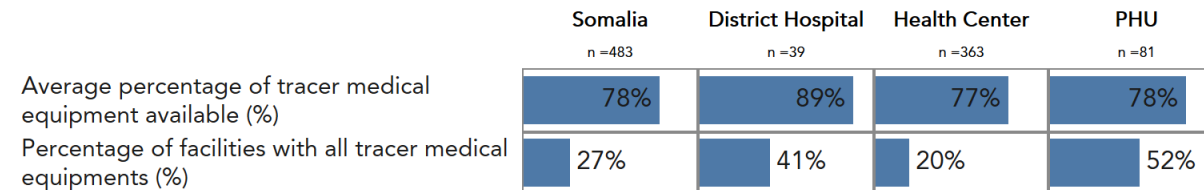
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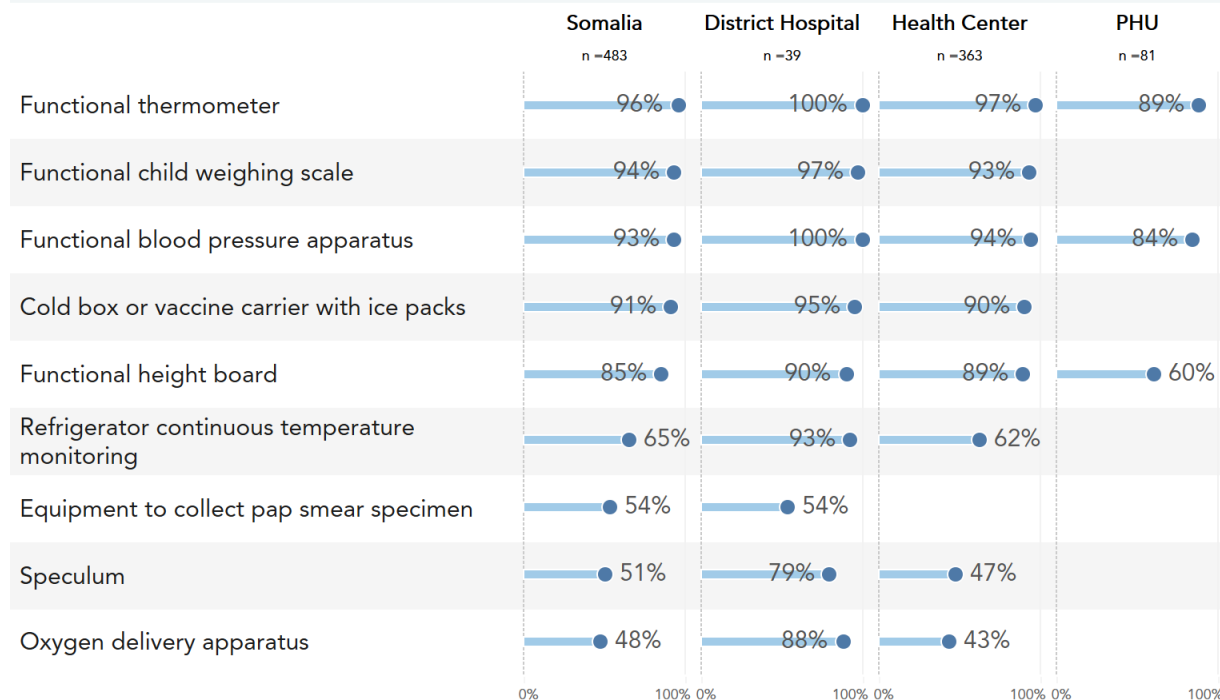
Medical equipment availability

- Health facilities reported having **78%** of the survey's tracer medical equipment available and functional on site.
- District hospitals** had high availability, though only ~50% had pap smear equipment.
- Health centers and PHUs** showed gaps: <50% of health centers had functional oxygen apparatuses or speculums; and only 60% of PHUs had functional height boards.
- Cold chain concerns:** only 62% of health centers had a functional refrigerator with continuous temperature monitoring.
- Availability varied by state: **lowest in Hirshabelle, highest in Puntland.**

Medical equipment availability Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities with medical equipment currently available and functional on-site



Note: The two composite indices are calculated based on the list of tracer medical equipment resented in the graph above (see Methodology Annex for a full description of the methodology).

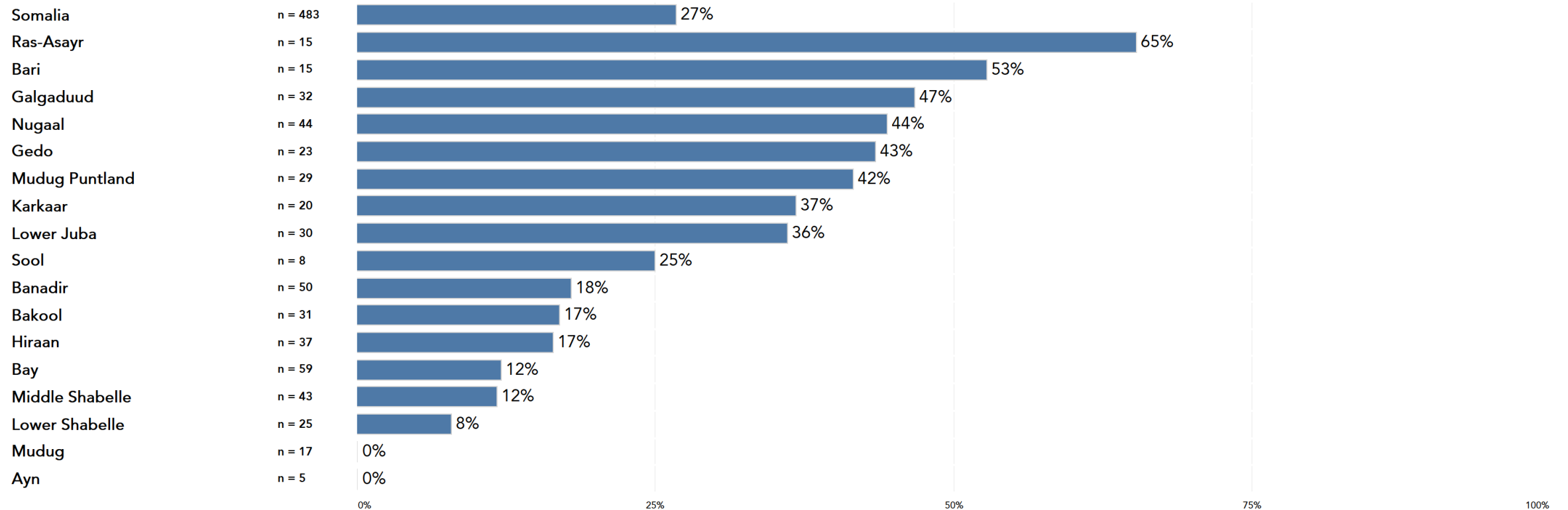
Medical Supplies

INPUTS

SOMALIA

Medical equipment availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all tracer medical equipment (%)



Medical Supplies

INPUTS

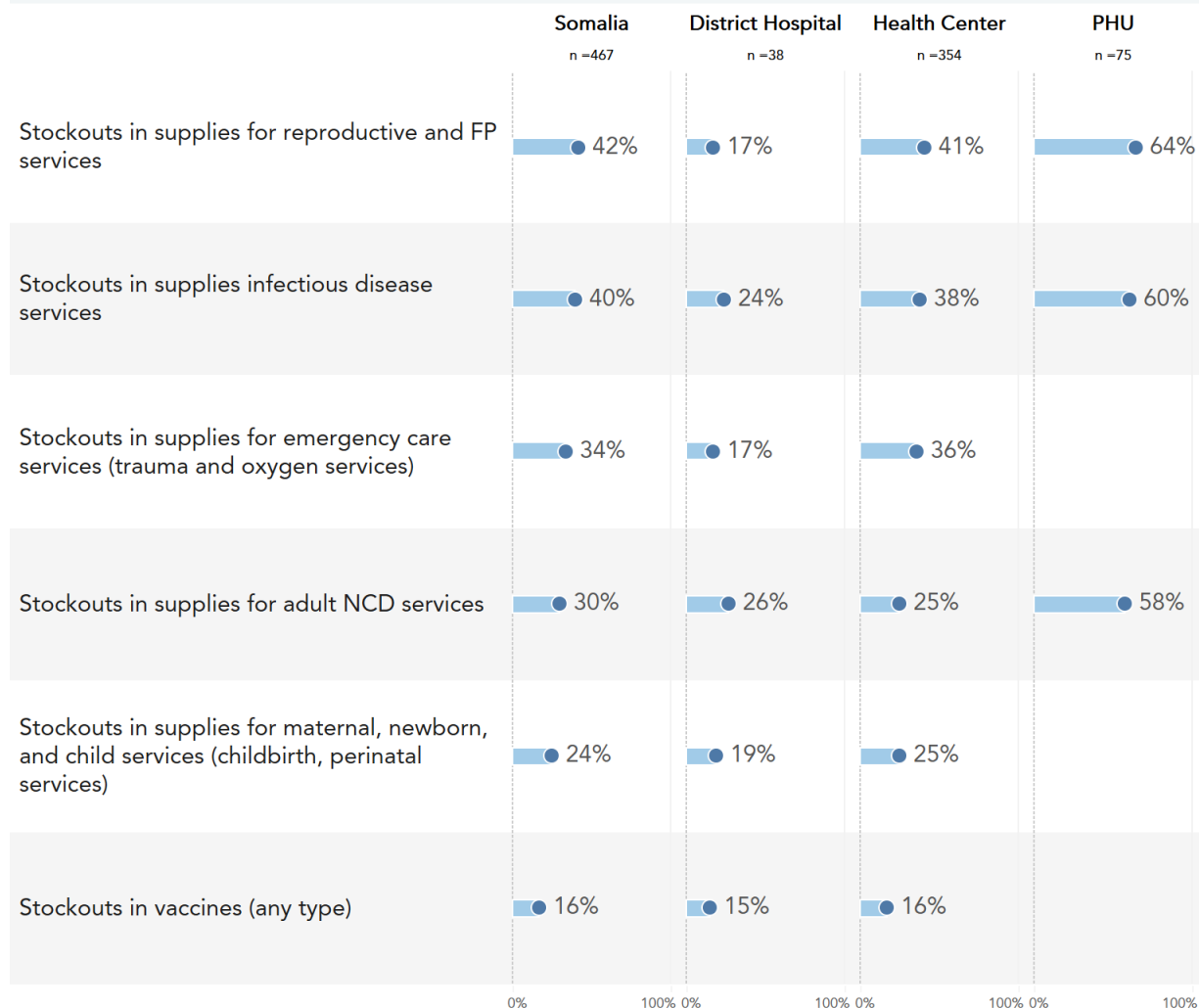
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Stockouts of medical supplies

- Many facilities reported **frequent or very frequent stockouts**, especially for **reproductive/FP, infectious disease, emergency care, and NCD supplies**.
- **Primary health units** were most affected, with **>50%** reporting frequent stockouts across different services.
- Frequent stockouts varied by state: **lowest in Galmudug and Jubaland, highest in Hirshabelle**.

Percent of facilities reporting frequent or very frequent stockouts of supplies for specific services

Based on a rapid survey of PHC facilities in June/July 2025



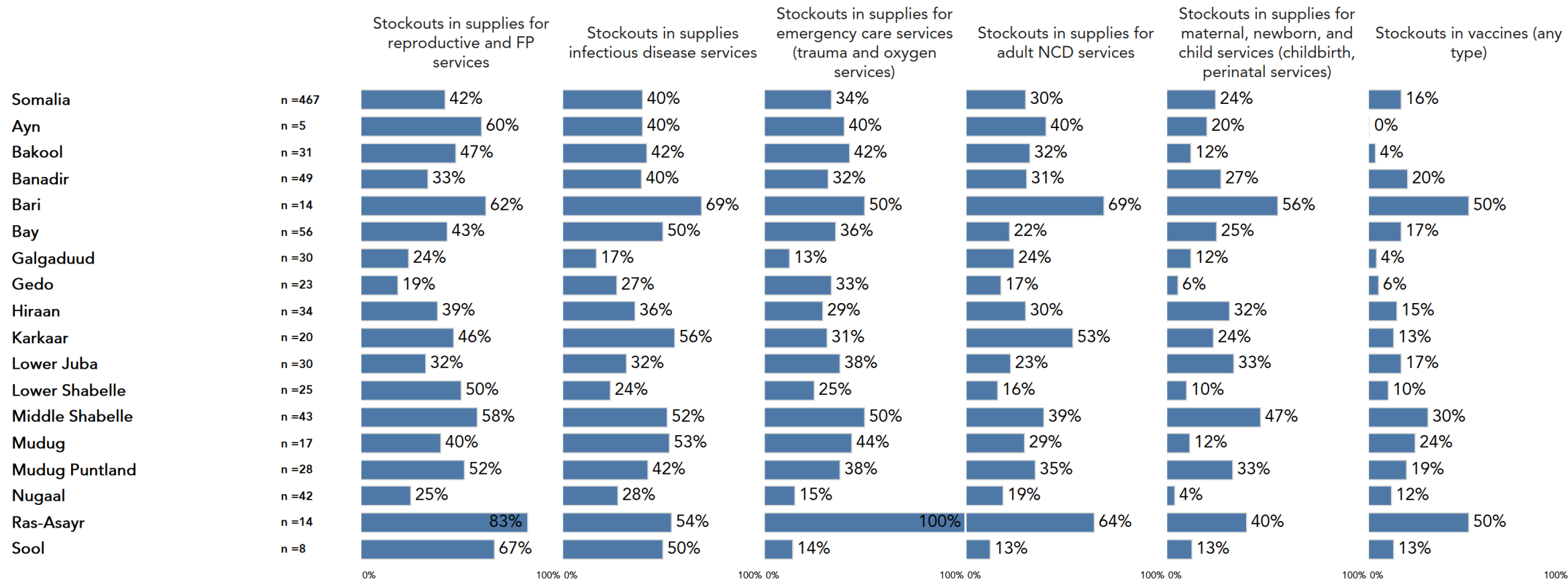
Note: The values presented in the graphs above correspond to the percentage of facilities that answered 'Frequently' or 'All the time or almost all the time' to the question: 'In the past three months, how often has this facility experienced a stock out of a critical item for the following services?'

Medical Supplies

INPUTS

SOMALIA

Percent of facilities reporting frequent or very frequent stockouts of supplies for specific services, by region Based on a rapid survey of PHC facilities in June/July 2025



Note: The values presented in the graphs above correspond to the percentage of facilities that answered 'Frequently' or 'All the time or almost all the time' to the question: 'In the past three months, how often has this facility experienced a stock out of a critical item for the following services?'

Medical Supplies

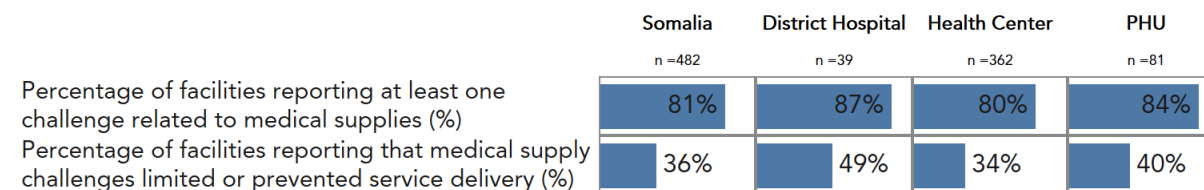
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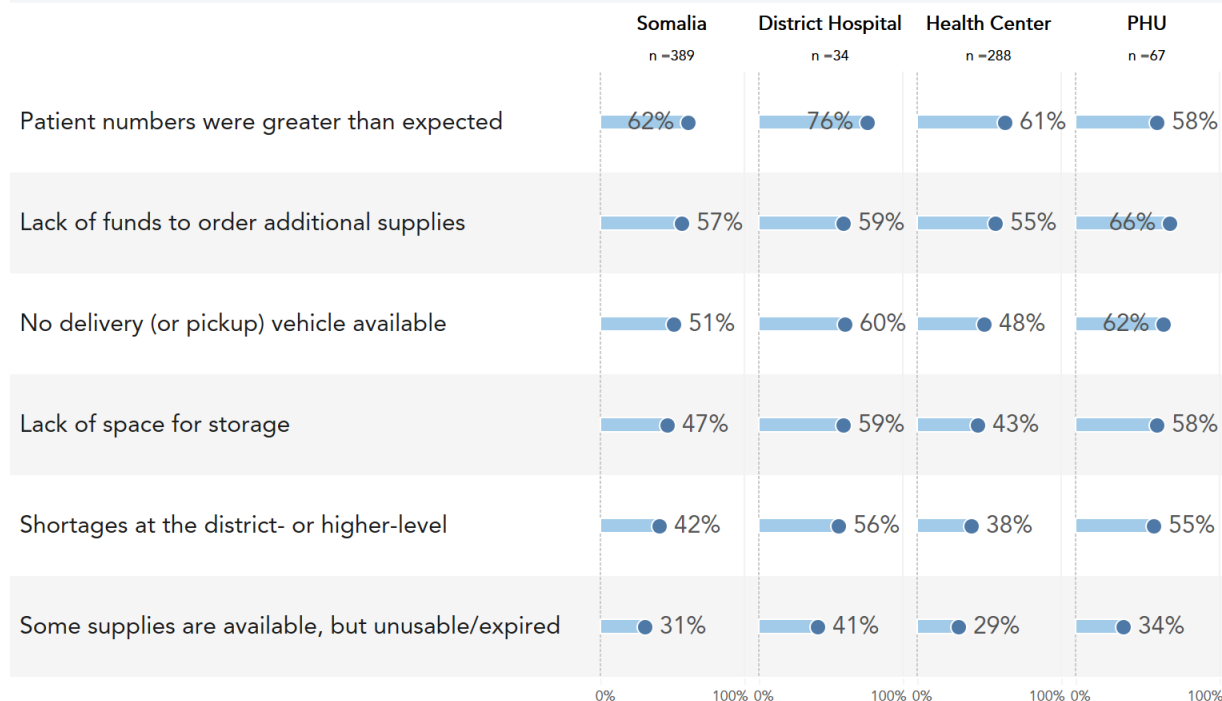
Medical supplies challenges

- **81% of facilities** reported at least one challenge with medical supplies, and **36% of facilities experience challenges** that limited or prevented service delivery.
- Key issues: unexpected patient surges, insufficient funds, lack of delivery/pickup vehicles.
- Facility managers reported **shortages of medicines, equipment, and consumables—particularly for delivery, FP, maternal, emergency, and nutrition services—along with limited cold chain capacity.**
- Medical supply challenges were slightly more common in **Galmudug and Hirshabelle.**

Medical supplies challenges Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities reporting challenges related to medical supplies in the past three months Among facilities reporting medical supplies/equipment is a challenge.



External Events

RESILIENCE

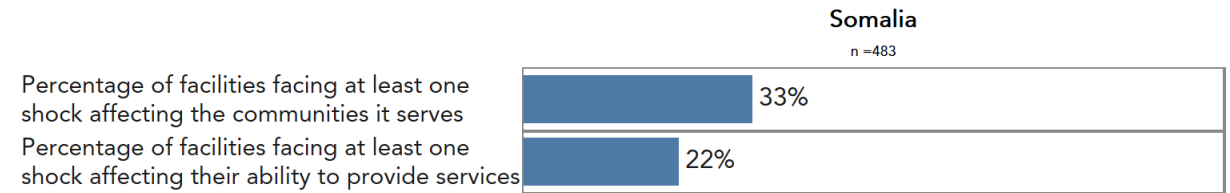
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External shocks

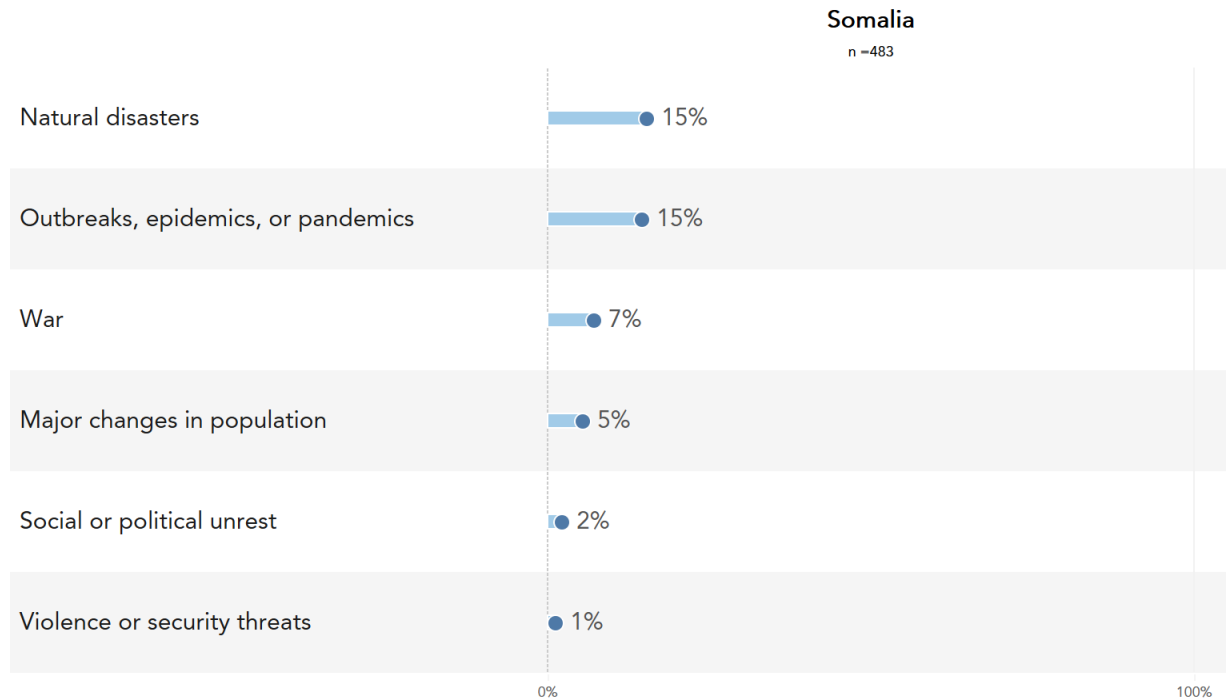
- **33%** of health facilities reported at least one external shock in their community over the past three months; and **22%** reported shocks that disrupted service delivery.
- Most common shocks: **natural disasters** (drought, floods, heavy rains) and **disease outbreaks** (cholera, malaria, other infectious diseases).
- **Regional variations:** up to 50% of facilities in Galmudug and 43% in Hirshabelle reported a shock affecting their communities.

Presence of external shocks

Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities reporting a disruptive event affecting the community in the past three months

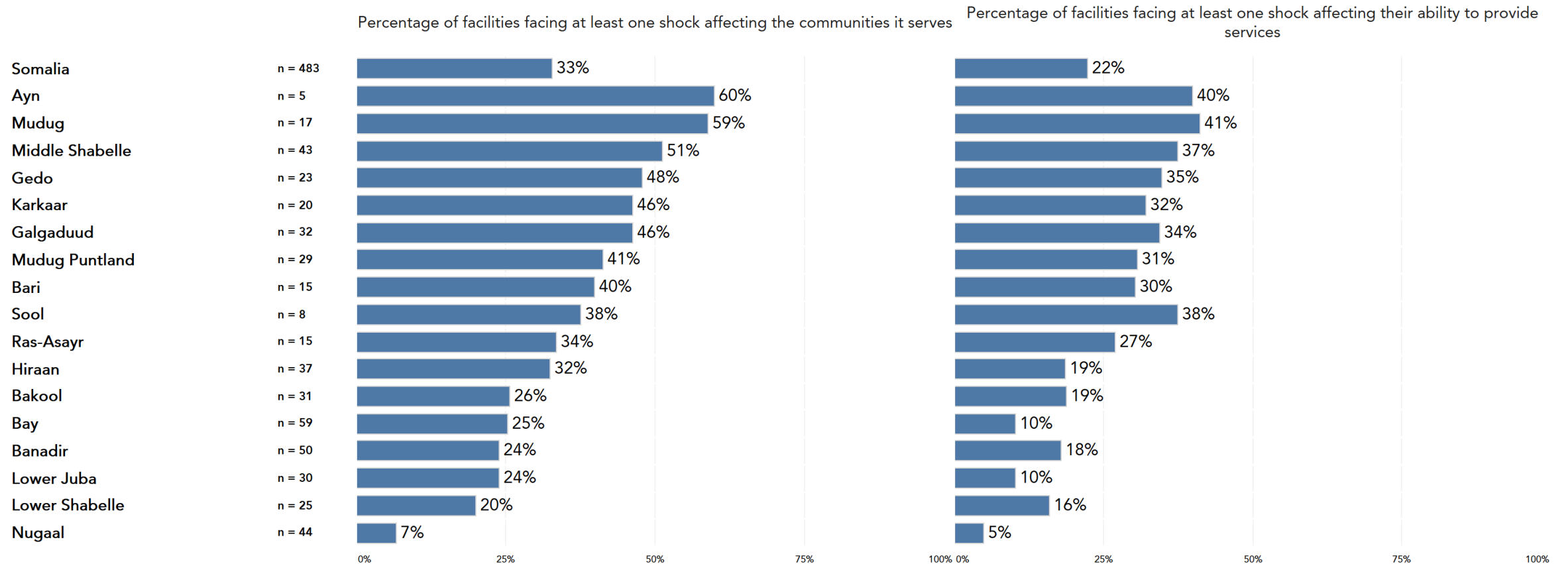


External Events

RESILIENCE

SOMALIA

Presence of external shocks, by region Based on a rapid survey of PHC facilities in June/July 2025



External Events

RESILIENCE

SOMALIA

Impact of shocks on services

- **Shocks caused changes in service utilization**, with mixed effects: 45% of facilities reported an increase, while 45% reported a decrease in service use.
- Main service delivery domains affected: **infrastructure, financing, and human resources**, though other domains were also widely impacted.
- Facility managers described **supply chain breakdowns, severe medicine shortages, and staff constraints**, compounded by **droughts, famine, displacement, and insecurity**. Weak or damaged infrastructure—often further impacted by floods—also undermined service delivery capacity.

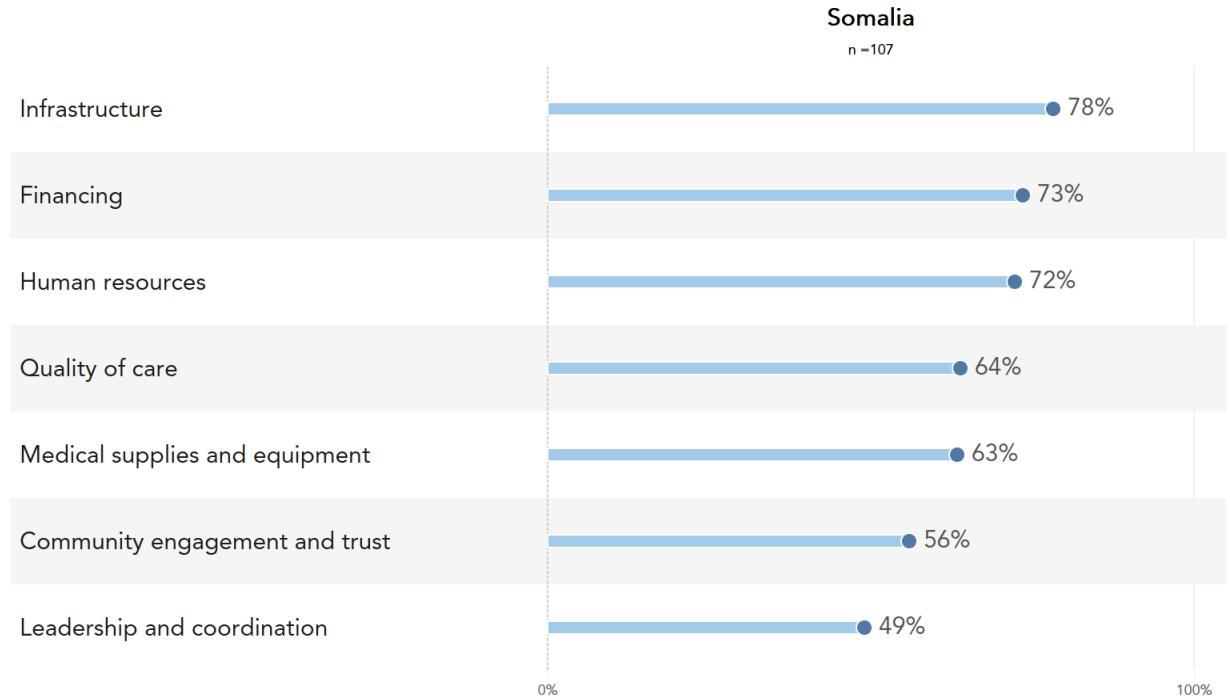
Impact of shocks on health service use

Among facilities reporting a recent shock affecting their health services.



Percent of facilities reporting challenges with service delivery that have been caused or worsened by recent shocks

Among facilities reporting a recent shock affecting their health services.

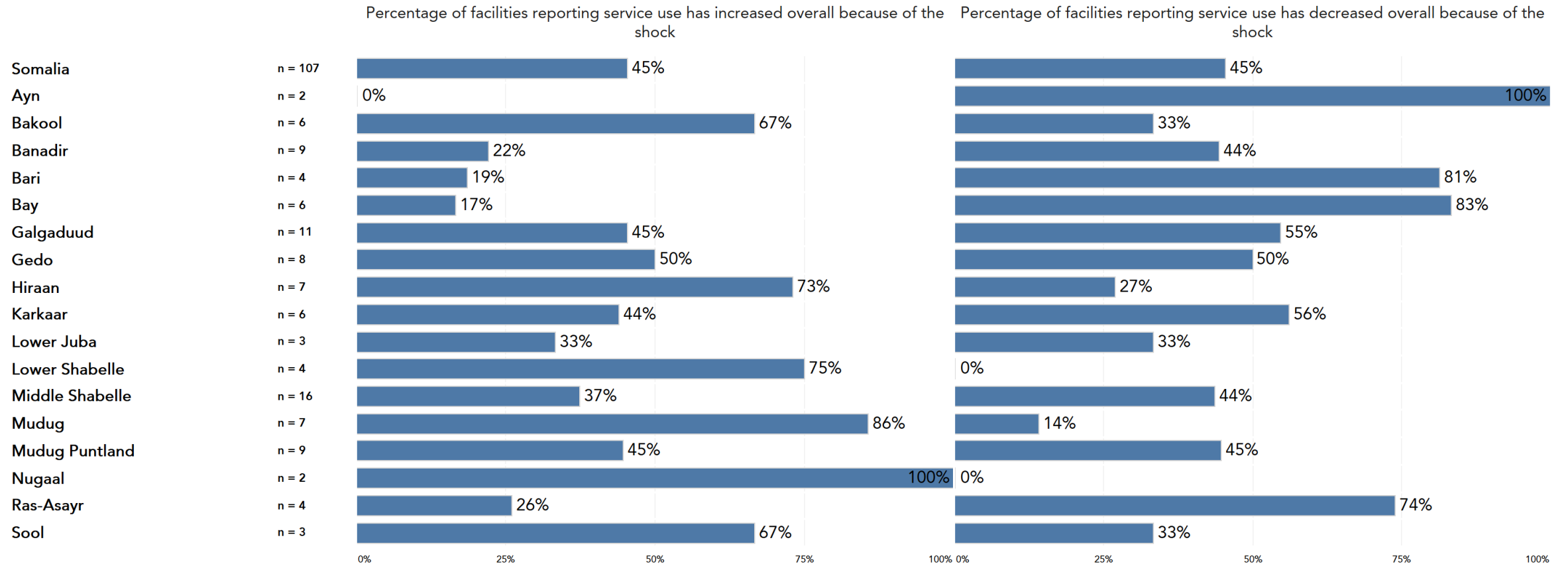


External Events

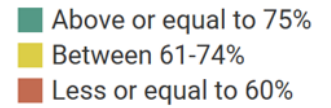
RESILIENCE

SOMALIA

Impact of shocks on health service use, by region Among facilities reporting a recent shock affecting their health services.



Summary of Results SOMALIA PROFILE NATIONAL AND FACILITY TYPE DISAGGREGATION



OUTPUTS

Service Availability

Average share of tracer services available at facilities				Percent of facilities with all tracer services available			
Somalia	District Hospital	Health Center	PHU	Somalia	District Hospital	Health Center	PHU
74%	85%	75%	68%	12%	12%	4%	52%

HEALTH SYSTEM INPUTS

Infrastructure

Percentage of facilities reporting continual availability of all routine utilities (water, power, telephone) in the past seven days.

Somalia	District Hospital	Health Center	PHU
32%	34%	38%	7%

RESILIENCE

External Shocks*

Percent of facilities reporting a disruptive event affecting their community in the past 3 months			
Somalia	District Hospital	Health Center	PHU
33%	54%	30%	37%

*Note that for external shocks, the color coding is reversed: green indicates ≤10%, yellow indicates 11–39%, and red indicates ≥40%.

HEALTH SYSTEM INPUTS

Medical Supplies

Average share of tracer medical supplies and equipment available				Percent of facilities with all tracer medical supplies available			
Somalia	District Hospital	Health Center	PHU	Somalia	District Hospital	Health Center	PHU
64%	81%	64%	52%	1%	0%	1%	3%

• Vaccines

Average share of tracer vaccines available				Percent of facilities with all tracer vaccines available			
92%	90%	92%	N/A	88%	81%	88%	N/A

• Equipment

Average share of tracer equipment available				Percent of facilities with all tracer equipment available			
78%	89%	77%	78%	27%	41%	20%	52%

• PPE

Average share of tracer PPE available				Percent of facilities with all tracer PPE available			
67%	90%	67%	54%	26%	79%	24%	11%

• Diagnostics

Average share of tracer diagnostics available				Percent of facilities with all tracer diagnostics available			
65%	89%	70%	32%	27%	74%	26%	8%

• Medicines

Average share of tracer essential medicines available				Percent of facilities with all tracer essential medicines available			
54%	74%	52%	N/A	4%	10%	3%	N/A

Further findings on human resources, facility-level financing, community engagement, leadership and coordination, and quality improvement processes will be available in future rounds.

Summary of Results SOMALIA PROFILE NATIONAL AND STATE-LEVEL DISAGGREGATION

■ Above or equal to 75%
■ Between 61-74%
■ Less or equal to 60%

OUTPUTS

Service Availability

Average share of tracer services available at facilities							Percent of facilities with all tracer services available						
Somalia	BRA	GAL	HIR	JUB	PUN	SW	Somalia	BRA	GAL	HIR	JUB	PUN	SW
74%	68%	76%	70%	78%	76%	75%	12%	4%	10%	12%	10%	16%	14%

HEALTH SYSTEM INPUTS

Infrastructure

Percentage of facilities reporting continual availability of all routine utilities (water, power, telephone) in the past seven days.

Somalia	BRA	GAL	HIR	JUB	PUN	SW
32%	50%	20%	27%	41%	28%	35%

RESILIENCE

External Shocks*

Percent of facilities reporting a disruptive event affecting their community in the past 3 months						
Somalia	BRA	GAL	HIR	JUB	PUN	SW
33%	24%	50%	43%	32%	31%	24%

*Note that for external shocks, the color coding is reversed: green indicates ≤10%, yellow indicates 11–39%, and red indicates ≥40%.

HEALTH SYSTEM INPUTS

Medical Supplies

Average share of tracer medical supplies and equipment available							Percent of facilities with all tracer medical supplies available						
Somalia	BRA	GAL	HIR	JUB	PUN	SW	Somalia	BRA	GAL	HIR	JUB	PUN	SW
64%	56%	65%	56%	72%	65%	66%	1%	0%	0%	1%	5%	1%	2%

• Vaccines

Average share of tracer vaccines available							Percent of facilities with all tracer vaccines available						
92%	92%	88%	80%	94%	95%	98%	88%	86%	78%	76%	92%	89%	97%

• Equipment

Average share of tracer equipment available							Percent of facilities with all tracer equipment available						
78%	80%	81%	66%	84%	85%	74%	27%	18%	32%	14%	39%	43%	12%

• PPE

Average share of tracer PPE available							Percent of facilities with all tracer PPE available						
67%	64%	68%	62%	72%	66%	69%	26%	24%	35%	24%	32%	21%	29%

• Diagnostics

Average share of tracer diagnostics available							Percent of facilities with all tracer diagnostics available						
65%	61%	72%	65%	68%	61%	68%	27%	26%	34%	36%	17%	23%	30%

• Medicines

Average share of tracer essential medicines available							Percent of facilities with all tracer essential medicines available						
54%	38%	54%	50%	64%	57%	58%	4%	0%	4%	2%	7%	3%	6%

Further findings on human resources, facility-level financing, community engagement, leadership and coordination, and quality improvement processes will be available in future rounds.

Summary of results

Rapid health facility assessment in Somalia

The first round of the health facility phone survey revealed important service readiness gaps in PHC facilities in Somalia:

- **External shocks: 33% of health facilities reported experiencing external shocks** in the past three months, with 22% noting disruptions to service delivery. The most common shocks were natural disasters and disease outbreaks, while conflict and displacement were less frequently reported but were notable in Hirshabelle. Shocks disrupted service utilization, caused challenges with infrastructure, supply chains, financing, and human resources, and were **particularly severe in Galmudug and Hirshabelle**.
- **Service availability:** Facilities reported offering, on average, **74% of the list of essential tracer health services** included in the survey. Basic RMNCAH-N services – including antenatal and postnatal care, adolescent health, immunization, IMCI, and delivery/childbirth care – were widely available. However, critical gaps remained in malnutrition treatment, mental health care, cervical cancer screening, and family planning (each reported available in fewer than 60% of facilities). **District hospitals** generally reported higher service availability compared to health centers and primary health units.
- **Infrastructure and medical supplies** were major challenges. **Only 32% of facilities reported continual availability of telephone, water, and electricity** in the week preceding the survey, with PHUs most affected (only 18% of PHUs reported continual electricity). Availability of tracer medical supplies averaged **64%**, ranging from 81% in district hospitals to 64% in health centers and 52% in PHUs. Vaccines were widely available, but cold chain capacity was often inadequate. Important shortages were reported **for essential medicines, diagnostics, PPE, and contraceptives**. **Frequent stockouts of supplies** for reproductive health, infectious diseases, emergency care, and NCD services were reported by more than a third of facilities, often driven by patient surges, funding gaps, or lack of delivery vehicles.
- Patterns of performance varied geographically and by facility type. Facilities **in Galmudug and Hirshabelle consistently faced more challenges** than those in other states, reporting more external shocks, more severe impacts on service delivery, and weaker continual availability of routine utilities. Hirshabelle facilities also faced greater supply shortages and frequent stockouts than other states. In contrast, facilities in **Jubbland reported stronger readiness** across most domains covered in the first survey round. These results point to critical areas for targeted investment to strengthen resilience and service delivery in Somalia's primary healthcare system.

ANNEX

The image features a solid teal background. In the center, the word "ANNEX" is written in a bold, white, sans-serif font. The bottom right portion of the image contains abstract geometric elements: a dark teal quarter-circle in the bottom left, a dark teal quarter-circle in the top right, and two sets of concentric, light teal circles that overlap each other and the other shapes.

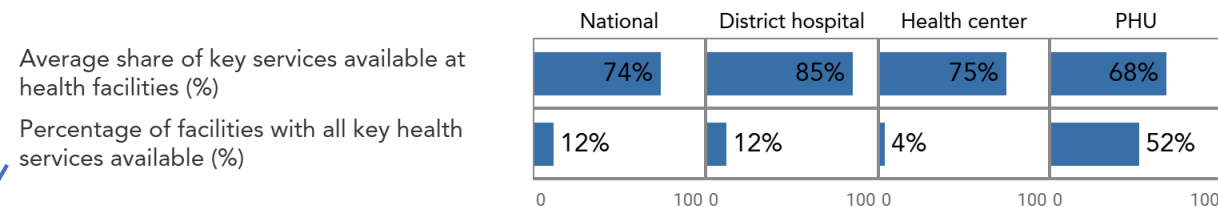
Interpreting the slides

74% corresponds to the **average percentage of tracer health services** included in the survey that are available in health facilities (number of services available in the facility ÷ total number of services included in the survey x 100, averaged across all facilities).

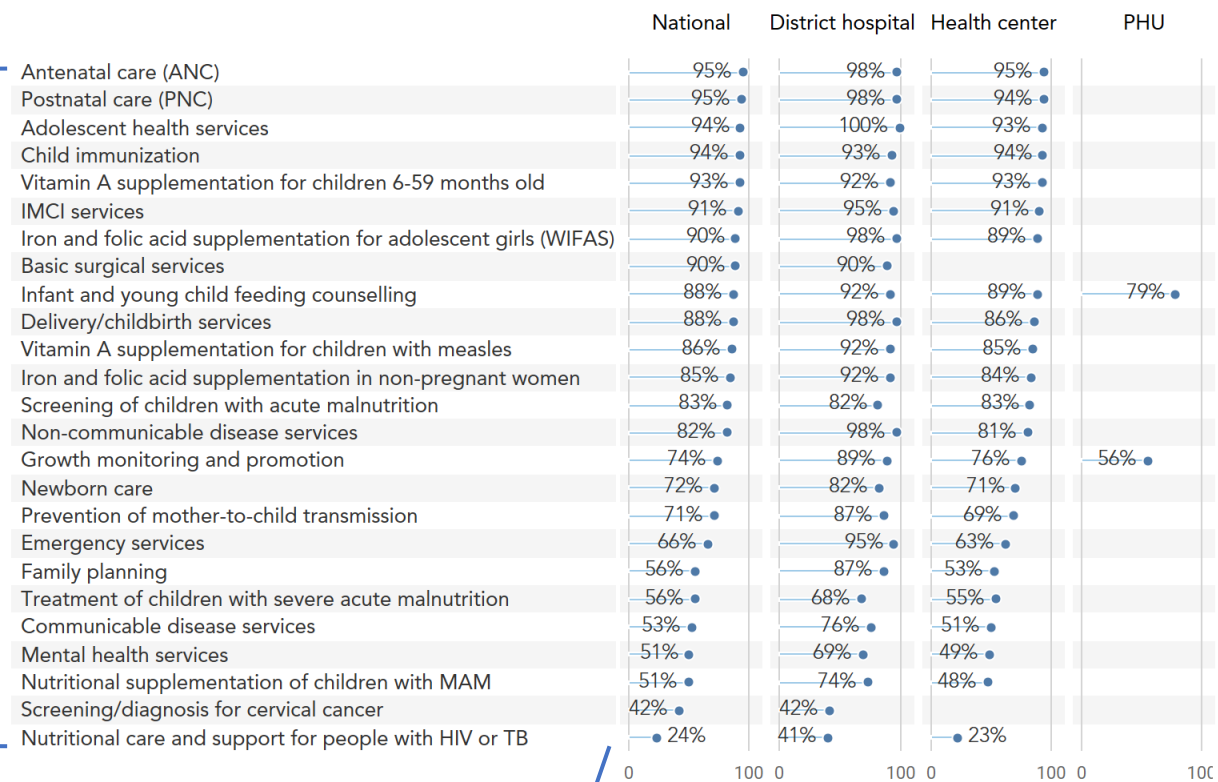
12% corresponds to the **percentage of health facilities that provide all tracer health services** included in the survey.

Components of the index scores (list of services included in the survey)

Service availability Based on a rapid survey of 483 PHC facilities in June/July 2025



Percent of facilities delivering a package of health services



National-level results

Disaggregated results

Medical Supplies

INPUTS

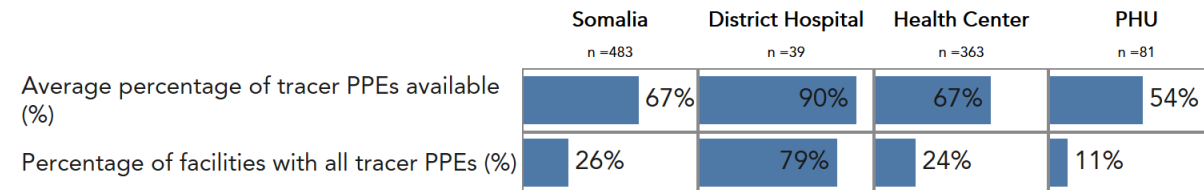
SOMALIA

PPE availability

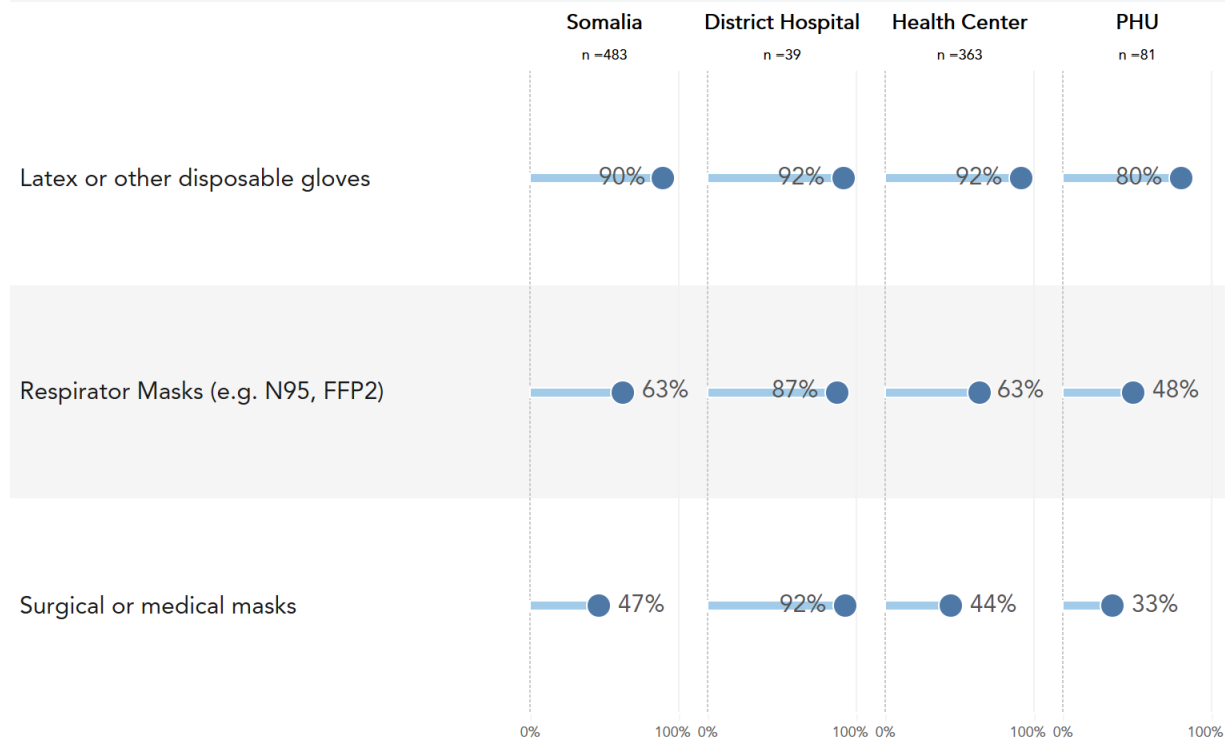
- Health facilities reported having, on average, **67%** of the survey's tracer essential personal protective equipment (PPE) on site.
- District hospitals** reported high availability; **health centers and PHUs** faced notable gaps.
- Masks were scarce:** surgical/medical masks were available in only **33% of PHUs** and **44% of health centers**.
- PPE availability was **relatively similar across states**, ranging from 62% in Hirshabelle to 72% in Jubaland.

PPE availability

Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities with PPEs currently available on-site



* The two composite indices are calculated based on the list of tracer PPEs presented in the graph above (see Methodology Annex for a full description of the methodology).

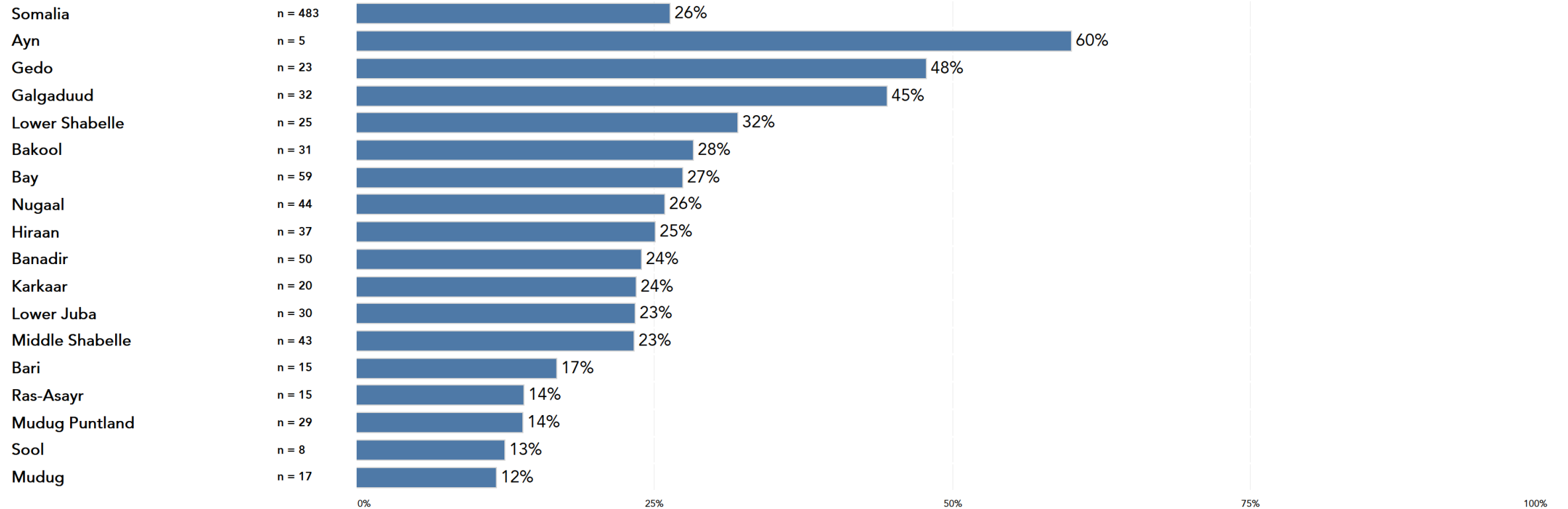
Medical Supplies

INPUTS

SOMALIA

PPE availability, by region Based on a rapid survey of PHC facilities in June/July 2025

Percentage of facilities with all tracer PPEs (%)



External Events

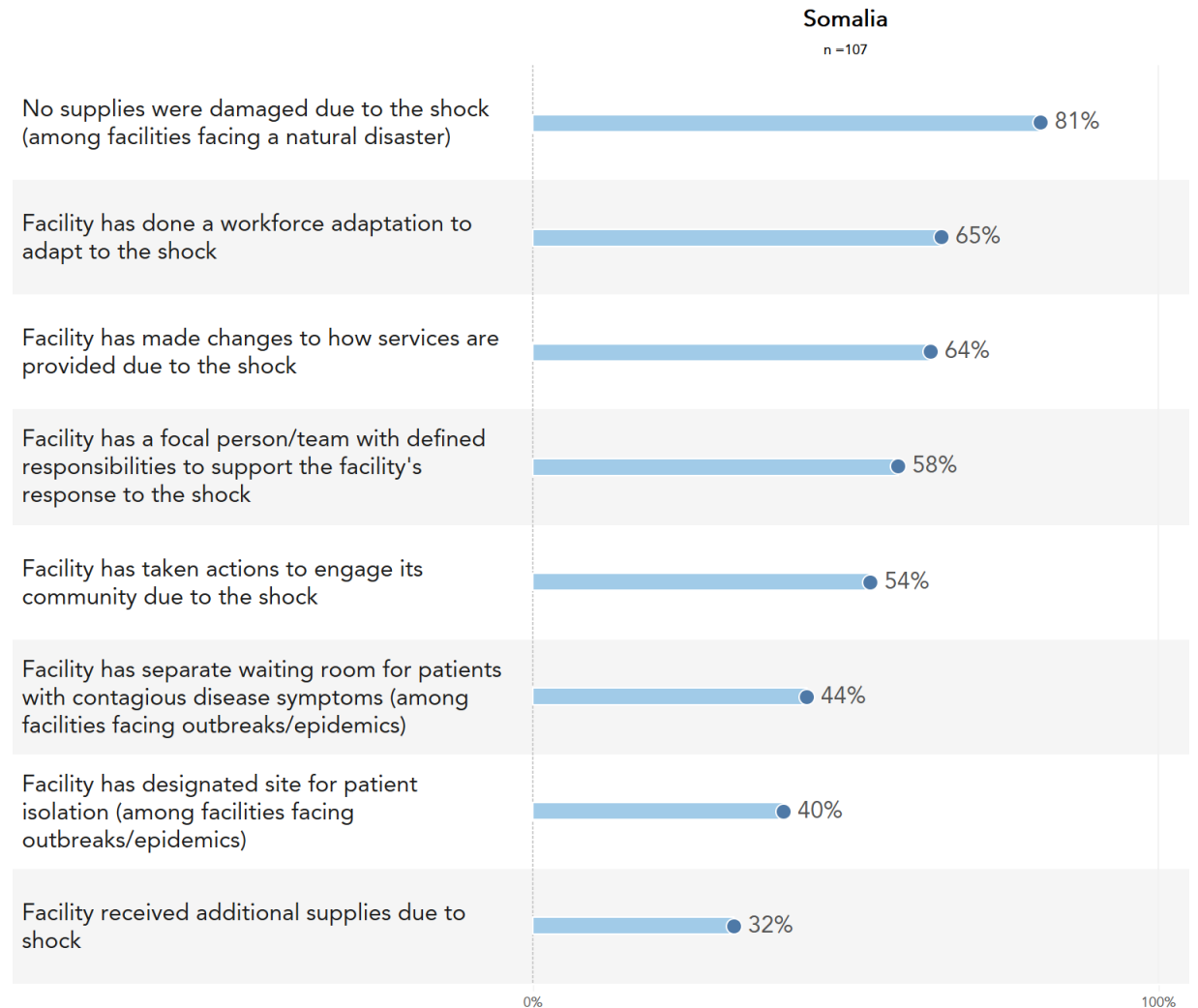
RESILIENCE

SOMALIA

Resilience to shocks

- Many facilities affected by shocks implemented **resilience measures**: workforce adjustments (65%), service delivery changes (64%), community engagement (54%).
- **Gaps remained**: only 32% received extra supplies despite 63% citing supply challenges; limited outbreak preparedness—40% had isolation sites, 44% separate waiting areas.
- **Support needs**: 86% of facilities requested additional resources from higher-level authorities.
- **Adaptations & requests**: Facility managers highlighted adaptations such as hiring staff, extending hours, expanding services and outreach, and awareness campaigns. Key requests to authorities included **additional staffing and training, medical supplies, infrastructure improvements (repairs, equipment, water, electricity), ambulances, nutritional support, and dedicated care spaces**.

Percent of facilities reporting resilience capabilities to respond to recent shocks Among facilities reporting a recent shock affecting their health services.



Note: The values presented in the graphs above are limited to health facilities that reported at least one shock affecting their health services (N=107).

Medical Supplies

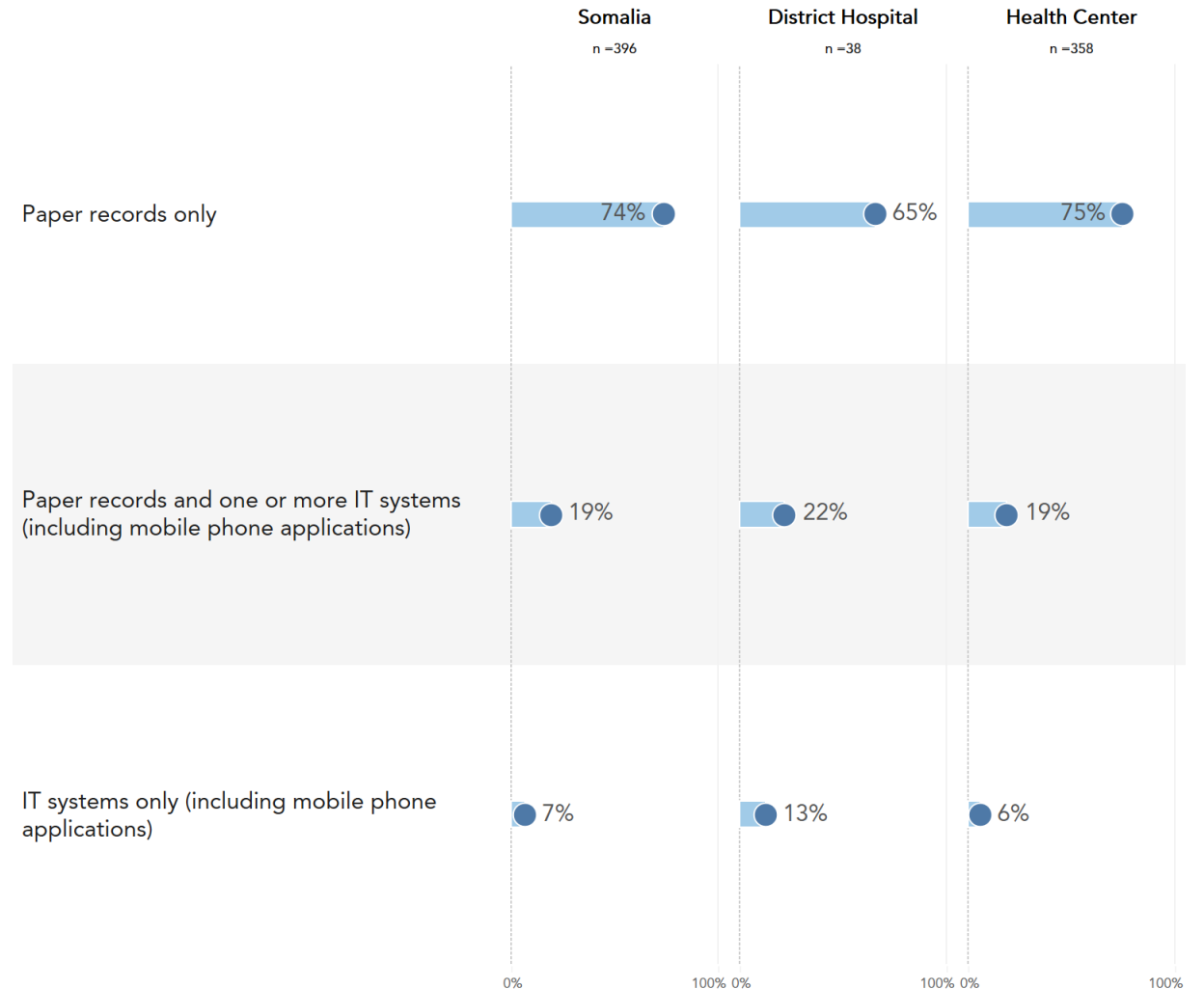
INPUTS

SOMALIA

Medicine record keeping

- **Most health facilities (74%) reported using paper records only** to document the receipt, inventory, and dispensing of medicines. 19% used a mix of IT and paper records, while 7% used IT systems only.
- Among 101 facilities using IT (alone or mixed), **25% reported IT systems were not always functional** in the past 7 days.
- By state: generally similar, except **Jubbaland**, where IT or mixed systems were more common.

Percent of facilities reporting methods for recording the receipt, inventory, and dispensing of medicines Based on a rapid survey of PHC facilities in June/July 2025



Note: PHUs were excluded from questions related to medicine record keeping.

Medical Supplies

INPUTS

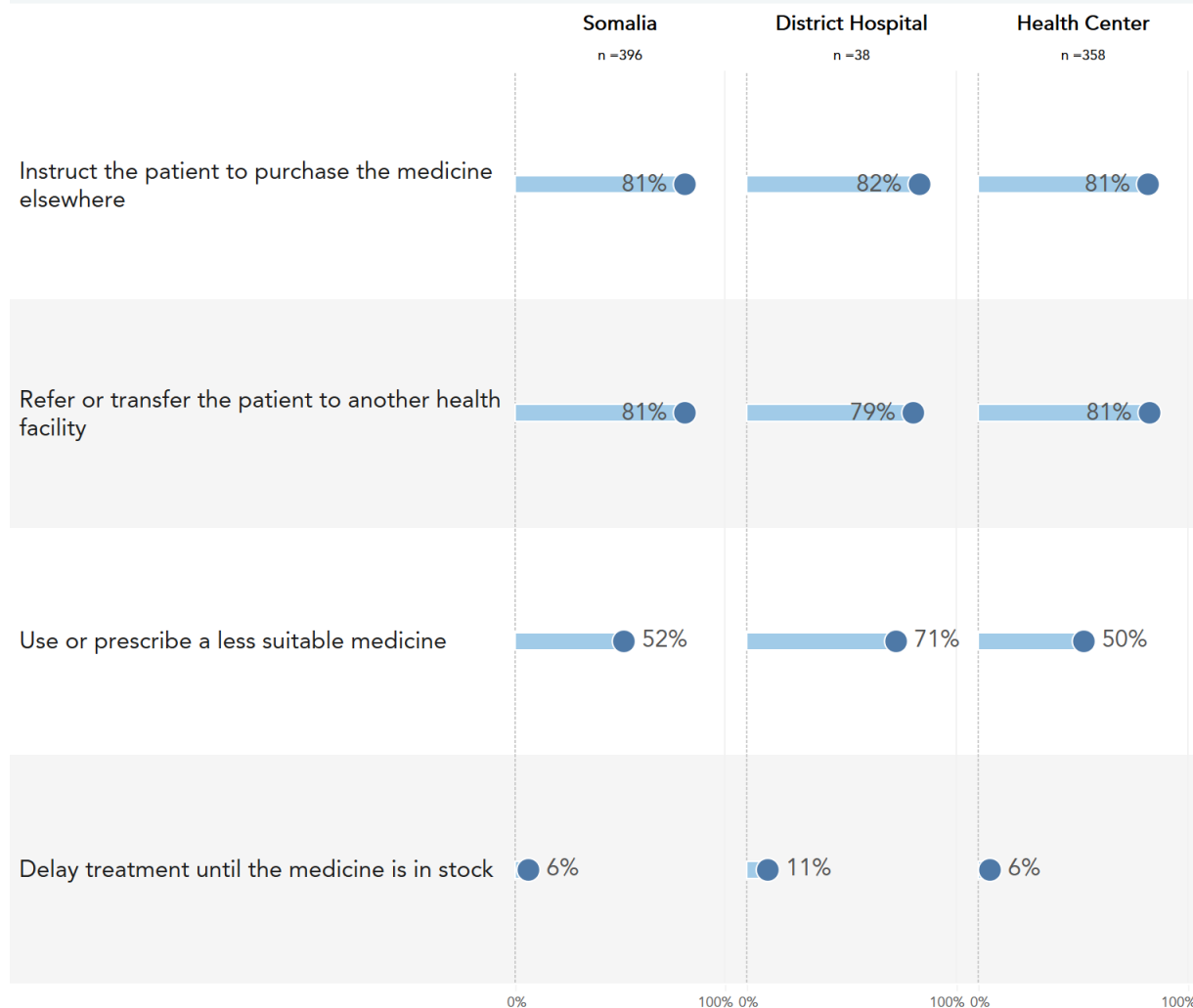
SOMALIA

How facilities respond to stock shortages

- Most facilities reported **referring patients to another health facility or instructing them to purchase medicines elsewhere** when items were unavailable.
- However, a considerable proportion of facilities adopted less appropriate approaches: 52% prescribed a less suitable medicine; 6% delayed treatment.
- Patterns were similar across facility types, though district hospitals more often prescribed less suitable medicines than health centers.

Percent of facilities reporting strategies used when a patient requires medication that is unavailable on-site

Among facilities reporting having at least one medicine or contraceptive method unavailable.



* The values presented in the graphs above are limited to health facilities that reported at least one unavailable medicine or contraceptive method (N = 145). **Note:** PHUs were excluded from questions related to strategies used when medicines are unavailable.

Medical Supplies

INPUTS

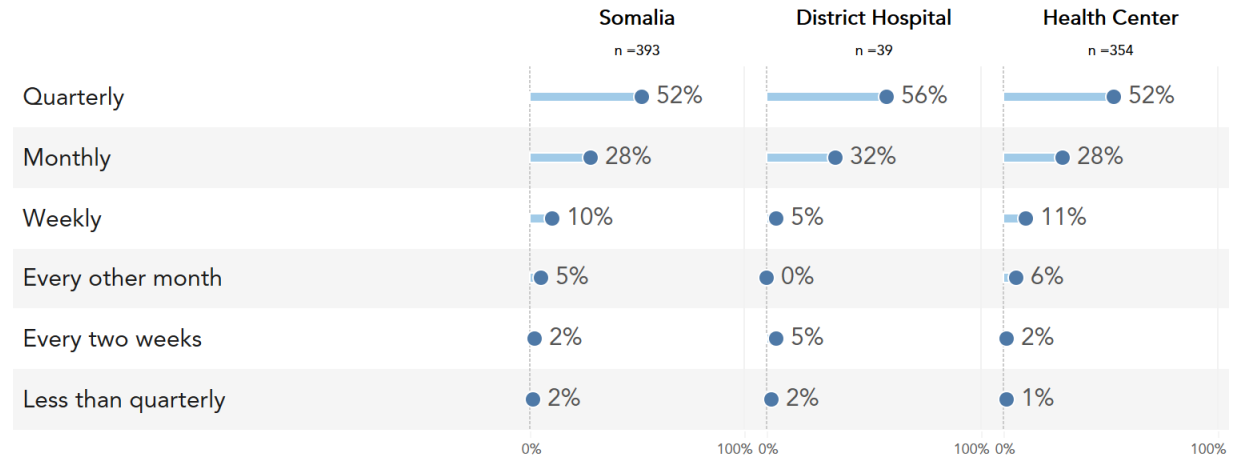
SOMALIA

Medicine order and receipt frequencies

- Most facilities placed medicine orders **monthly or quarterly**, while **10% ordered weekly**.
- Medicines were delivered at varying intervals: 33% of facilities reported quarterly, 28% weekly, and 26% monthly deliveries of medicines.
- Medicine ordering and delivery patterns were **similar across facility types**.

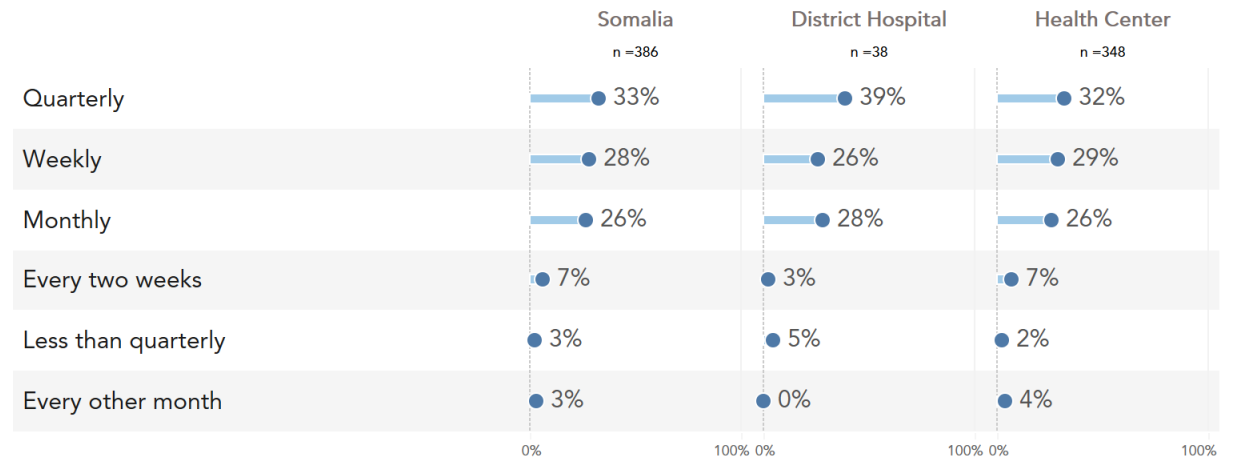
Percent of facilities reporting frequency at which orders for medicines are placed

Based on a rapid survey of PHC facilities in June/July 2025



Percent of facilities reporting frequency at which orders for medicines are received

Based on a rapid survey of PHC facilities in June/July 2025



Note: PHUs were excluded from questions related to frequencies or medicine orders and deliveries.

Survey sample | Distribution and margins of error (round 1)

Characteristic	Category	Number of facilities in the sample (N)	Percentage of sample (%)	Number of health facilities in sampling frame	Margin of error (%)	
Facility type	District hospital	39	8.1	53	6.85	
	Health center	363	75.2	524	2.40	
	Primary health unit (PHU)	81	16.8	115	5.01	
Gavi priority	Gavi priority	215	44.5	389	3.77	
	Gavi nonpriority	268	55.5	303	1.72	
State	BRA	50	10.4	69	6.17	
	Galmudug	49	10.1	64	5.75	
	Hirshabelle	80	16.6	140	6.06	
	Jubbaland	53	11.0	87	7.13	
	Puntland	136	28.2	178	3.45	
	Southwest	115	23.8	154	3.88	
Region	Ayn	5	1.0	6	16.50	
	Bakool	31	6.4	33	3.70	
	Banadir	50	10.4	69	6.17	
	Bari	15	3.1	21	11.67	
	Bay	59	12.2	81	5.63	
	Galgaduud	32	6.6	45	7.93	
	Gedo	23	4.8	34	9.93	
	Hiraan	37	7.7	56	7.97	
	Karkaar	20	4.1	25	8.42	
	Lower Juba	30	6.2	53	10.02	
	Lower Shabelle	25	5.2	40	10.23	
	Middle Shabelle	43	8.9	84	8.84	
	Mudug	17	3.5	19	6.67	
	Mudug Puntland	29	6.0	44	9.05	
	Nugaal	44	9.1	54	5.40	
	Ras-Asayr	15	3.1	19	10.04	
	Sool	8	1.7	9	10.31	
	Total	Somalia	483	100	692	2.06

Interpretation : There is a 90% chance that the real national value is within ± 2.06 percentage points of the measured/surveyed value. Margins of error were calculated assuming 90% confidence and 50% prevalence.

Survey sample | Distribution and margins of error (round 1)

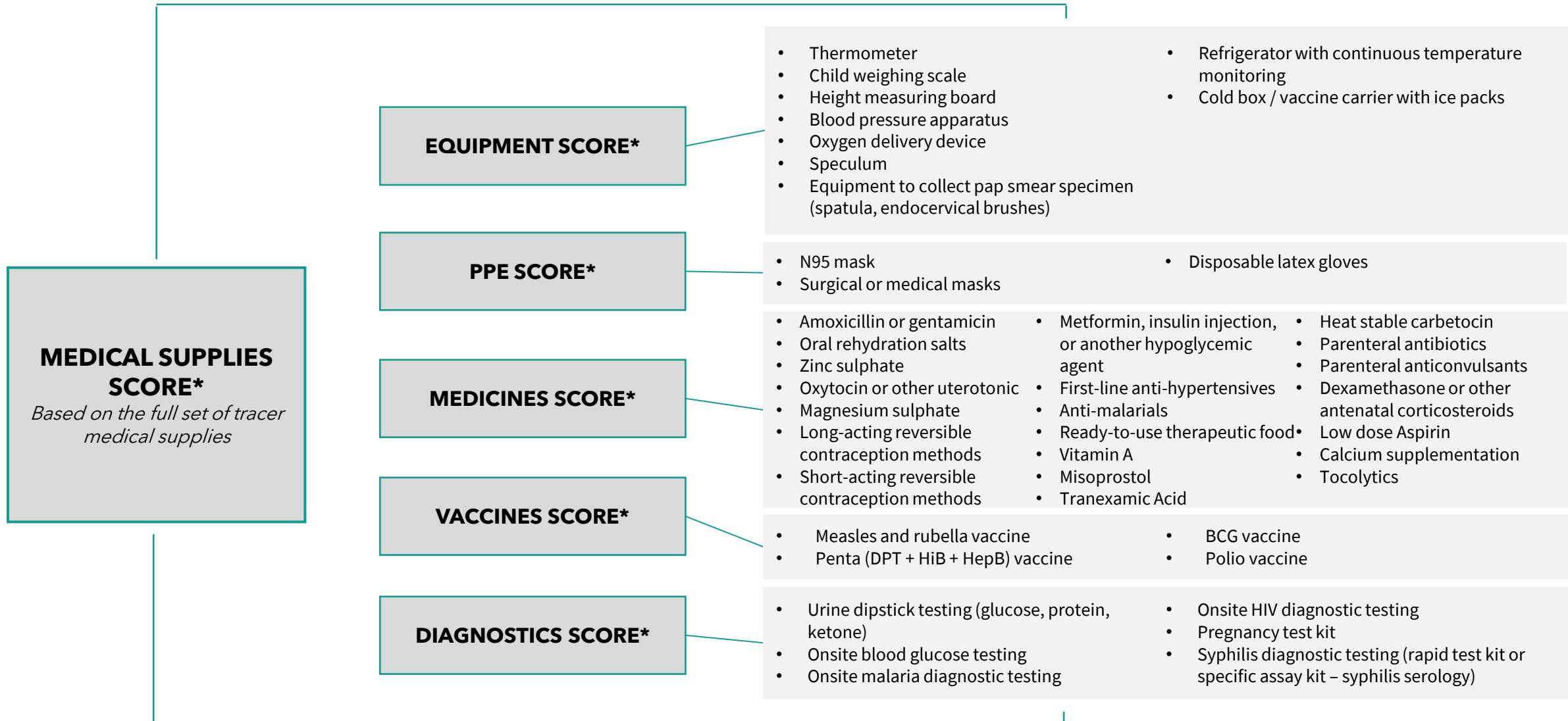
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State	BRA	50	10.4	69	6.17
	Galmudug	49	10.1	64	5.75
	Hirshabelle	80	16.6	140	6.06
	Jubbaland	53	11.0	87	7.13
	Puntland	136	28.2	178	3.45
	Southwest	115	23.8	154	3.88
Region	Ayn	5	1.0	6	16.50
	Bakool	31	6.4	33	3.70
	Banadir	50	10.4	69	6.17
	Bari	15	3.1	21	11.67
	Bay	59	12.2	81	5.63
	Galgaduud	32	6.6	45	7.93
	Gedo	23	4.8	34	9.93
	Hiraan	37	7.7	56	7.97
	Karkaar	20	4.1	25	8.42
	Lower Juba	30	6.2	53	10.02
	Lower Shabelle	25	5.2	40	10.23
	Middle Shabelle	43	8.9	84	8.84
	Mudug	17	3.5	19	6.67
	Mudug Puntland	29	6.0	44	9.05
	Nugaal	44	9.1	54	5.40
	Ras-Asayr	15	3.1	19	10.04
	Sool	8	1.7	9	10.31
	Total	Somalia	483	100	692

Interpretation : There is a 90% chance that the real national value is within ± 2.06 percentage points of the measured/surveyed value. Margins of error were calculated assuming 90% confidence and 50% prevalence.

Index scores | Medical supplies

***Two summary scores:**

- Average percentage of tracer supplies available at facilities
- Percentage of facilities that have all tracer supplies





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