FASTR
FREQUENT ASSESSMENTS & HEALTH SYSTEMS TOOLS FOR RESILIENCE

SOMALIA RAPID HEALTH FACILITY ASSESSMENT

Summary Report: Round One & Two

January 2026

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Contents

Rapid health facility assessment in Somalia

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

Rapid health facility assessment in Somalia

The objective of the Frequent Assessments and System Tools for Resilience (FASTR) rapid-cycle health facility phone survey is to provide an up-to-date snapshot of primary health care (PHC) facility performance, ultimately supporting and strengthening PHC systems for improved reproductive, maternal, newborn, child, and adolescent health and nutrition outcomes. Results identify service delivery readiness gaps and challenges and characterize the impact of shocks on health facility resilience.

In Somalia, the **Ministry of Health and Human Services** conducted this survey with support from the Global Financing Facility for Women, Children, and Adolescents and the World Bank. Data was collected by **Sanigest and Benadir University.** Ethical clearance was granted by the Somali Federal Republic Ministry of Health and Human Services.

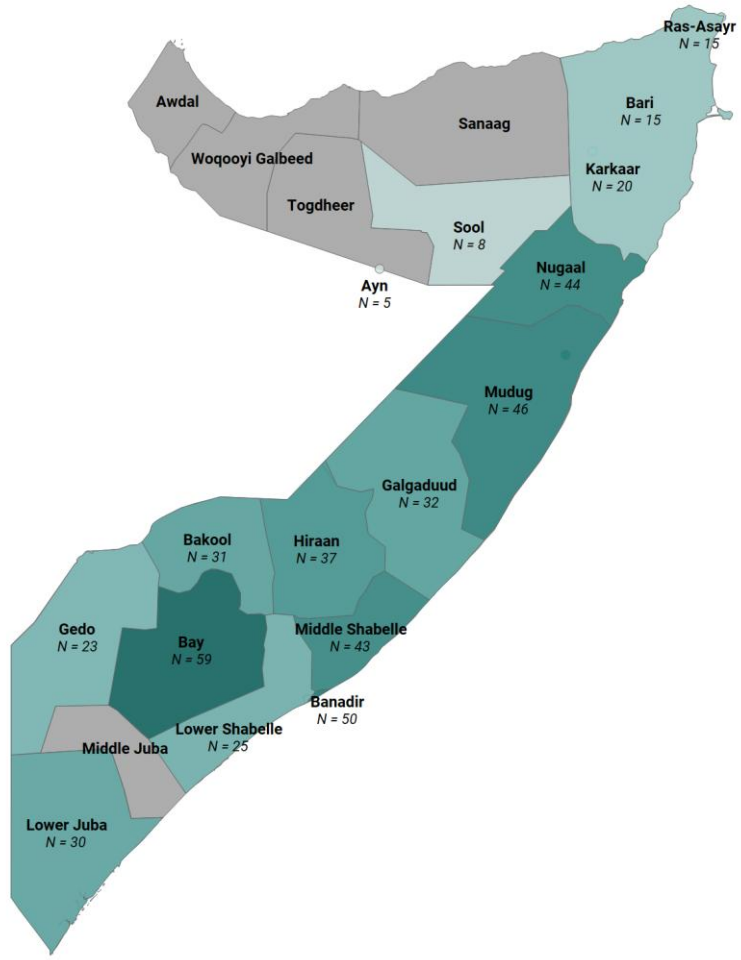
Methodology:

- National and regional representative panel sample of **483 public PHC facilities,** including district-level hospitals, health centers, and primary health units (PHUs).
- The sample was stratified by **facility type, region, and Gavi prioritization*.**
- Phone surveys with health facility managers averaging **~29 minutes.**

Round 1: 25 Jun - 24 Jul 2025
Round 2: 06 Dec – 08 Jan 2026

Survey Sample

Round 1 & 2 in Somalia



Total sample: **483 health facilities (round 1); 471 health facilities (round 2)**
Note: The Mudug region was split between Mudug-Galmudug (n = 27) and Mudug-Puntland (n = 19) in the survey sample. *Health facilities were categorized as 'Gavi high priority' when located in geographic areas characterized by a high prevalence of zero-dose children, defined as children that have not received any routine vaccine.

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

	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
NATIONAL	**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.

Overview of Results

SOMALIA PROFILE, LATEST AVAILABLE ROUND: FACILITY-LEVEL AND STATE-LEVEL DISAGGREGATION

Change between rounds (R-2 vs R-1):
▲ Increase (> + 10%)
▼ Decrease (< – 10%)
— Minor (–10% ≤ change ≤ +10%)

>90%
75%-90%
50%-75%
<50%

		Service Availability	Infrastructure	Medical Supplies and Equipment	Human Resources	Quality Improvement	External Shocks
		Average share of tracer services available at facilities	Percent of facilities reporting continual availability of water, power, telephone and internet in the past seven days	Average share of tracer medical supplies and equipment available	Percent of facilities that meet all minimum staffing requirements	Average share of quality improvement tracer criteria met within health facilities	Percent of facilities reporting a disruptive event affecting their community in the past 3 months
NATIONAL	**Somalia**	74%	19% —	64% —	21%	70%	48% ▲(+47%)
FACILITY TYPE	**District Hospital**	85%*	30% ▲(+68%)	83%* —	31%	79%*	54% —
	Health Center	75%	21% —	65%* —	13%*	72%*	46% ▲(+55%)
	PHU	68%	6%* ▲(+169%)	48%* —	49%*	56%*	56% ▲(+49%)
STATE	**BRA**	68%	27% ▲(+11%)	62% ▲(+11%)	21%	62%	6%* ▼(-74%)
	Galmudug	76%	12% —	66% —	10%*	66%	42% ▼(-17%)
	Hirshabelle	70%	11%* ▼(-32%)	57%* —	26%	76%*	53% ▲(+24%)
	Jubaland	78%	17% ▼(-23%)	63% ▼(-13%)	21%	67%	49% ▲(+52%)
	Puntland	76%	17% ▲(+17%)	66%* —	20%	68%	59%* ▲(+90%)
	Southwest	75%	28%* ▲(+12%)	66% —	20%	76%*	53% ▲(+118%)

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level. Percentage change between survey rounds is shown in parentheses next to the estimate when the change from R1 to R2 is greater than +10% or –10%. If no change sign is indicated in the table, this means that data are only available for one round such that no longitudinal comparisons can be made for the indicator.

Note: For external shocks, the color coding is reversed: green indicates ≤10%, yellow 11–39%, and red ≥40%. **Minimum staffing requirements** are defined as follows: Primary Health Units (PHUs) require at least 1 nurse and 1 community health worker (CHW); Health Centers require at least 9 nurses and/or midwives (including at least 3 nurses and 3 midwives), 1 CHW, and 3 allied health associates; District Hospitals require at least 1 doctor, 1 anesthesia assistant, 9 nurses and/or midwives (including at least 3 nurses and 3 midwives), 1 C-section surgeon, 1 laboratory technician, and 5 allied health associates.**List of tracer medical supplies:** The complete list of 43 tracer medical supplies (including 4 vaccines, 9 equipment items, 3 PPE items, 6 diagnostics, and 21 medicines) included in the survey; methodological details on the index calculation are provided in the annex of this report. **List of tracer essential health services:** The complete list of 25 tracer services included in the survey.

Overview of Results

SOMALIA PROFILE, LATEST AVAILABLE ROUND: NATIONAL AND REGIONAL-LEVEL DISAGGREGATION

Change between rounds (R-2 vs R-1):
▲ Increase (> + 10%)
▼ Decrease (< – 10%)
— Minor (–10% ≤ change ≤ +10%)

>90%
75%-90%
50%-75%
<50%

		Service Availability	Infrastructure	Medical Supplies and Equipment	Human Resources	Quality Improvement	External Shocks
		Average share of tracer services available at facilities	Percent of facilities reporting continual availability of water, power, telephone and internet in the past seven days	Average share of tracer medical supplies and equipment available	Percent of facilities that meet all minimum staffing requirements	Average share of quality improvement tracer criteria met within health facilities	Percent of facilities reporting a disruptive event affecting their community in the past 3 months
NATIONAL	Somalia	74%	19% —	64% —	21%	70%	48% ▲ (+47%)
BRA	Banadir	68%	27% ▲ (+11%)	62% ▲ (+11%)	21%	62%	6% * ▼ (-74%)
GALMUDUG	Galgaduud	77%	10% ▼ (-50%)	62% —	10% *	68%	52% ▲ (+13%)
	Mudug	73%	18% —	74% * ▲ (+19%)	12%	61% *	18% * ▼ (-70%)
HIRSHABELLE	Hiraan	72%	8% * ▼ (-63%)	68% * —	22%	78% *	58% ▲ (+78%)
	Middle Shabelle	69%	14% ▲ (+15%)	48% * —	29%	74%	50% —
JUBALAND	Gedo	78%	21% ▲ (+63%)	67% —	5% *	68%	58% ▲ (+20%)
	Lower Juba	78%	15% ▼ (-46%)	60% ▼ (-15%)	30%	66%	44% ▲ (+86%)
PUNTLAND	Ayn	82%	0% * —	47% * —	0% *	77%	80% ▲ (+33%)
	Bari	76%	16% ▲ (+44%)	64% —	16%	60%	33% ▼ (-18%)
	Karkaar	77%	19% ▲ (+100%)	62% —	14%	75%	58% ▲ (+25%)
	Mudug Puntland	76%	21% ▲ (+20%)	63% —	21%	65%	72% * ▲ (+75%)
	Nugaal	78%	25% ▲ (+28%)	75% * —	31%	76%	51% ▲ (+650%)
	Ras- Asayr	69%	0% * ▼ (-100%)	63% —	7%	47% *	74% * ▲ (+119%)
	Sool	73%	0% * ▼ (-100%)	65% —	13%	67%	63% ▲ (+67%)
SOUTHWEST	Bakool	77%	13% ▼ (-33%)	62% —	13%	76%	74% * ▲ (+188%)
	Bay	75%	14% ▼ (-18%)	69% * —	26%	75%	44% ▲ (+72%)
	Lower Shabelle	73%	72% * ▲ (+50%)	63% —	16%	78%	52% ▲ (+160%)

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level. Percentage change between survey rounds is shown in parentheses next to the estimate when the change from R1 to R2 is greater than +10% or –10%. If no change sign is indicated in the table, this means that data are only available for one round such that no longitudinal comparisons can be made for the indicator.

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Summary of results

Rapid health facility assessment in Sierra Leone

The health facility phone survey revealed important service readiness gaps in PHC facilities in Somalia*:

- **Service availability:** Facilities reported offering, on average, **74% of essential tracer services** included in the survey. Basic RMNCAH-N services—antenatal and postnatal care, IMCI, childbirth care, and immunization— were widely available. However, critical gaps remained in **malnutrition treatment, cervical cancer screening, and family planning** (reported available in <60% of facilities). Notably, only **56% of facilities** reported providing **family planning services**.

- **Infrastructure:** In the latest survey round, only **19% of facilities reported continual availability of water, electricity, telephone, and internet** in the week preceding the survey. Facility managers highlighted **lack of patient transportation,** as well as poor/damaged or inadequate infrastructure as major challenges.

- **Medical supplies and equipment:** Availability of tracer supplies averaged **64%** in the latest survey round. Vaccines were generally available, but gaps persisted in the availability of **diagnostics, PPE, and essential medicines**. Critical maternal and obstetric medicines were moderately available (oxytocin, misoprostol, magnesium sulphate), with severe gaps for advanced obstetric care medicines. **Family planning commodities were highly limited**, with fewer than half of facilities offering any reversible contraceptive method, and 29% of facilities reporting frequent stockouts of FP supplies.

- **Human resource challenges** were widespread, with many facility managers reporting staffing gaps, heavy workloads, and low or unreliable pay. Provider training gaps were notable, with **only about half of facilities reporting their providers received training in family planning or malaria care in the past two years.**

- **Quality improvement:** Although most facilities (85%) reported routinely conducting service delivery quality improvement activities, significant gaps were reported in the **i**mplementation of **death reviews**, with **just over half of facilities** conducting reviews for maternal or neonatal deaths, or stillbirths occurring in their facility.

- **External shocks**: Nearly half of health facilities reported recent external shocks in the latest survey round, with **43% experiencing service disruptions due to shocks**. **Natural disasters** were the most common shocks and increased sharply since the previous round, causing **surges in patient demand/volume** and disrupting infrastructure, financing, and human resources at affected facilities.

- **Patterns of performance varied by geography and facility type.** District hospitals generally reported high service readiness, while primary health units were severely constrained across all service delivery areas. Facilities in **Puntland and Hirshabelle** – **particularly Ayn, Middle Shabelle, Sool, and Ras-Asayr regions** – faced the greatest challenges, including more shocks, poorer service availability, limited utilities, lower training, and weaker medical supply availability. These findings highlight priority areas for **targeted investment to strengthen resilience and service delivery** in Somalia's PHC system.

***Note that additional findings on infrastructure, financing, leadership structures, and community engagement will be available in subsequent rounds.**

Interpreting the slides

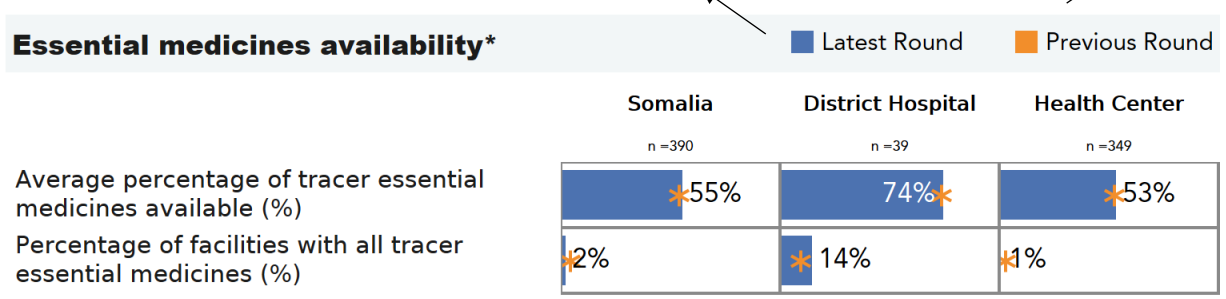
55% corresponds to the **average percentage of tracer essential medicines** included in the survey that are available in health facilities (number of medicines available in the facility ÷ total number of medicines included in the survey x 100, averaged across all facilities).

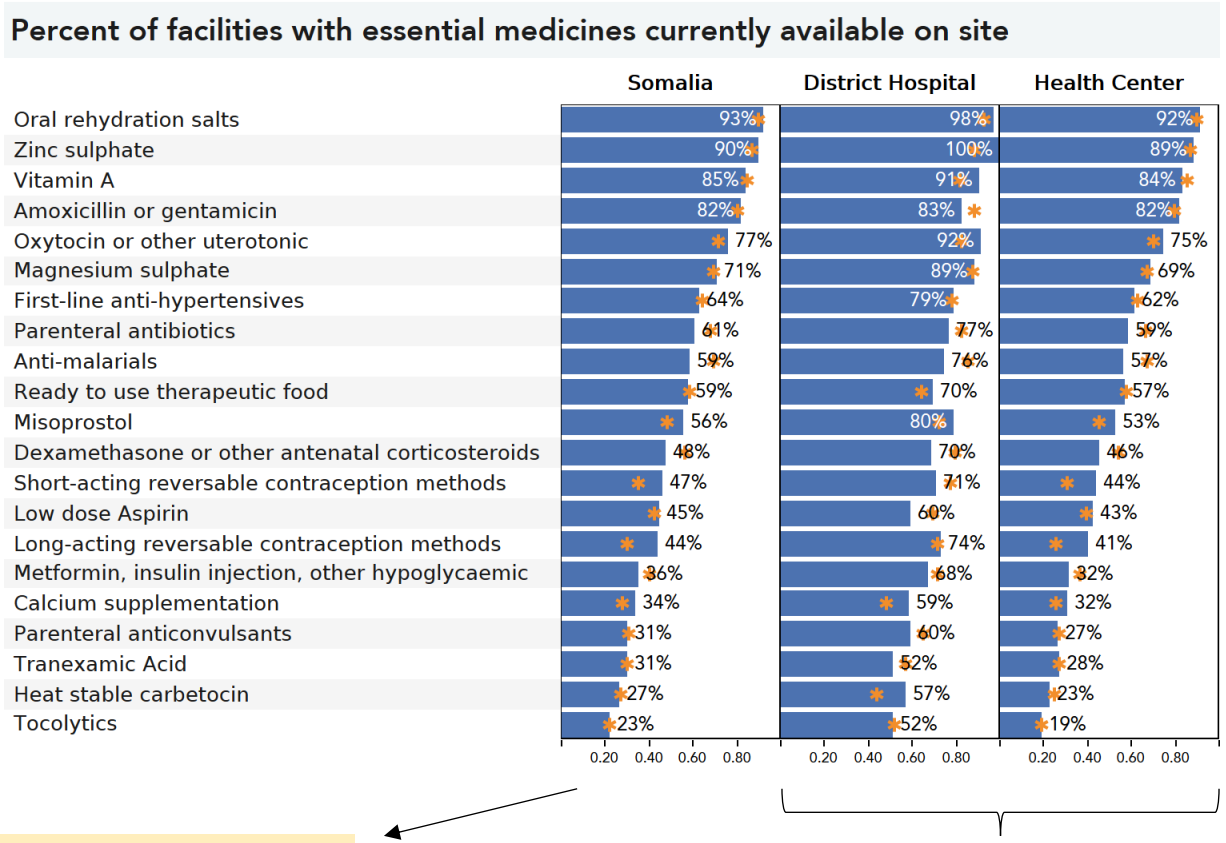
2% corresponds to the **percentage of health facilities that have all tracer medicines** included in the survey.

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

Round 2 or latest available round results

Round 1 results





National-level results

Disaggregation by facility type

Contents

Rapid health facility assessment in Somalia

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

External Events

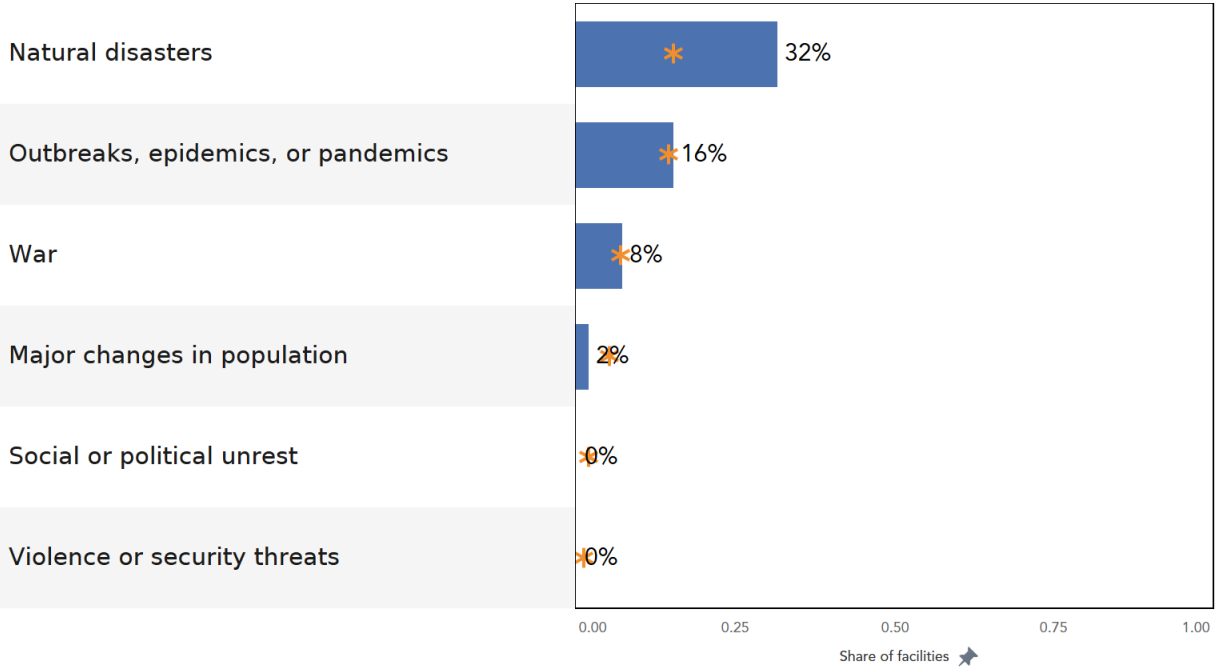
RESILIENCE | SOMALIA

External shocks

- **Nearly half of health facilities** reported experiencing at least one external event, or shock, in their community over the past three months, and **43% reported disruptions to service delivery***.
- **Natural disasters were the most frequently reported shocks** and **increased sharply** compared with the previous survey round.
- **Disease outbreaks** were frequently reported by facilities but **remained stable** compared with the previous survey round.

Presence of external events

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

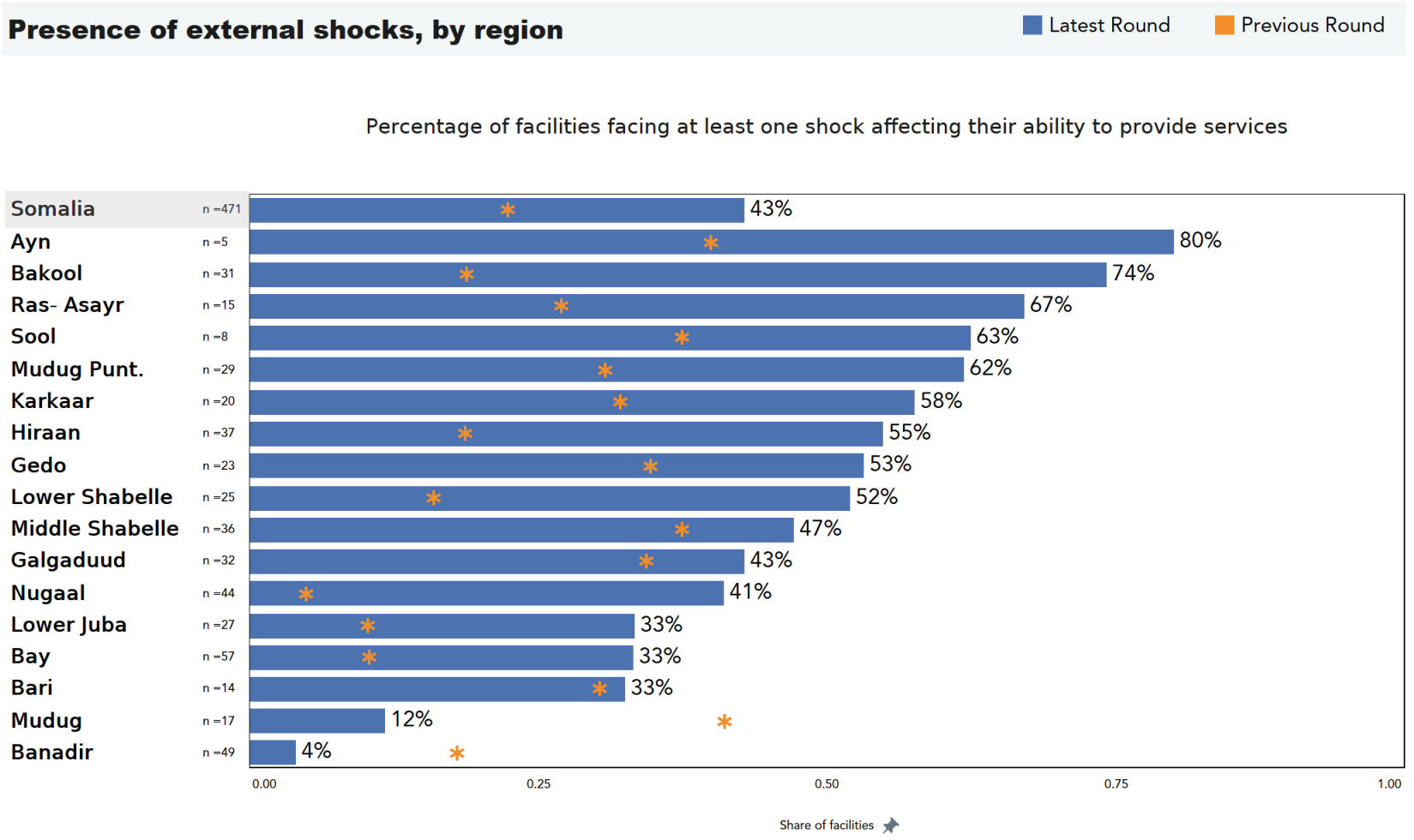


Note: The values shown in the lower figure correspond to responses to the question "Over the past 3 months, have any of the following events affected the communities that this facility serves?". *The percentage of facilities reporting at least one event affecting their ability to provide services corresponds to the share of facilities that reported at least one event affecting their community in the past three months and that did not select the option "None of the events impacted health services" in response to the question: "Which event, if any, had the largest impact on health services at this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

External Events

RESILIENCE | SOMALIA

Presence of external shocks, by region



- Important regional variations were observed, **with notable increases in the occurrence of shocks** since the previous survey round across nearly all regions.
- **Ayn*, Bakool, and Ras-Asayr** were the most affected regions, with **over two thirds** of facilities reporting shocks affecting service delivery.
- **In contrast, few facilities reported shocks in Mudug and Banadir.**

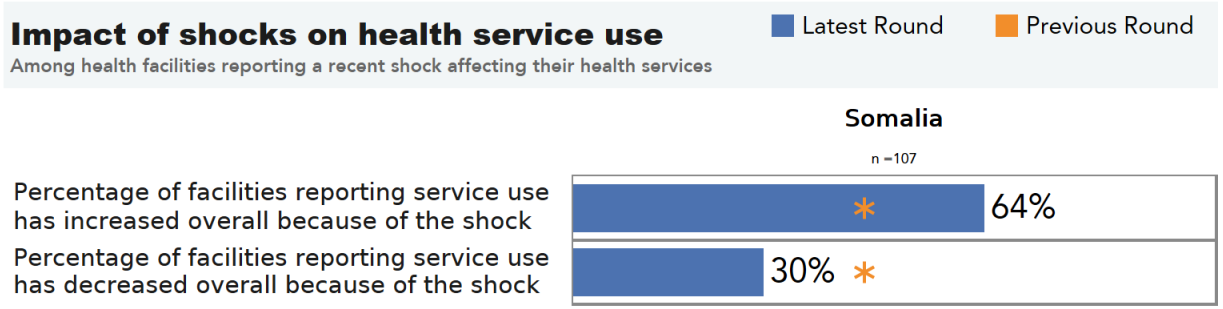
Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

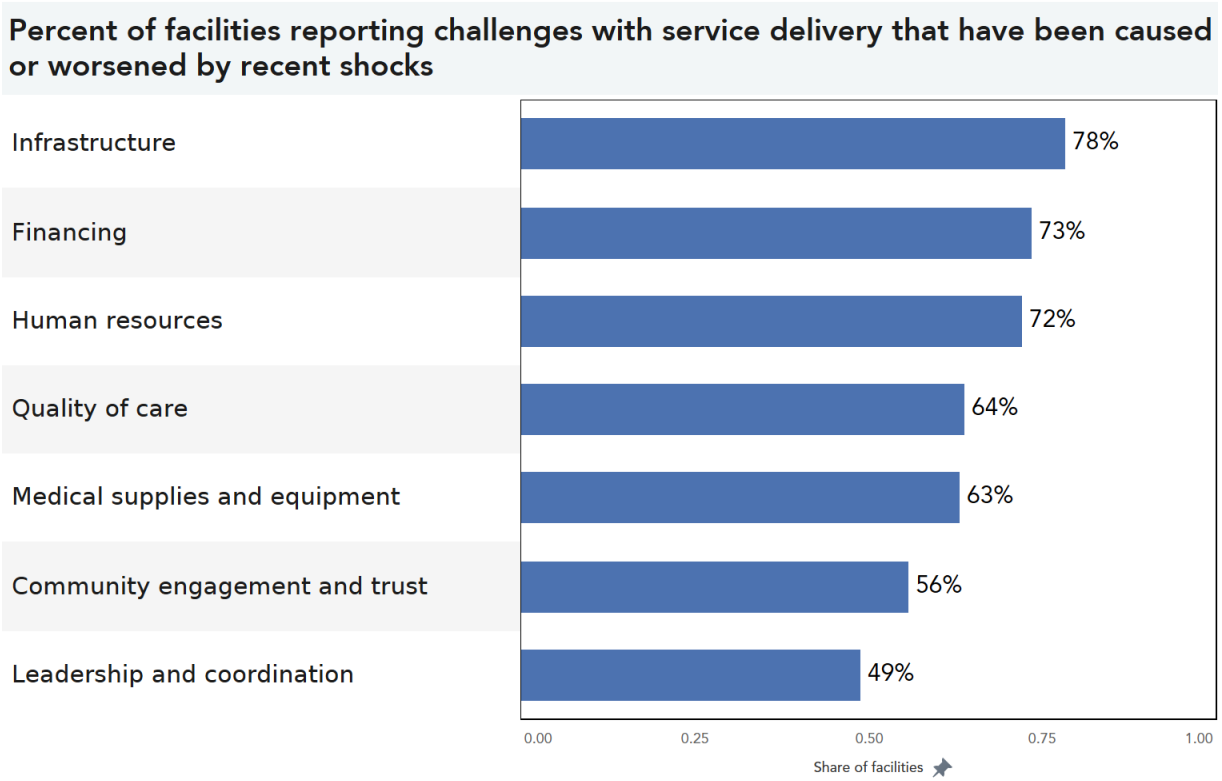
External Events

RESILIENCE | SOMALIA

Impact of shocks on health services

- **64% of affected facilities** reported that shocks led to an **increase in health service use.**
- Shocks **disrupted service delivery across multiple domains**, particularly **infrastructure, financing, and human resources** – though large impacts were also reported on other domains.
- In the first survey round, 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.





Note: The values presented in the graphs above are limited to health facilities that reported at least one shock affecting their health services. The values shown in the upper figure correspond to responses to the question "How has the shock impacted the use of health services at this facility?", while the values in the lower figure represent the share of facilities that responded "Strongly agree" or "Agree" to the question "To what extent do you agree or disagree that this facility has experienced challenges in the following areas because of the shock?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

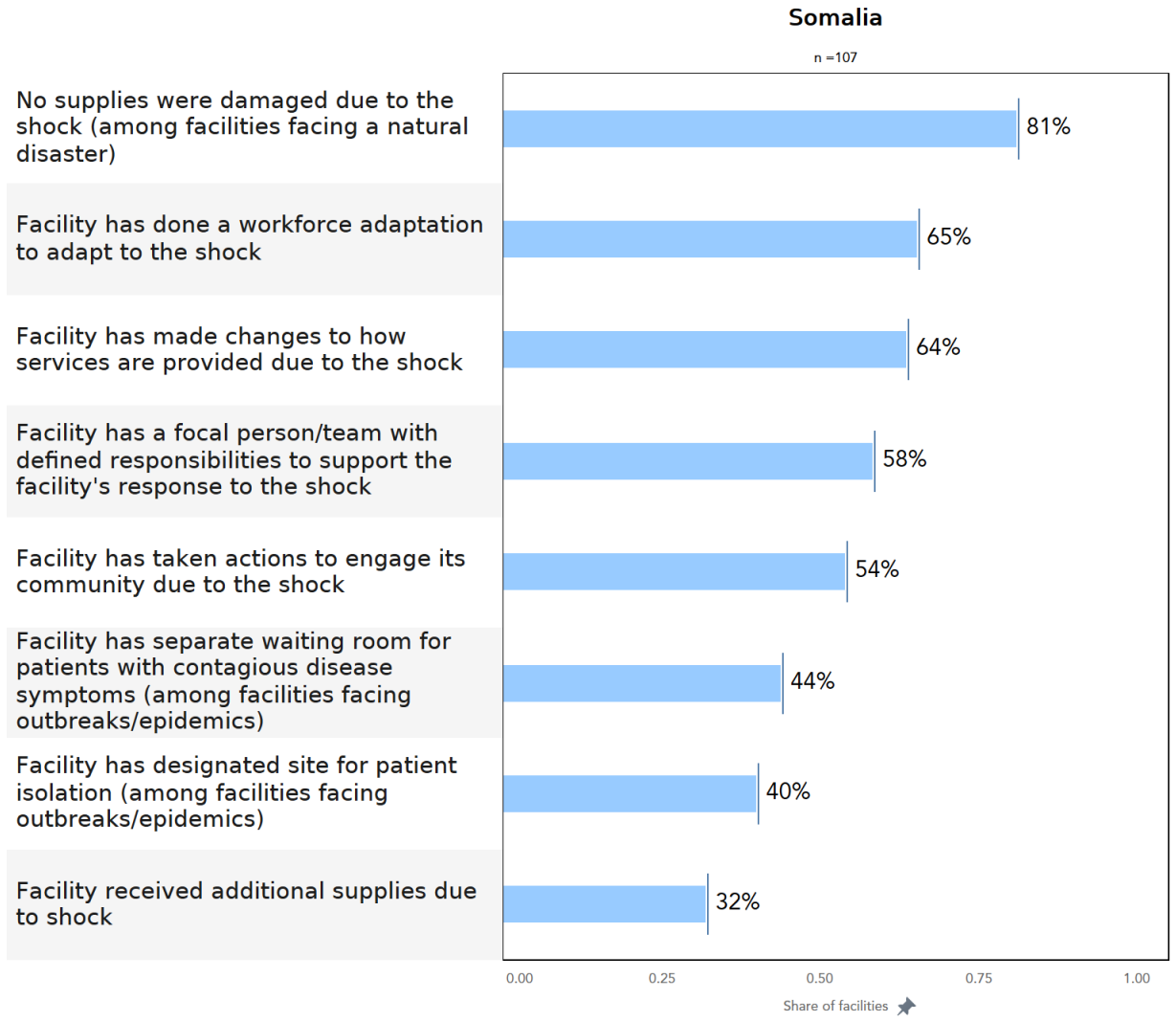
External Events

RESILIENCE | SOMALIA

Resilience to shocks

- **Many facilities affected by recent shocks reported implementing resilience measures**, including workforce adjustments, service delivery changes, and community engagement.
- **Important resilience gaps remained**: despite widespread supply challenges, only **32% of affected facilities** reported receiving additional supplies. **Preparedness for outbreak-related shocks was limited**, with fewer than half of facilities having a designated isolation area or a separate waiting space for patients with contagious symptoms.
- Facility managers highlighted adaptations such as **hiring staff, extending hours, expanding services and outreach, and awareness campaigns.**

Percent of facilities reporting resilience capabilities to respond to recent shocks
Among health 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. A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Challenges

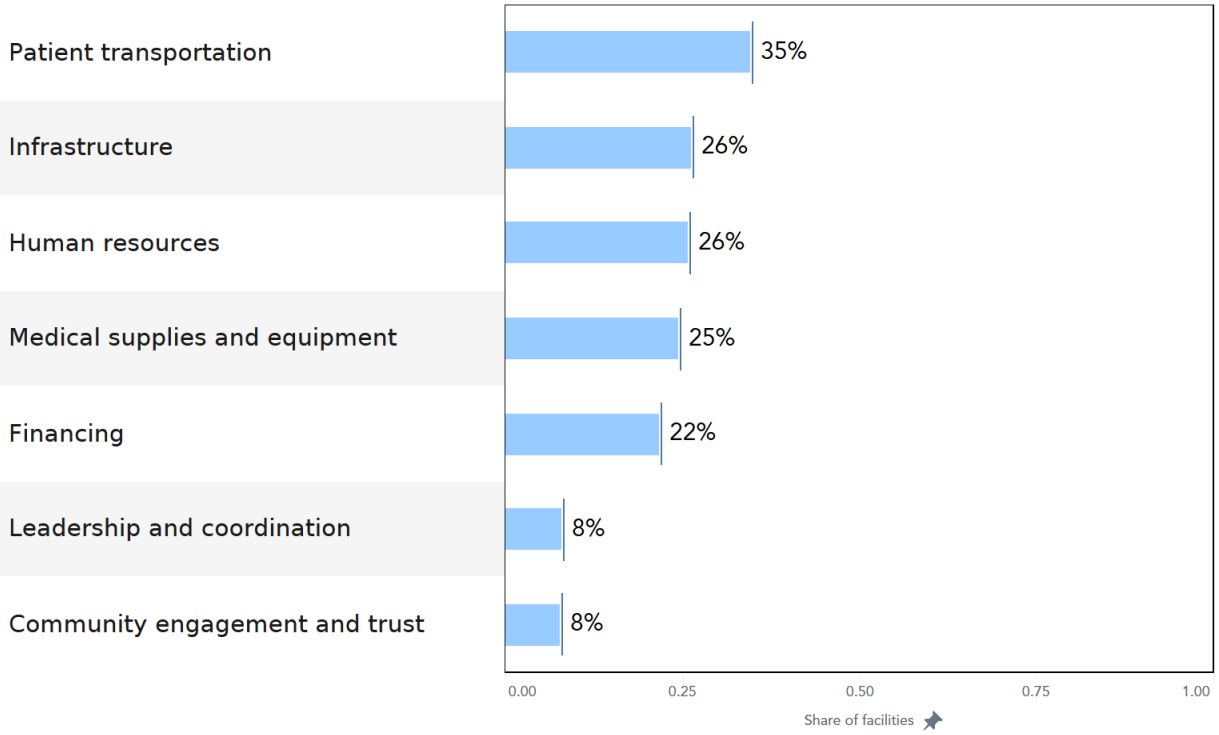
RESILIENCE | SOMALIA

Service delivery challenges

- **58%** of health facilities reported **increased challenges with service delivery** in the three months preceding the survey.
- The most frequently reported challenges relate to **patient transportation** (reported by about a third of facilities), - and to a lesser extent infrastructure, human resources, supplies, and financing.
- Health facility managers reported major challenges, including a **lack of transport and ambulances, gaps in staffing and training, inadequate or damaged infrastructure, supply shortages, and limited access to electricity and water**. In some cases, droughts and floods increased patient loads, further straining service delivery.

Service delivery challenges

Percent of facilities reporting increased challenges across different service delivery areas in the past three months



Note: The values shown in the lower figure correspond to responses to the question "For the following areas, have the difficulties encountered over the past three months been greater than usual?", with all facilities included in the denominator. The upper figure shows the share of facilities that selected at least one of the service delivery areas presented in the lower figure as a domain in which greater-than-usual challenges were experienced. A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Contents

Rapid health facility assessment in Somalia

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

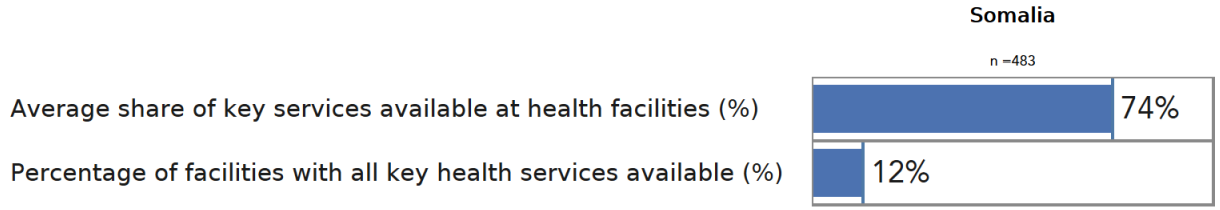
Services

OUTPUTS | SOMALIA

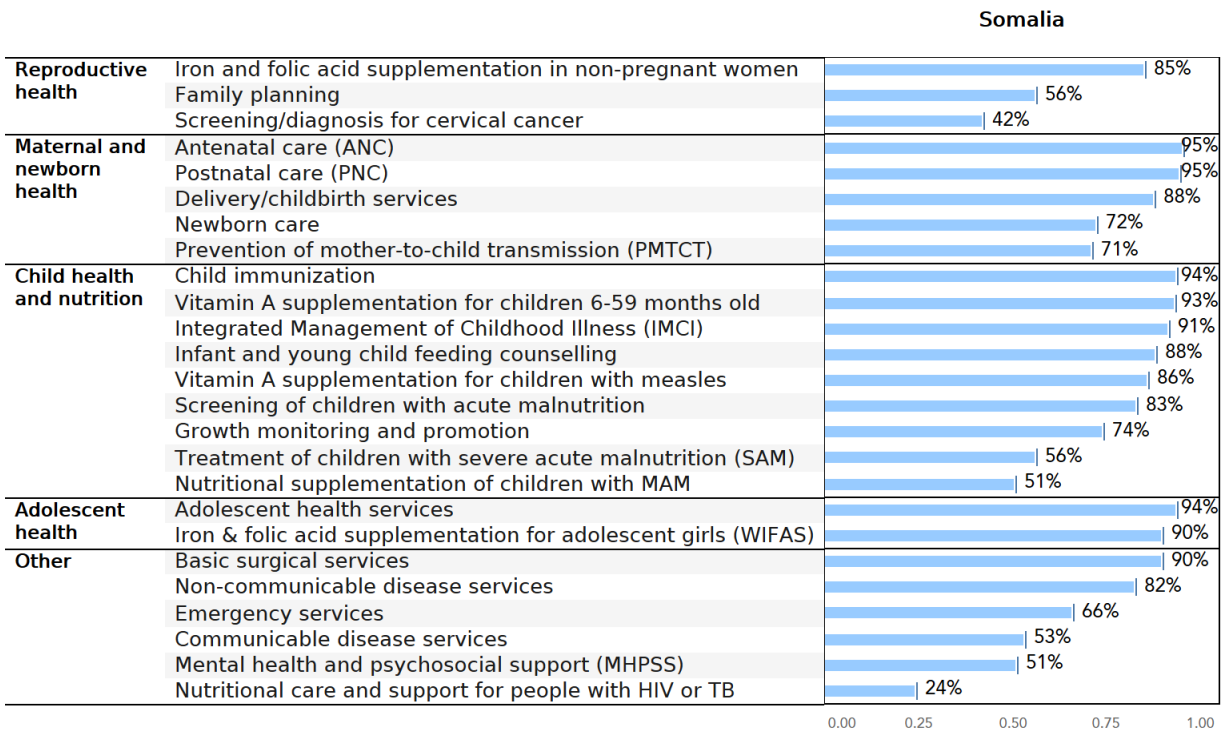
Health service availability

- In the first survey round, health facilities reported providing on average **74%** of key services, and **12%** offered the full package of all essential services.
- **Basic maternal, child and adolescent health services** – such as antenatal and postnatal care, adolescent health, immunization, IMCI, and delivery/childbirth care – were reported as widely available.
- However, **malnutrition treatment** (for children with SAM/MAM), **reproductive health services** (cervical cancer screening and FP), **mental health care, and communicable disease** services were very limited.
    - Notably, only **56% of facilities** reported offering family planning services.

Service availability*



Percent of facilities delivering a package of health services

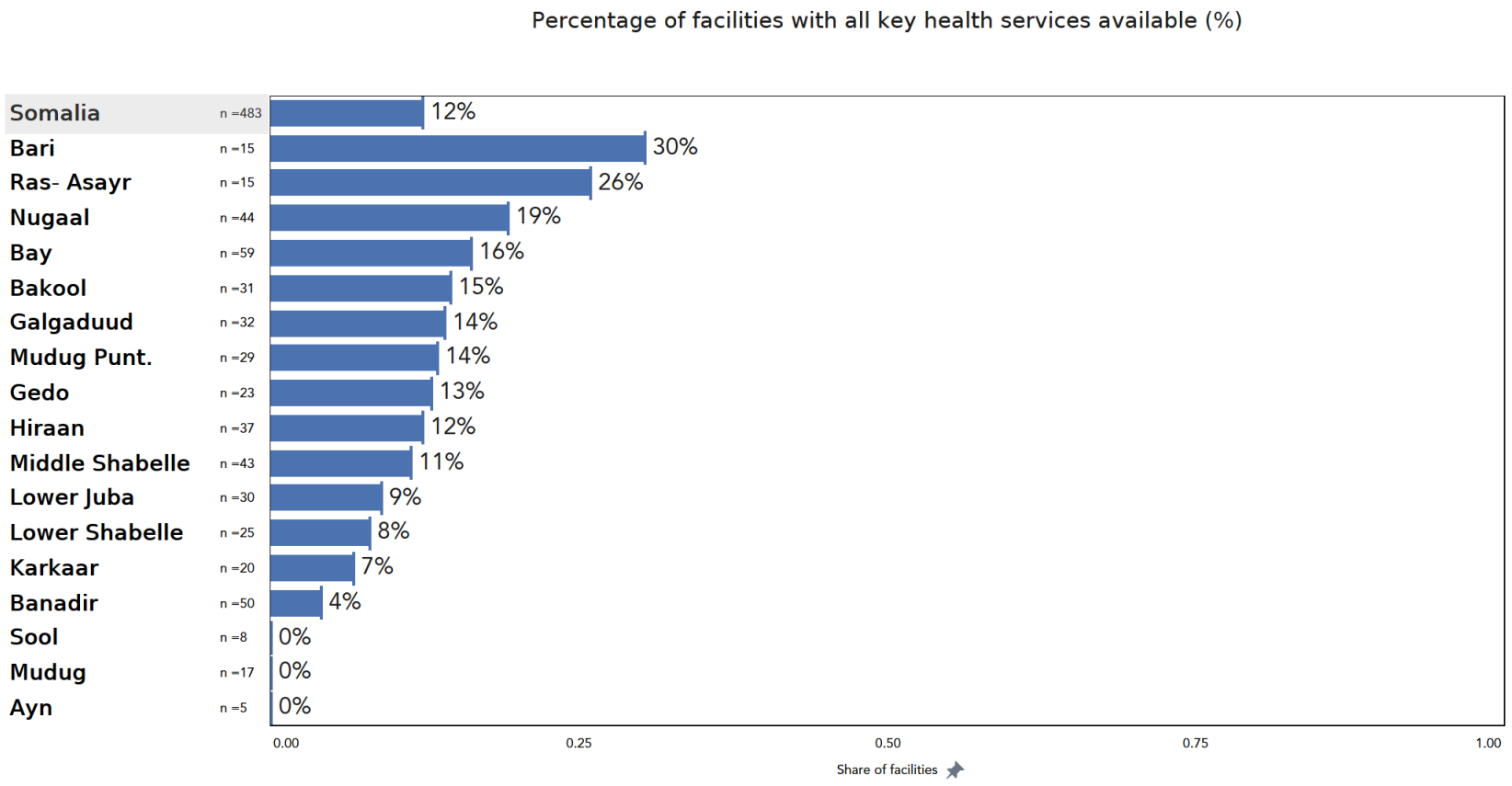


Note: *The two composite indices are calculated based on the list of health services above. The values shown in the lower figure represent the share of facilities that answered "Yes" to the question: "Does the facility offer the following services?". Primary health units (PHU) and health centers were excluded from the denominator for several health services. A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Services

OUTPUTS | SOMALIA

Service availability, by region



- Availability of tracer services was **generally similar across regions.**
- **Services were relatively more available in Bari and Ras-Asayr** – though differences were not statistically significant (due to small sample sizes)*.
- **None of the facilities in Ayn, Mudug, and Sool** reported offering the full package of tracer services.

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

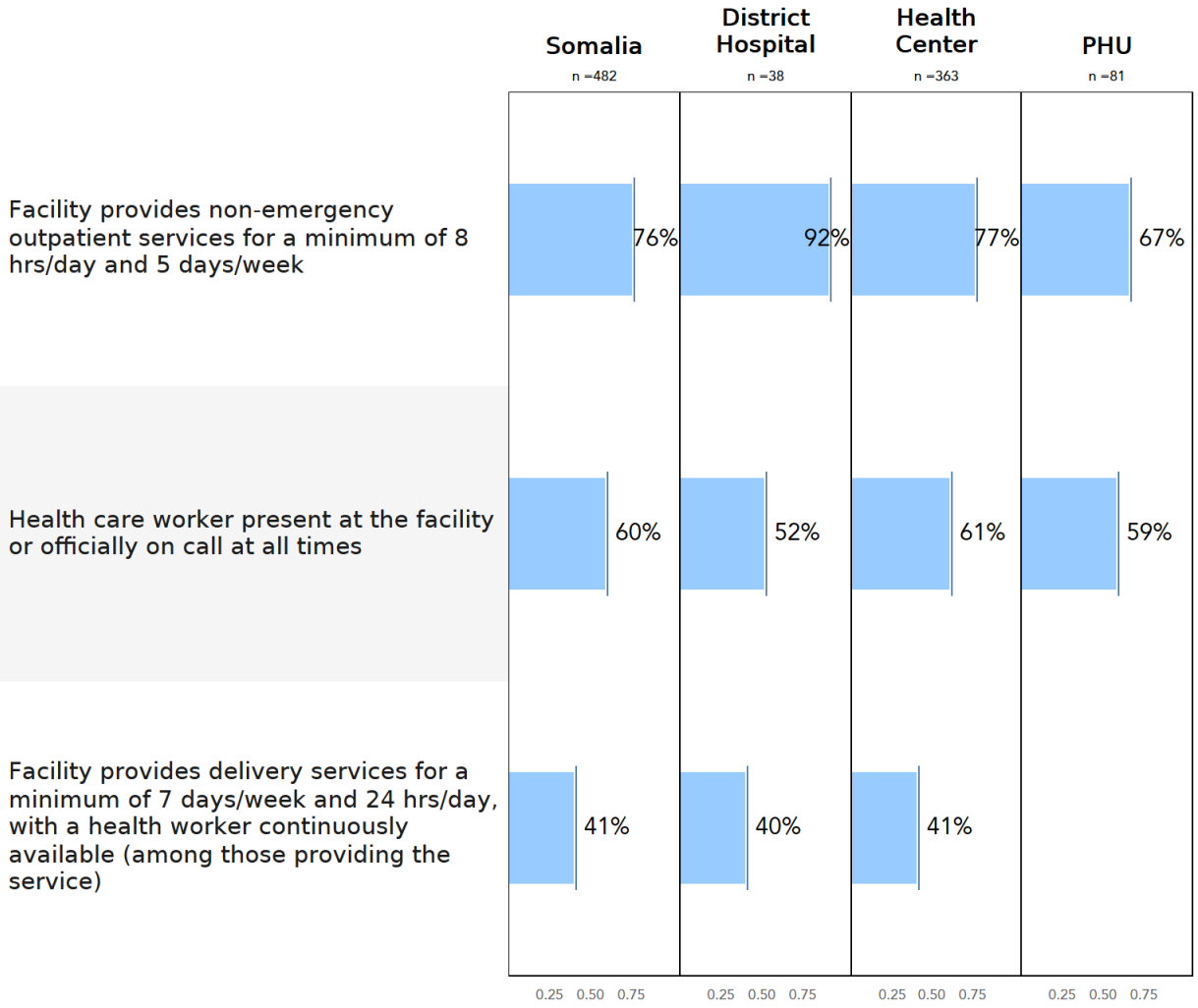
Services

OUTPUTS | SOMALIA

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% were open 24/7 with a healthcare worker continuously available**, indicating gaps in continuous service.
- Continuous service availability was **lower in primary health units and health centers** compared with district hospitals. Even in district hospitals, **only 52**% had a healthcare worker available at all times.

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



Note: The values shown in the figure were calculated from responses to the questions: "On average, how many days per week is this facility open for the following services?" and "On the days the facility provides the service, how many hours per day is it open?", with "Non-emergency outpatient services" and "Delivery/childbirth services" as options. The indicator for healthcare worker availability is based on the question: "Is a health care worker either present at this facility or officially on call for this facility at all times?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. PHU: Primary Health Unit.

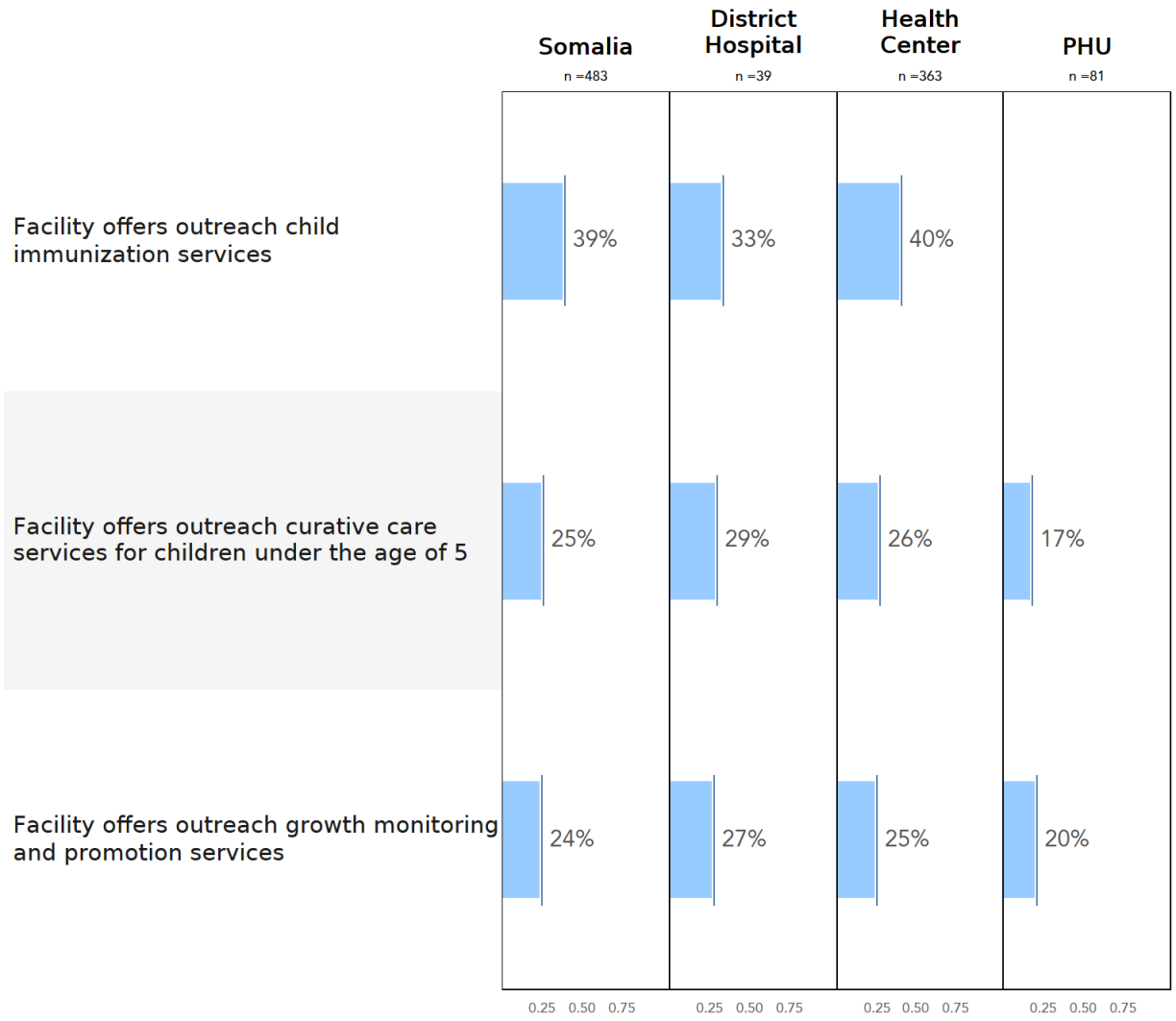
Services

OUTPUTS | SOMALIA

Outreach service availability

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

Percent of facilities reporting offering different services as outreach



Note: The values shown in the figure represent the share of facilities that answered "Only through outreach" or "Both at this facility and through outreach" to the question: "For each of the following services, is the service offered at this facility only, as outreach only, or both?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. PHU: Primary Health Unit

Contents

Rapid health facility assessment in Somalia

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

Infrastructure

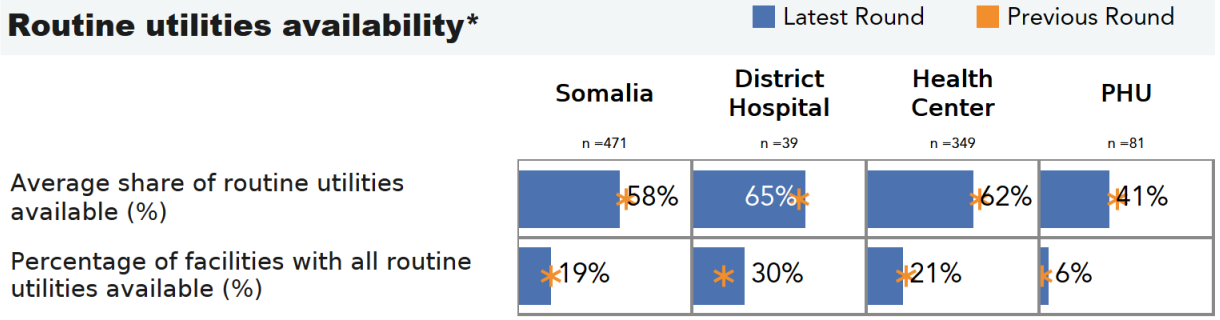
INPUTS | SOMALIA

Routine utilities and communications

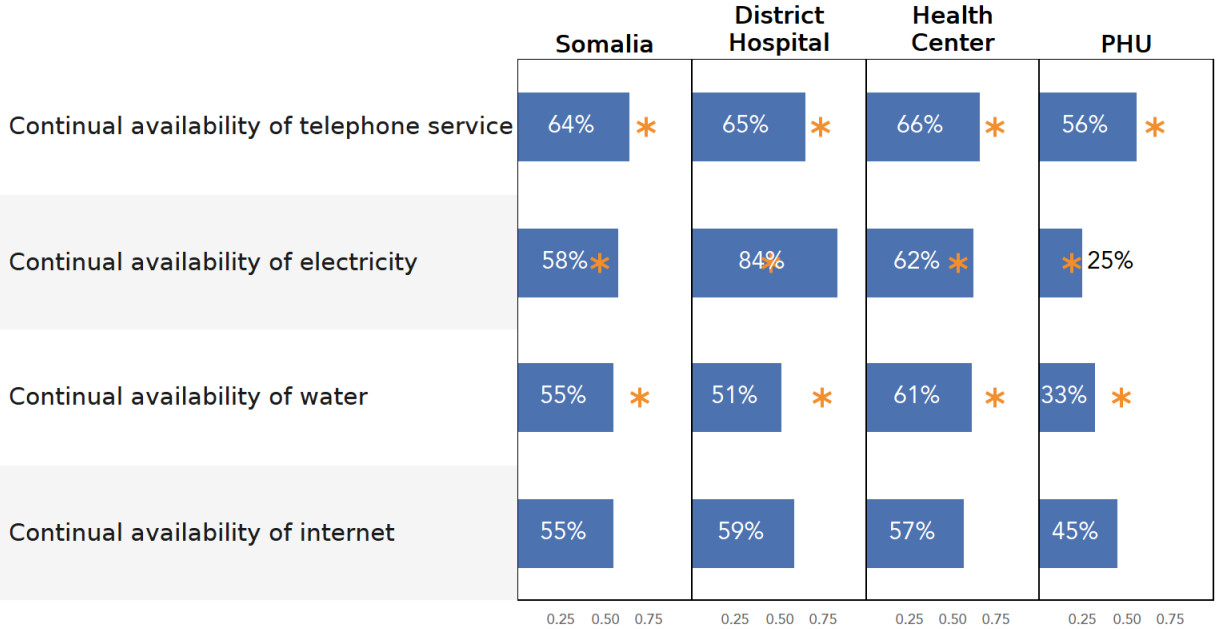
- **In** the latest survey round, only **19% of health facilities** had **all routine utilities** (telephone, internet, water, electricity) available **without interruption** in the past seven days.
- Only **55%** and **58%** of facilities reported **uninterrupted water and electricity**, respectively, with **water availability declining** since the last survey.
- **Primary health units** faced the largest gaps: only **25%** reported continuous electricity, and **33%** reported continuous water.

[Additional infrastructure findings will become available in subsequent survey rounds]

Routine utilities availability*



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

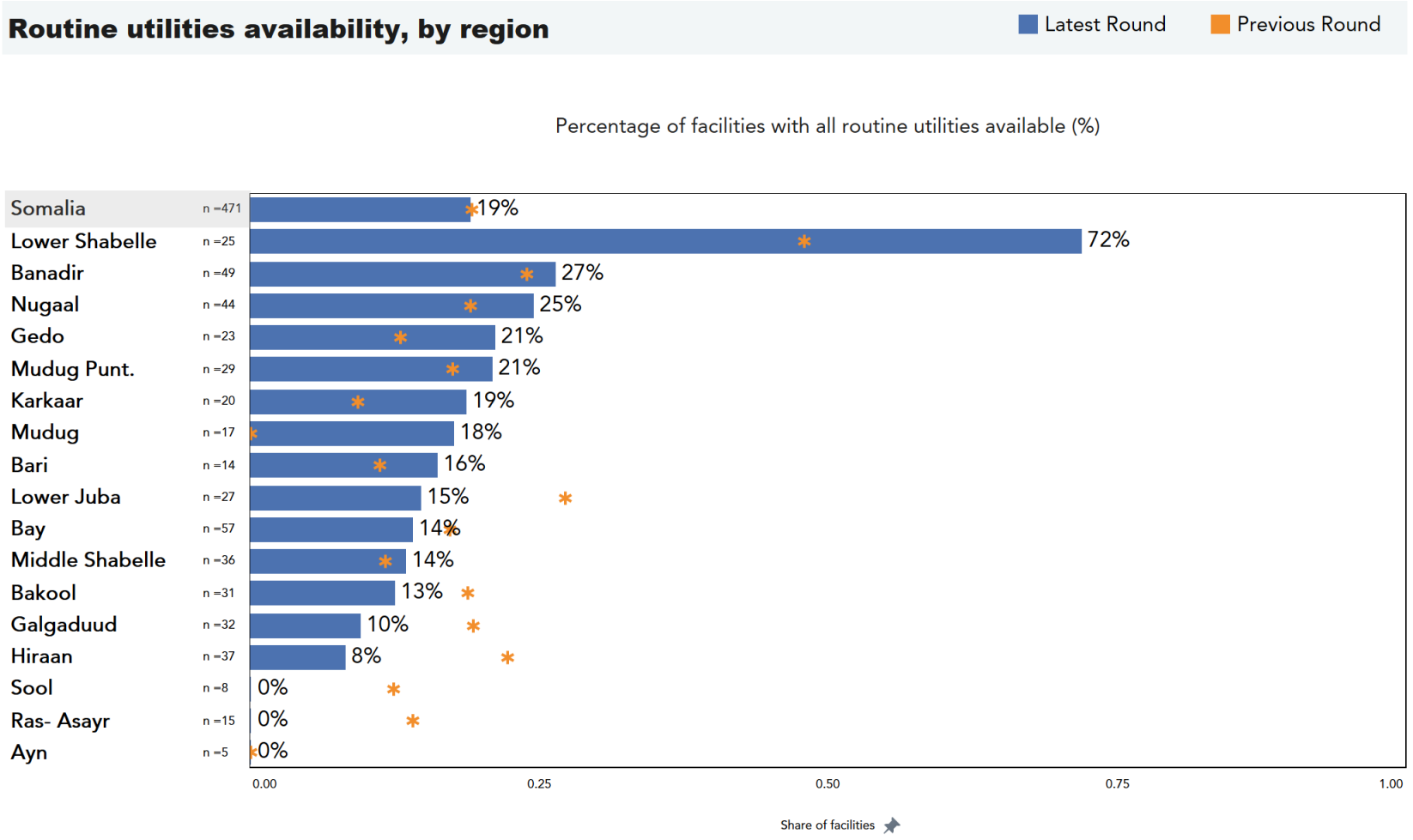


Note: *The two composite indices are calculated based on the list of routine utilities tracers above. The values shown in the bottom figure represent the share of facilities that answered "No" to the following questions: "In the last 7 days, was there any time when this facility did not have water available?", "In the last 7 days, was there any time when this facility did not have any telephone service (landline or mobile)?", "In the last 7 days, was there any time when this facility did not have access to the internet?", and "In the last 7 days, was there any time when this facility did not have electricity while the facility was open for services?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Infrastructure

INPUTS | SOMALIA

Routine utilities availability, by region



- **Continual availability of routine utilities was generally low and similar** across regions, with some notable exceptions.
- **Highest availability reported in Lower Shabelle**: 72% of facilities had continuous access to all utilities in the past seven days.
- **No facilities** reported continuous availability in **Ayn, Ras-Asayr, and Sool**; **Hiraan** also had significantly lower availability.
- **Availability showed notable volatility over time**, increasing in some regions and decreasing in others

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

Contents

Rapid health facility assessment in Somalia

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

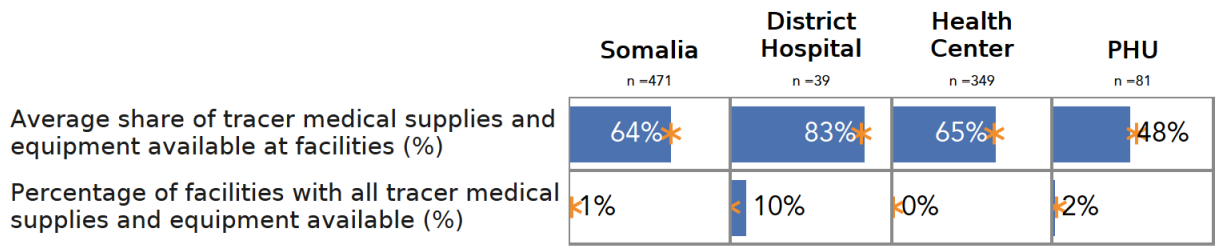
Medical supplies

INPUTS | SOMALIA

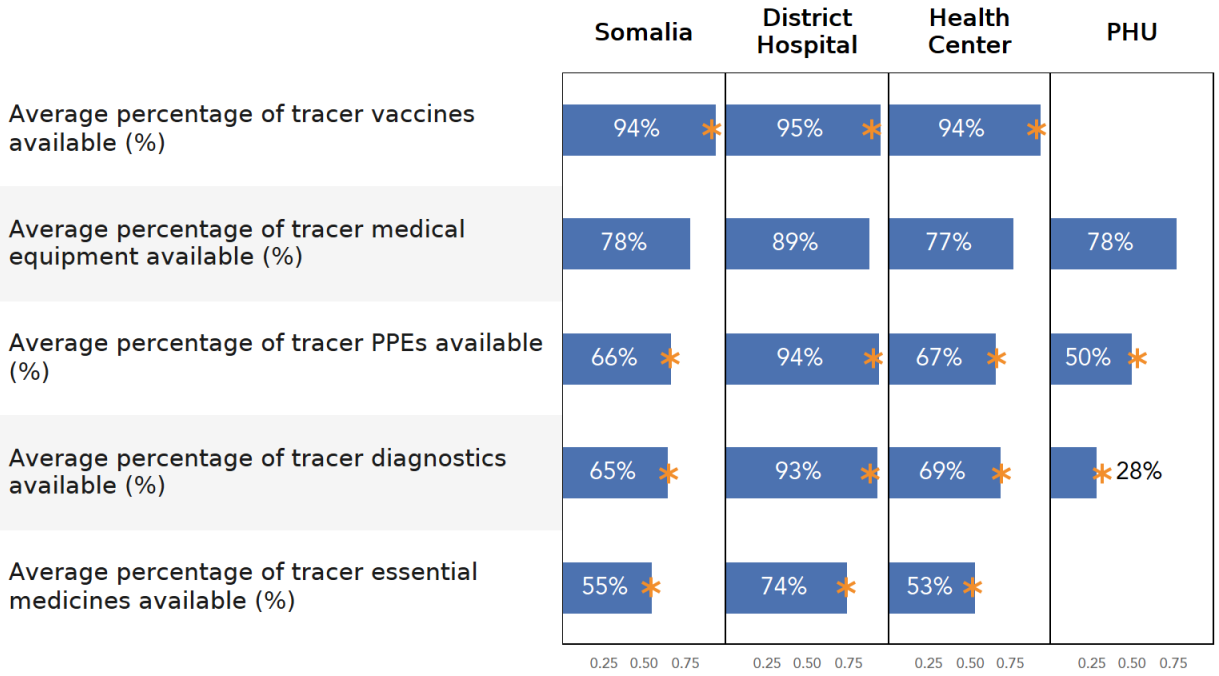
Availability of medical supplies

- In the latest survey round, facilities reported having **on average 64% of tracer medical supplies and equipment**, but only **1% had the complete set** of all essential supplies.
- **Vaccines** were generally **widely available** across all facility types. Significant gaps were reported in **essential medicines, diagnostics, and PPE**, especially in **primary health units.**
- Overall, **availability of medical supplies remained stable** across survey rounds and supply categories.

Medical supplies and equipment availability*



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



Note: *The two composite indices are calculated based on the full list of tracer medical supplies and equipment included in the survey (see Methodology Annex for details). Each indicator shown in the bottom figure was calculated based on the list of tracer vaccines, medical equipment, PPE, diagnostics, or medicines included in the survey. A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. PHU: Primary Health Unit.

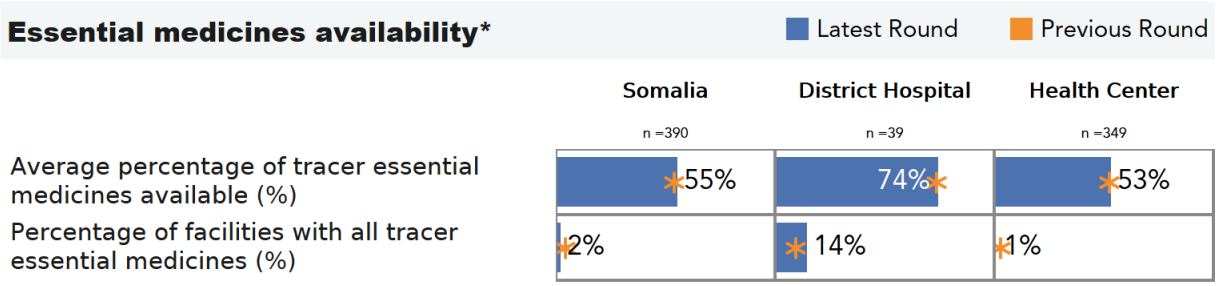
Medical supplies

INPUTS | SOMALIA

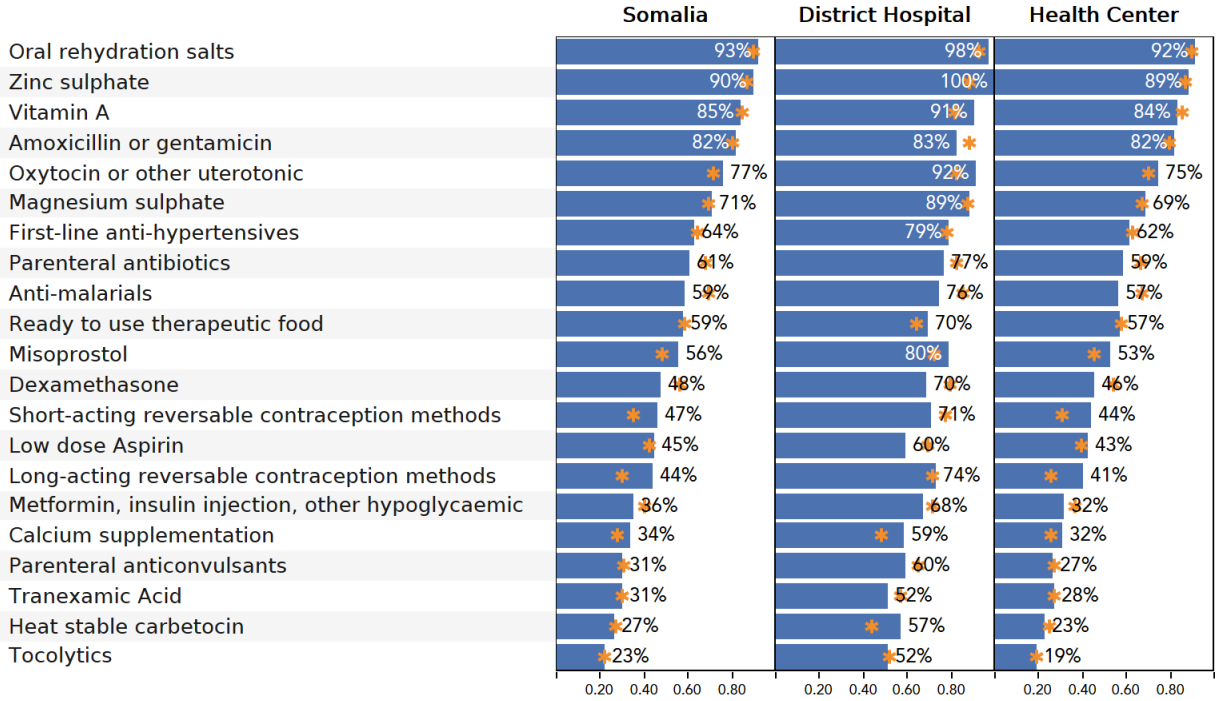
Essential medicines availability

- In the latest survey round, health facilities reported having, on average, **only 55% of tracer essential medicines** available on site.
- **Child health medicines were relatively well available** (>80% for ORS, zinc sulphate, and Vitamin A).
- **Maternal and obstetric commodities were limited** – with moderate availability of oxytocin, misoprostol, and magnesium sulphate, and **severe gaps in advanced obstetric medicines** (<33% availability of tranexamic acid, heat-stable carbetocin, and tocolytics).
- **Family planning commodities were highly limited**, with fewer than half of facilities offering short- or long-acting methods.
- Essential medicines availability remained stable overall across survey rounds.

Essential medicines availability*



Percent of facilities with essential medicines currently available on site

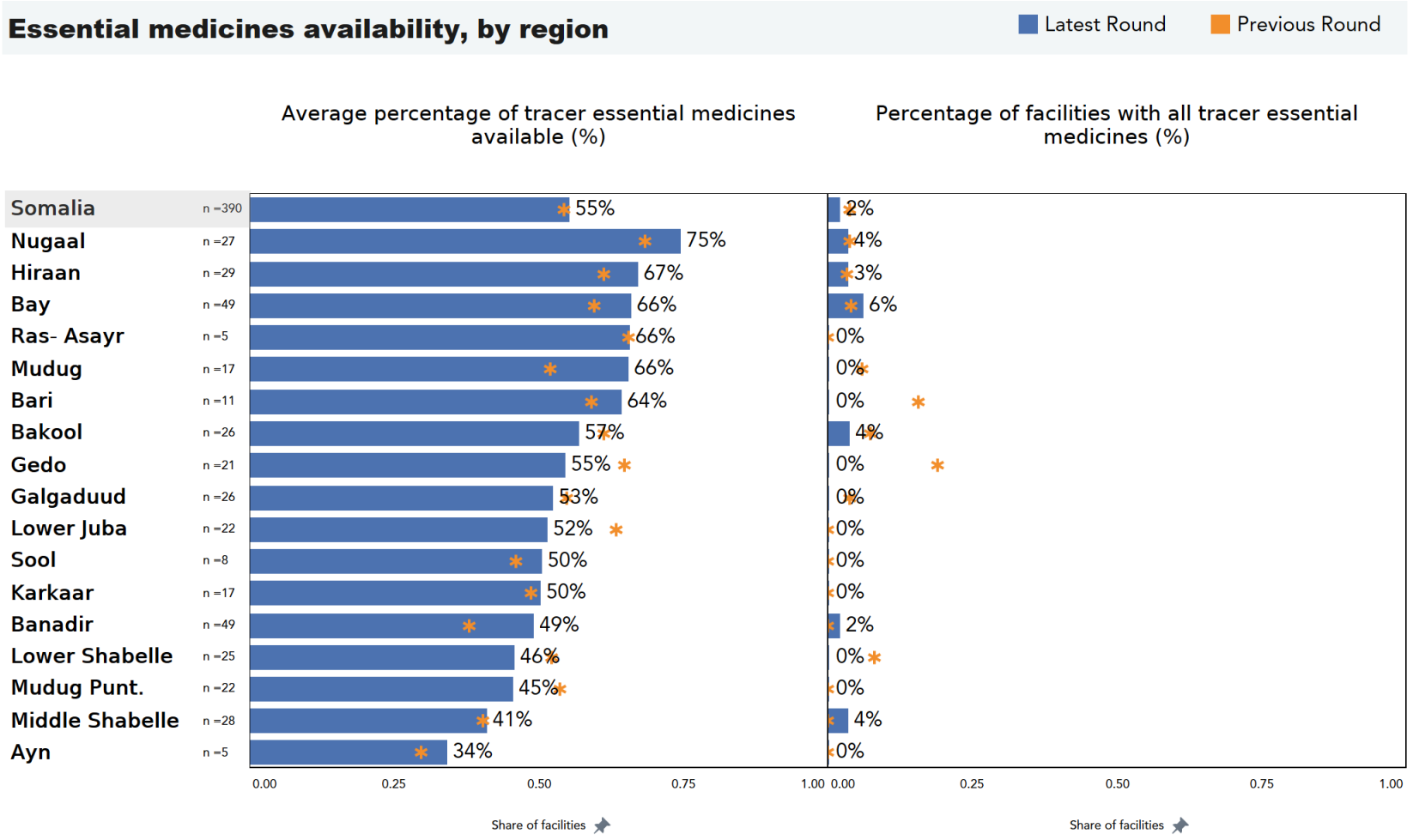


Note: *The two composite indices are calculated based on the list of essential medicine tracers in the graph above. The values shown in the bottom figure represent the share of facilities that answered 'Yes" to the question: "Are the following essential medicines available today anywhere in this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. Primary Health Units were excluded from medicine availability questions, as medicines are not expected to be available at this level.

Medical supplies

INPUTS | SOMALIA

Essential medicines availability, by region



- **Essential medicines availability varied markedly across regions,** with moderate availability in some regions and persistent gaps in others.
- **Ayn, Middle Shabelle, Mudug (Puntland), and Lower Shabelle** had significantly lower availability.
- **Availability of tracer medicines varied across survey rounds**, increasing in some regions and decreasing in others.

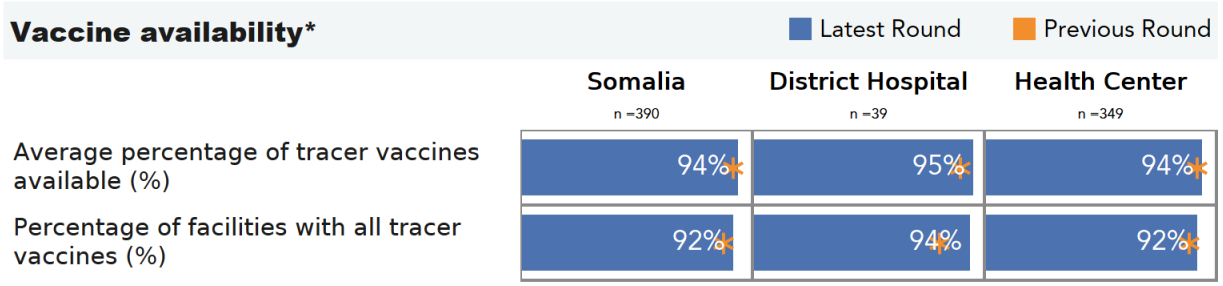
Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

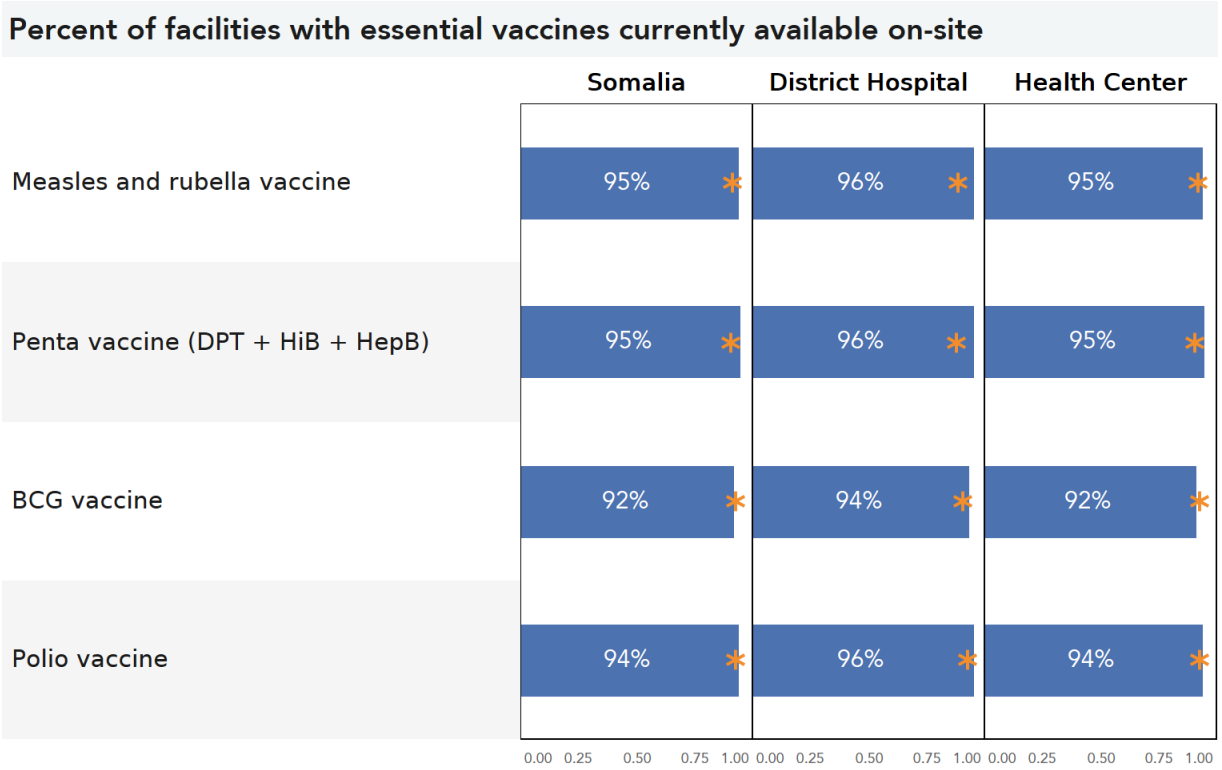
Medical supplies

INPUTS | SOMALIA

Vaccine availability

- Facilities generally had essential vaccines in stock, with **92%** of facilities **reporting that all tracer vaccines were available on site in the latest survey round.**
- Regarding **vaccine stockouts over the past three months**, most facilities (**67%**) reported that stockouts were **rare**, while **28%** reported **occasional stockouts**.
- Among the **30 facilities missing at least one tracer vaccine**, the main reasons cited were **lack of delivery to the facility (50%)**, **inability to pick up the vaccine (25%)**, and **national or district-level stockouts (24%)**, highlighting ongoing logistical and supply chain challenges.



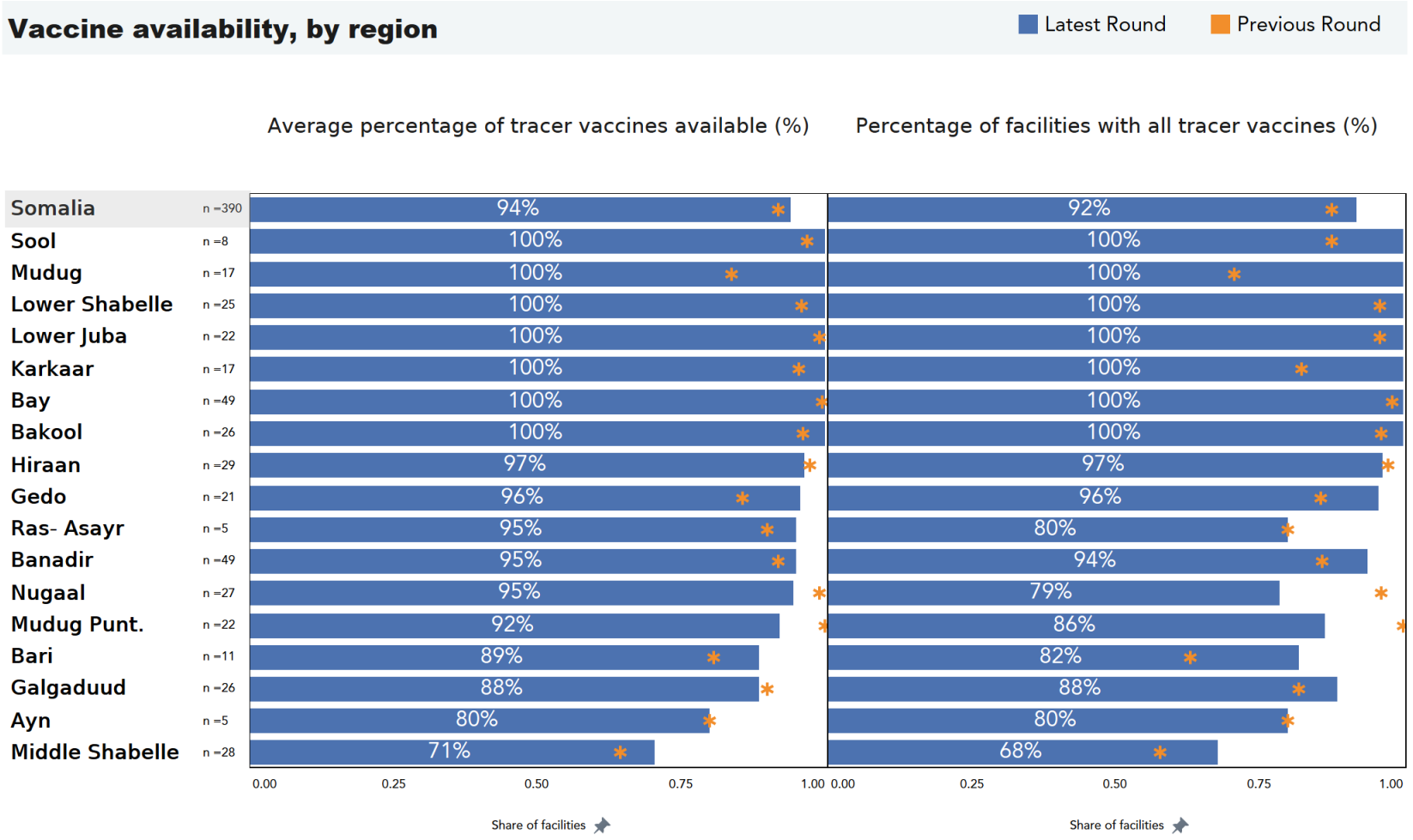


Note: *The two composite indices are calculated based on the list of vaccine tracers in the graph above. The values shown in the bottom figure represent the share of facilities that answered "Yes" to the question: "Are the following vaccines available today anywhere in this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. Primary Health Units were excluded from vaccine availability questions, as vaccines are not expected to be available at this level.

Medical supplies

INPUTS | SOMALIA

Vaccine availability, by region



- **Vaccine availability was generally high and similar across states** – with all facilities reporting having all tracer vaccines in 7 of the 17 regions.
- **Middle Shabelle was the exception**, with significantly lower availability of vaccines.
- **Some declines in availability** were observed across survey rounds in **Nugaal** and **Mudug (Puntland).**

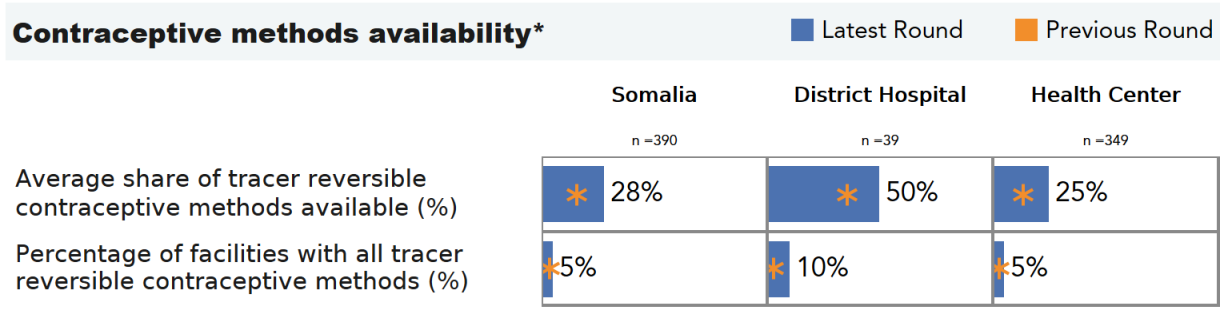
Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

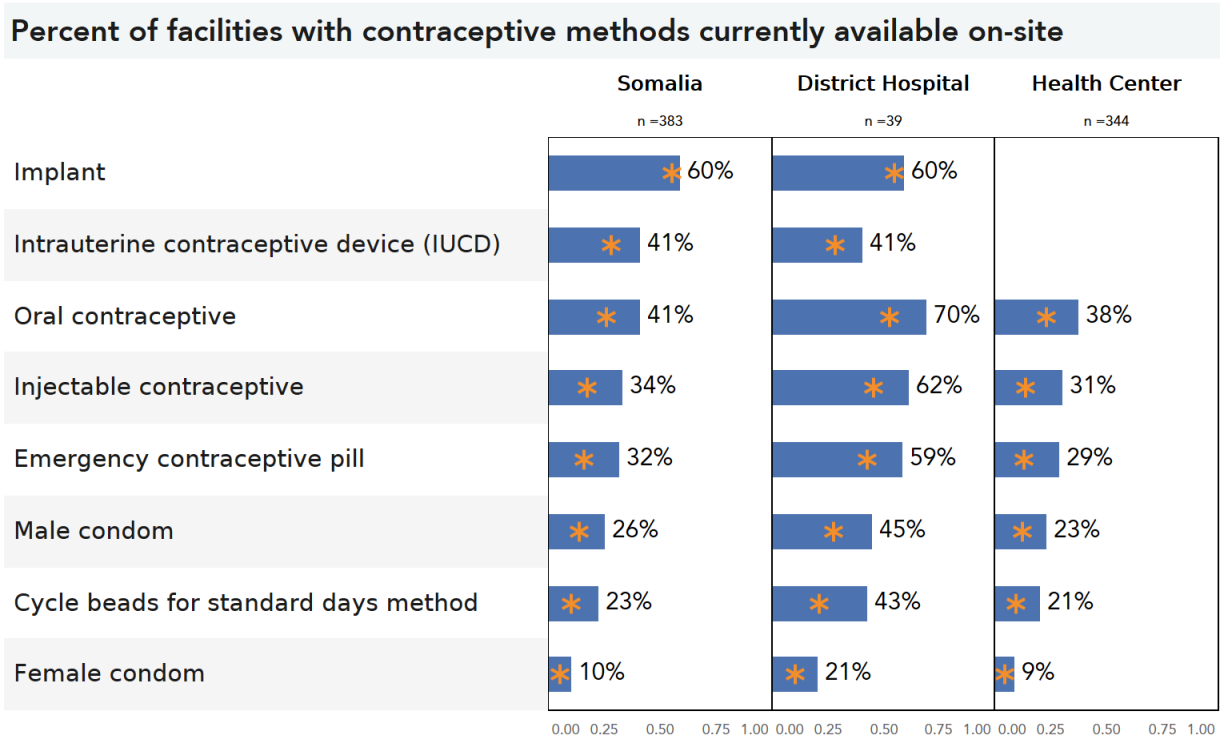
Medical supplies

INPUTS | SOMALIA

Contraceptive methods availability

- In the latest survey round, health facilities reported having, on average, **28% of tracer reversible contraceptive methods** available.
- **Important gaps** were observed across all tracer methods. Notably, only **41%** of facilities had **IUCDs or oral contraceptives**, while **about one-third** had **injectables or emergency contraceptive pills**.
- **District hospitals** had **higher availability**, but **notable gaps remained.**
- **Improvements** in contraceptive availability were observed **across survey rounds and facility types.**





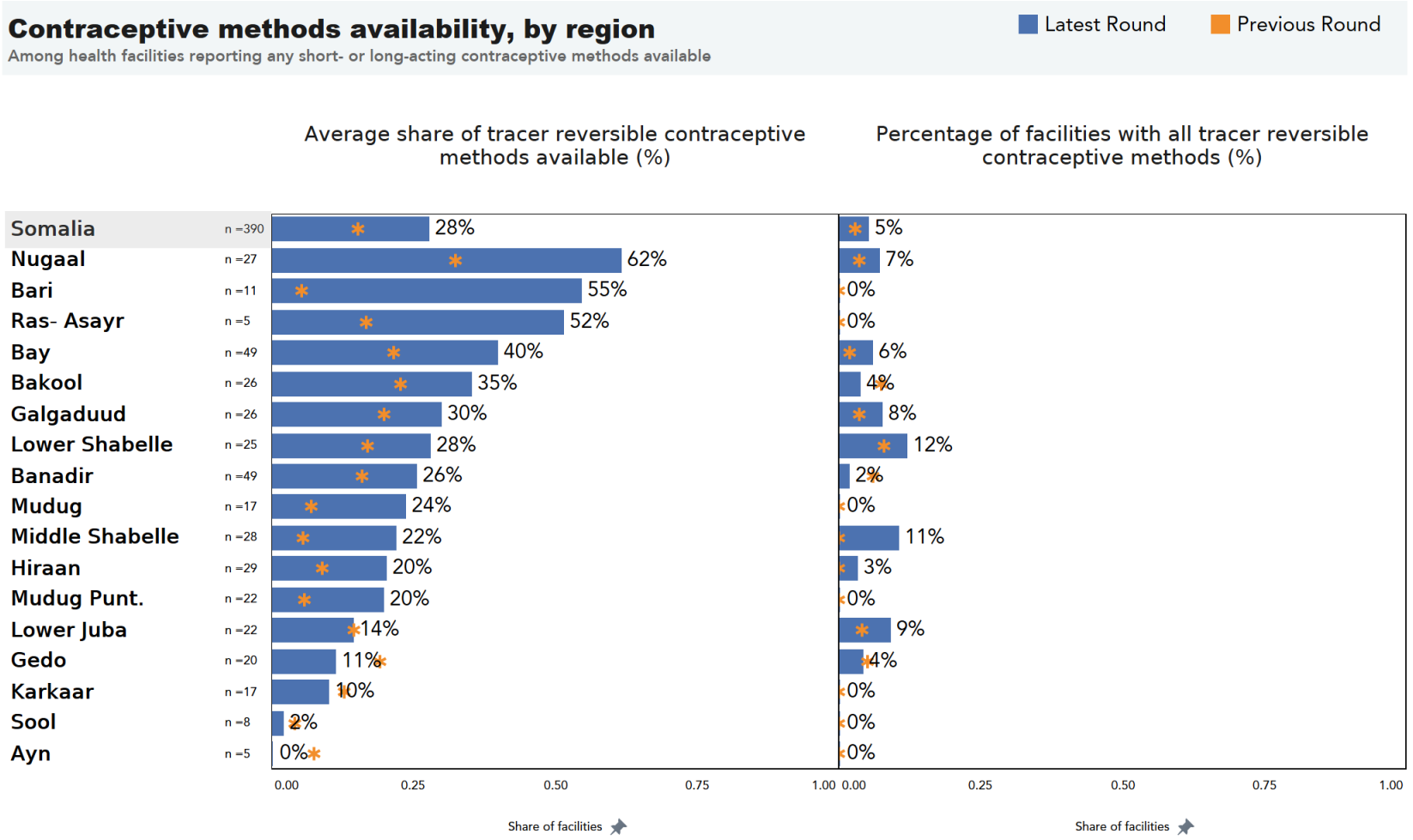
Note: *The two composite indices are calculated based on the list of contraceptive methods tracers in the graph above. The values shown in the bottom figure represent the share of facilities that answered "Yes" to the question: "Are the following essential medicines and commodities available today anywhere in this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. Primary Health Units were excluded from contraceptive methods questions, as contraceptives are not expected to be available at this level.

Medical supplies

INPUTS | SOMALIA

Contraceptive methods availability, by region

Among health facilities reporting any short- or long-acting contraceptive methods available



- **Contraceptive methods availability varied markedly across regions,** with moderate availability in some regions and persistent gaps in most.
- **Ayn, Sool, Karkaar, Gedo, and Lower Juba** had significantly lower availability.
- **Notable increases** in contraceptive availability were observed **across most regions**.

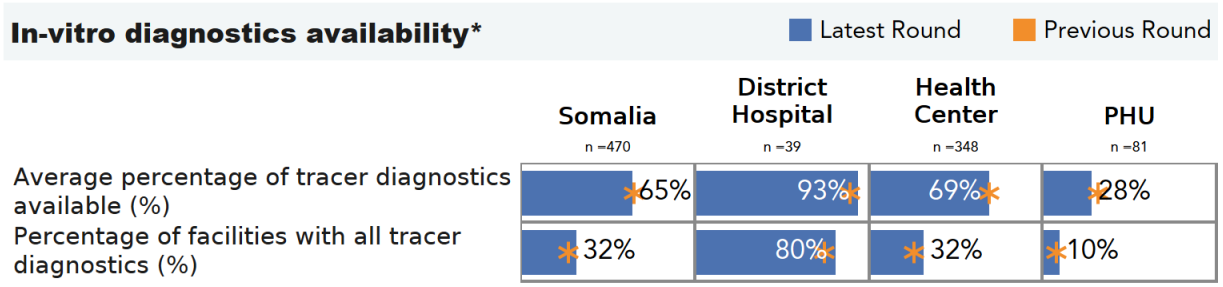
Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

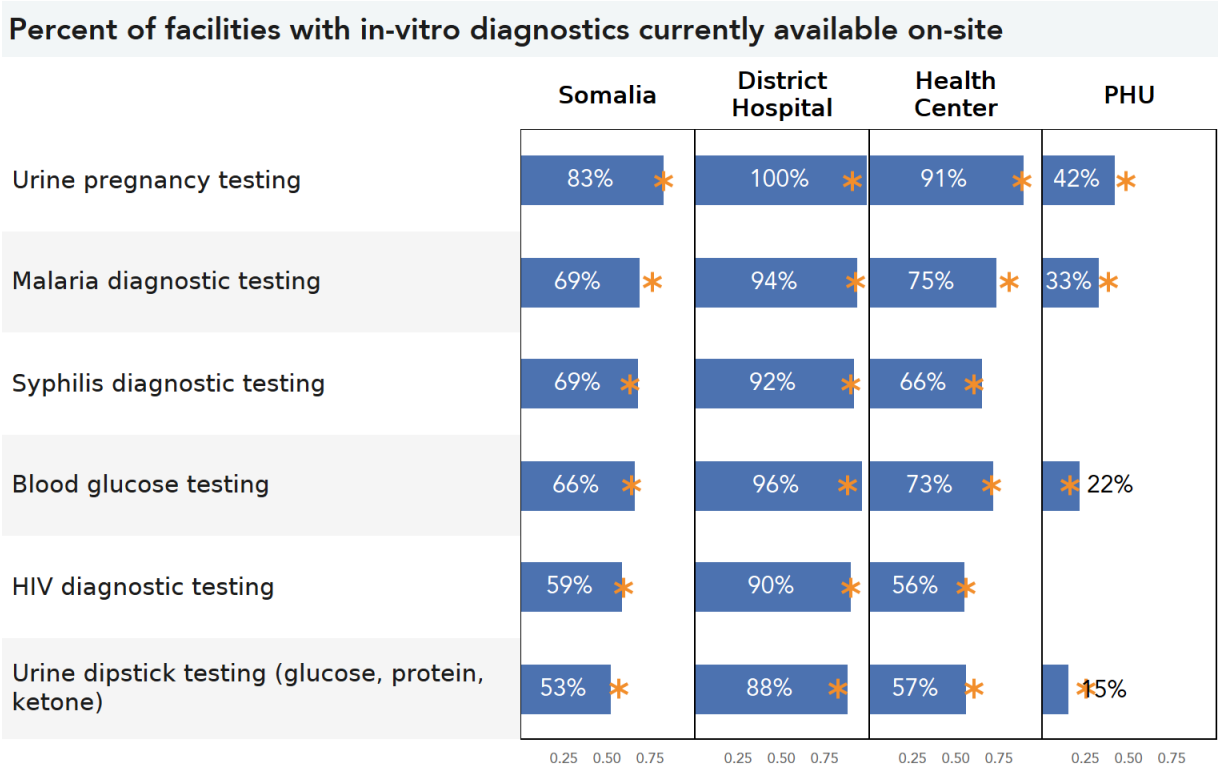
Medical supplies

INPUTS | SOMALIA

In-vitro diagnostics availability

- In the latest survey round, health facilities reported having, on average, **65% of tracer diagnostics** available on site.
- **Basic maternal and newborn health diagnostics** were limited: only **53%** of facilities had **urine dipsticks** and **66%** had **blood glucose testing**, while **communicable disease diagnostics** (malaria, HIV, syphilis) showed **moderate availability**.
- **District hospitals** reported **high availability**, but **PHUs were severely constrained**, with only **10%** having **all required diagnostics**.
- **Diagnostics availability** remained **very stable across survey rounds**.



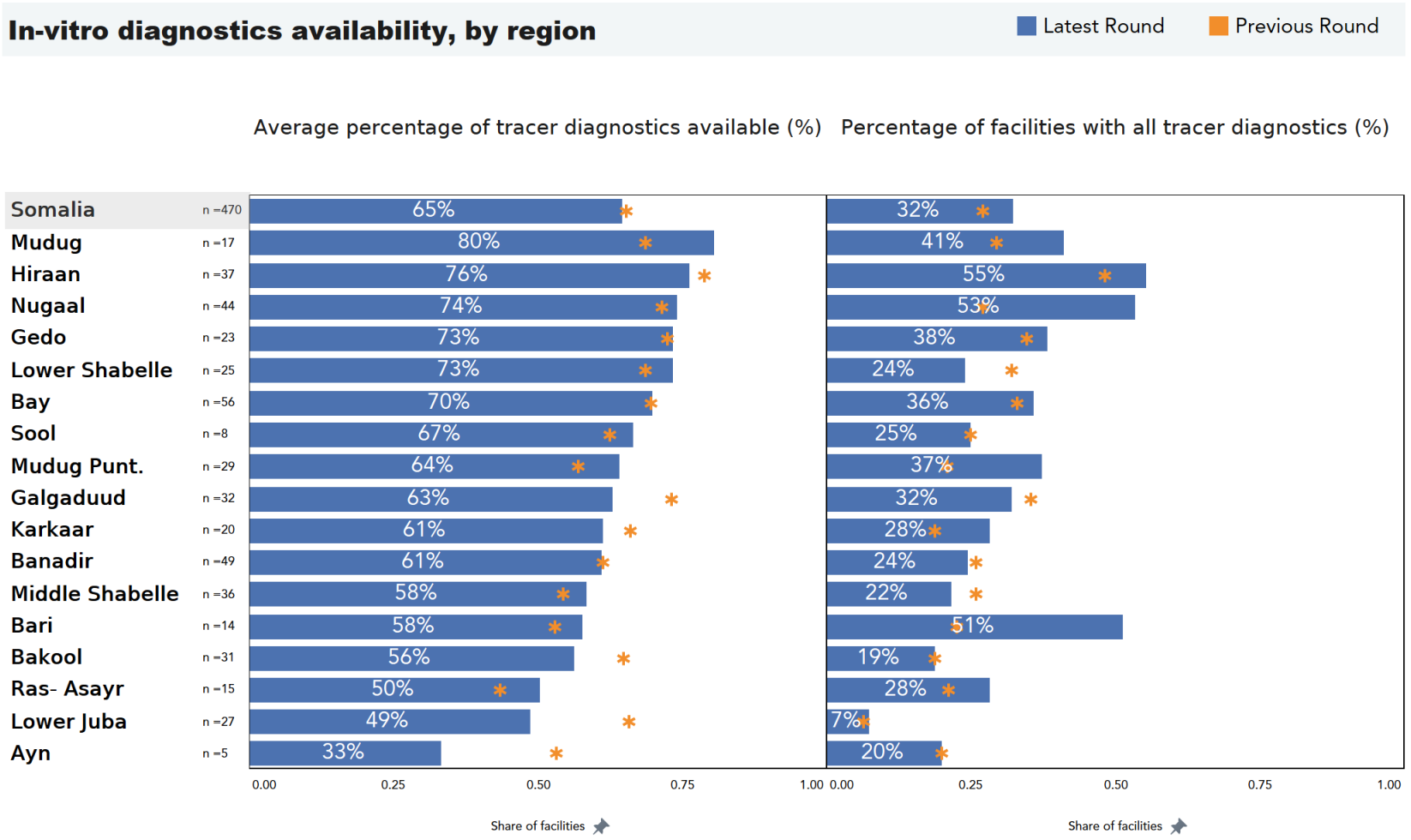


Note: *The two composite indices are calculated based on the list of diagnostics tracers in the graph above. The values shown in the bottom figure represent the share of facilities that answered "Yes" to the question: "Are the following diagnostics or supplies available today anywhere in this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. PHU: Primary Health Unit. Blank area in the figure correspond to missing data for PHUs, which were not asked about availability of diagnostics that are not expected at that level.

Medical supplies

INPUTS | SOMALIA

In-vitro diagnostics availability, by region



- **Diagnostics availability** varied considerably across regions.
- Availability was **significantly higher** in **Mudug, Hiraan, and Nugaal**, and **significantly lower** in **Lower Juba and Ras-Asayr**.
- **Notable declines** in diagnostics availability were observed across survey rounds in some regions, particularly in **Ayn** and **Lower Juba**.

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

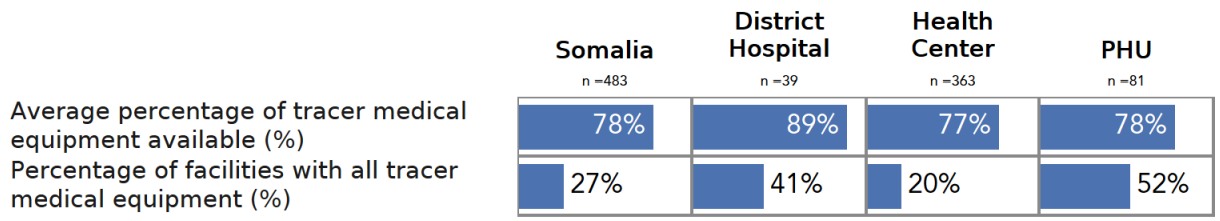
Medical supplies

INPUTS | SOMALIA

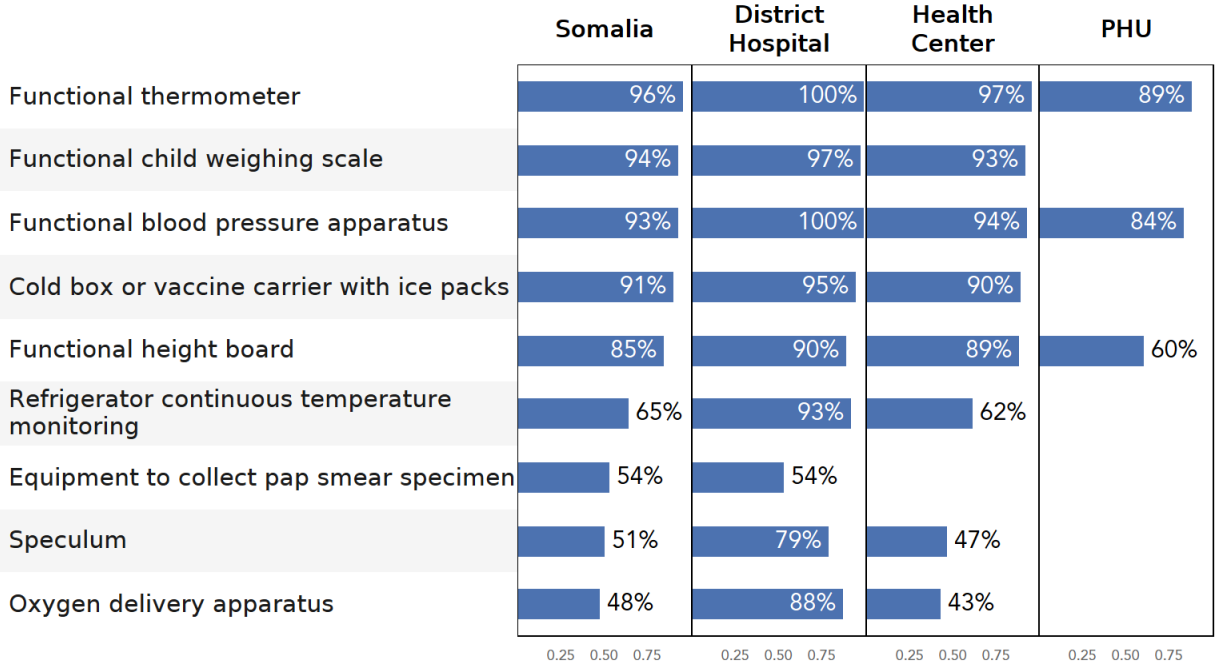
Medical equipment availability

- Health facilities reported having, on average, **78% of tracer medical equipment** available and functional on site.
- **Reproductive and maternal health equipment remained limited:** only **about half** of facilities reported having functional speculums or pap smear collection equipment, **and fewer than half had oxygen delivery apparatuses – highlighting gaps in cervical cancer screening and obstetric emergency care.**
- **Cold chain capacity was also constrained**: only 62% of health centers had a functional refrigerator with continuous temperature monitoring, with 31% reporting **temperature excursions outside the 2–8°C range** [see Annex].

Medical equipment availability*



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

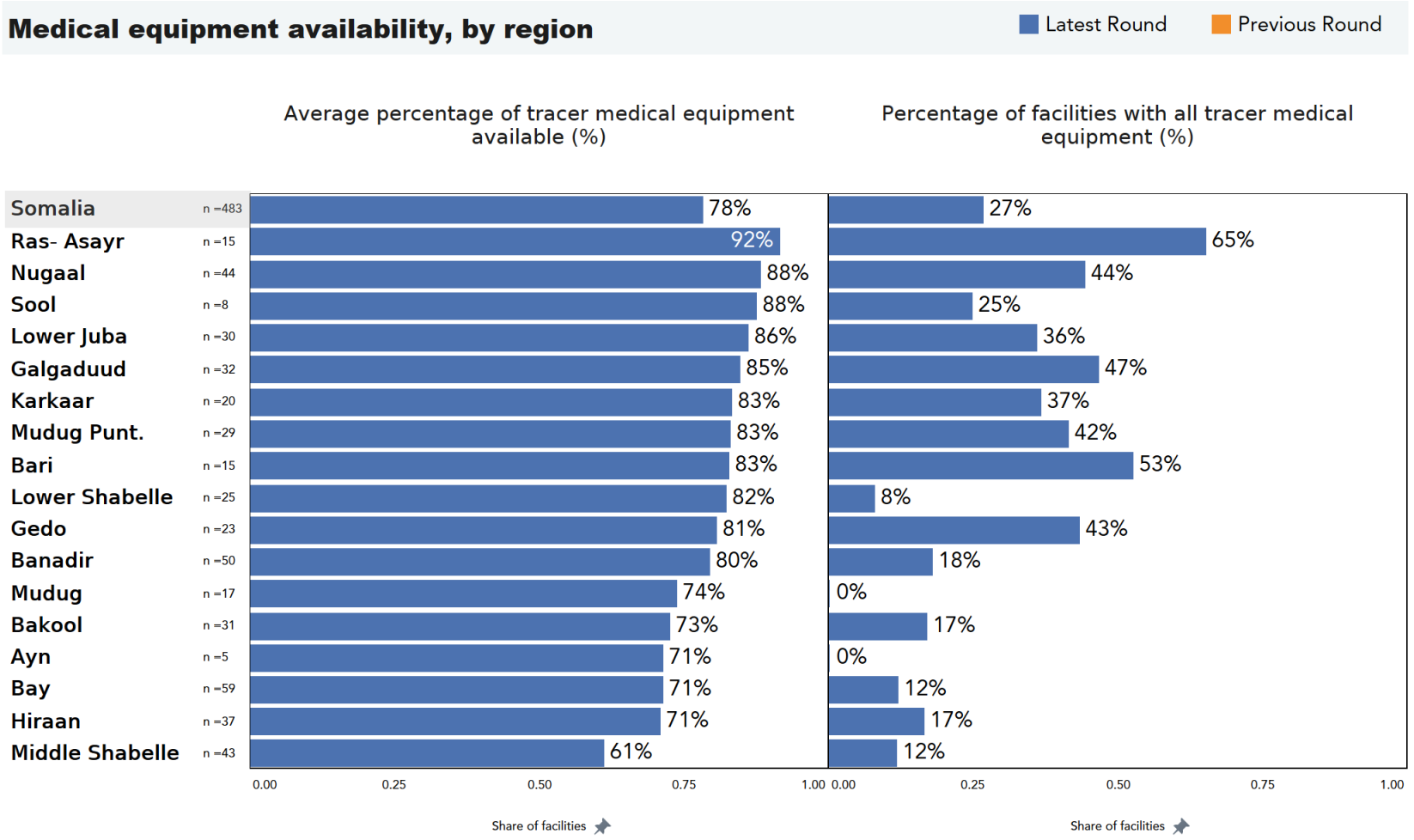


Note: *The two composite indices are calculated based on the list of medical equipment tracers in the graph above. The values shown in the bottom figure represent the share of facilities that answered "Yes" to the question: "Are the following pieces of equipment currently available and functional, anywhere in this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. PHU: Primary Health Unit.

Medical supplies

INPUTS | SOMALIA

Medical equipment availability, by region



- **Availability of medical equipment varied across states**, with generally moderate to high availability overall.
- **Significantly lower availability was** reported in **Middle Shabelle, Hiraan, and Bay**.

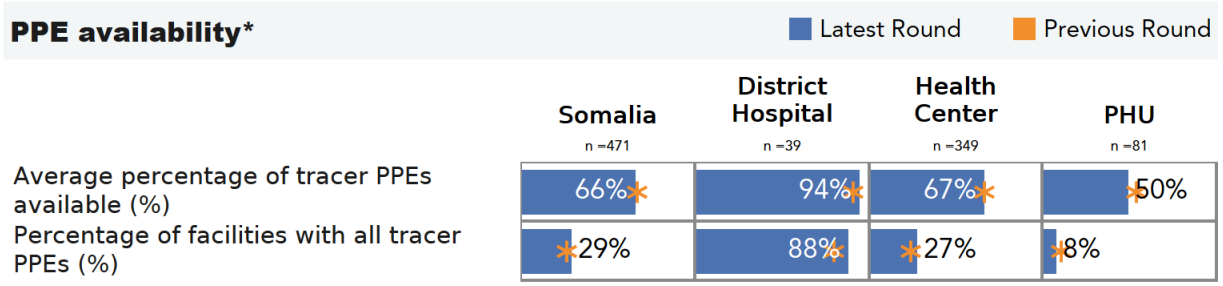
Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

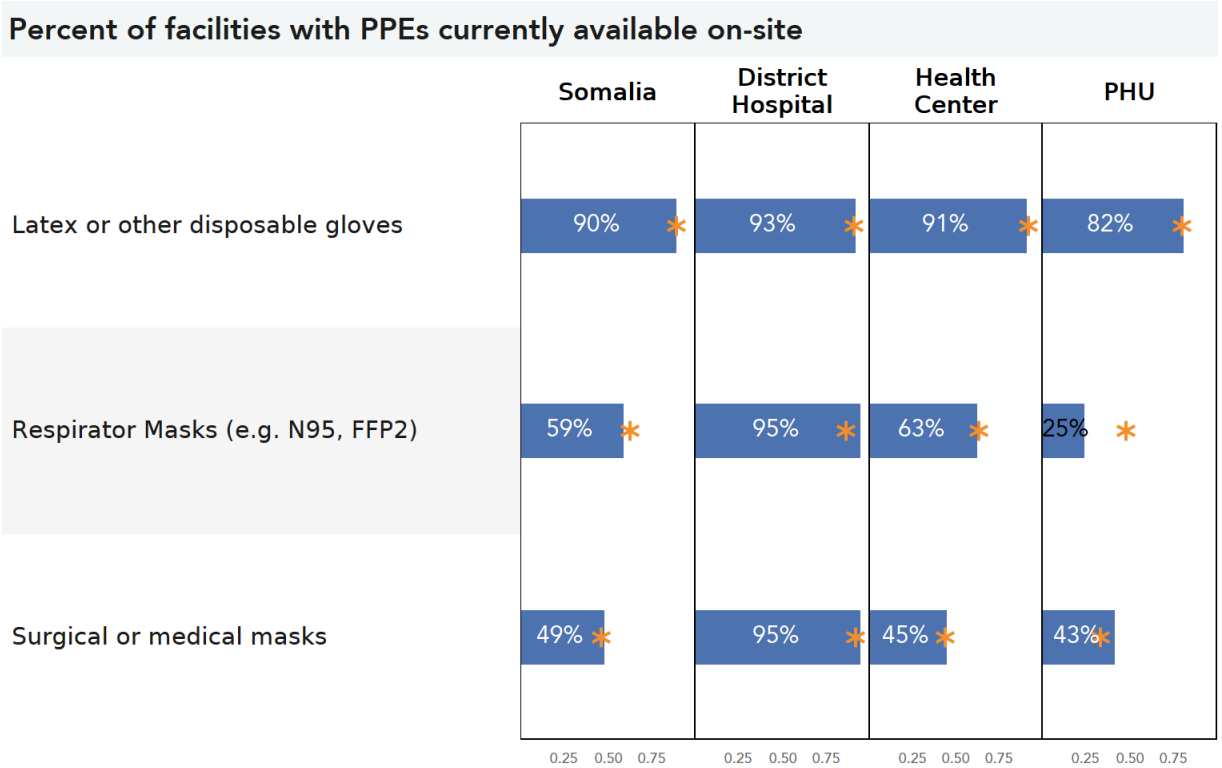
Medical supplies

INPUTS | SOMALIA

PPE availability

- In the latest survey round, health facilities reported having, on average, **66% of tracer essential PPE** available on site.
- While most facilities had disposable latex gloves, **surgical and medical masks were particularly scarce**, available in less than half of health centers and PHUs.
- District hospitals reported high availability of critical PPE overall.
- **PPE availability was generally stable** across survey rounds, despite notable reductions in respirator masks (N95/FFP2) in PHUs.



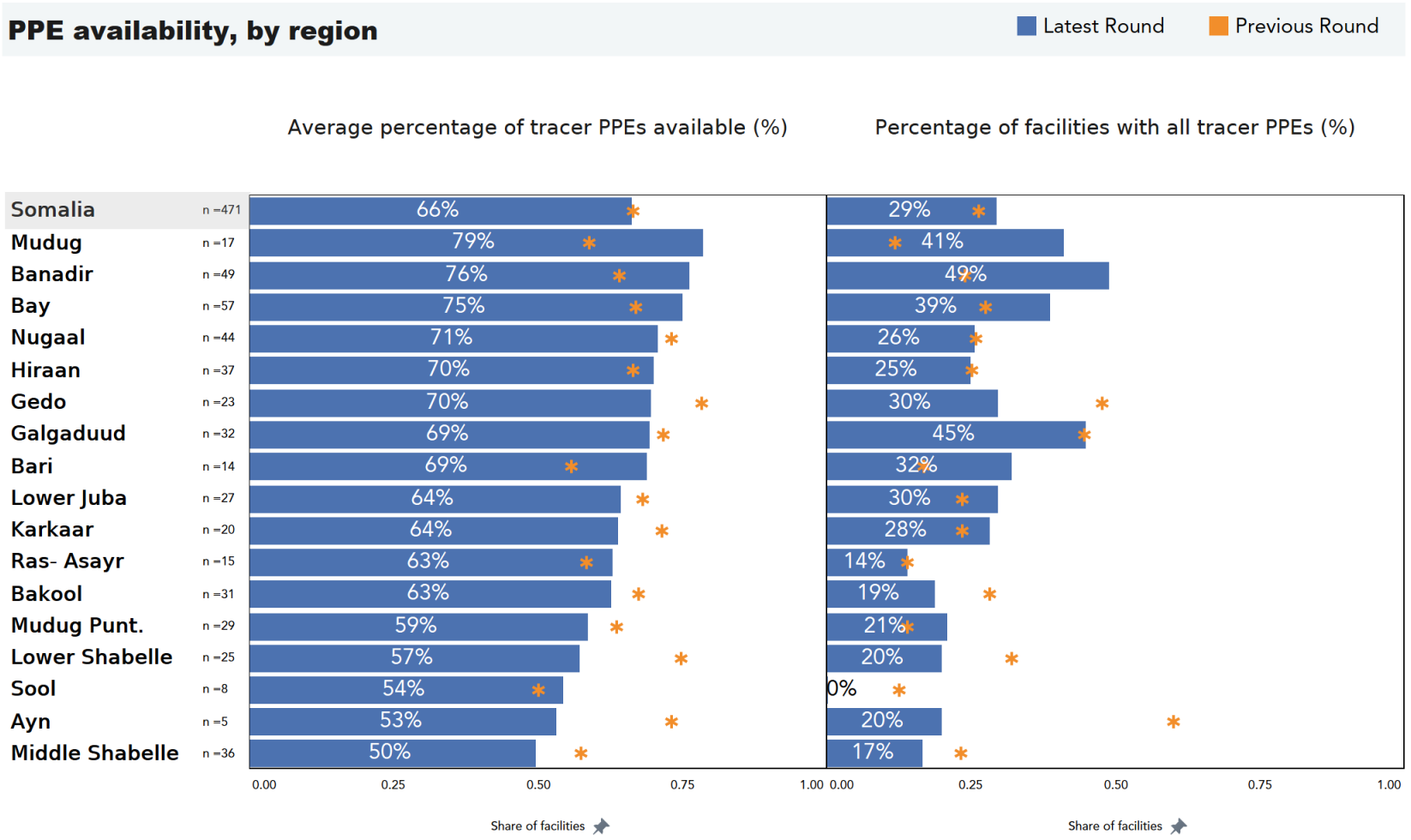


Note: *The two composite indices are calculated based on the list of PPE tracers in the graph above. The values shown in the bottom figure represent the share of facilities that answered "Yes" to the question: "Are the following PPE available today anywhere in this facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. PHU: Primary Health Unit.

Medical supplies

INPUTS | SOMALIA

PPE availability, by region



- **PPE availability was generally moderate, with limited regional variations.**
- **The Middle Shabelle region** had significantly lower availability of PPE.

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

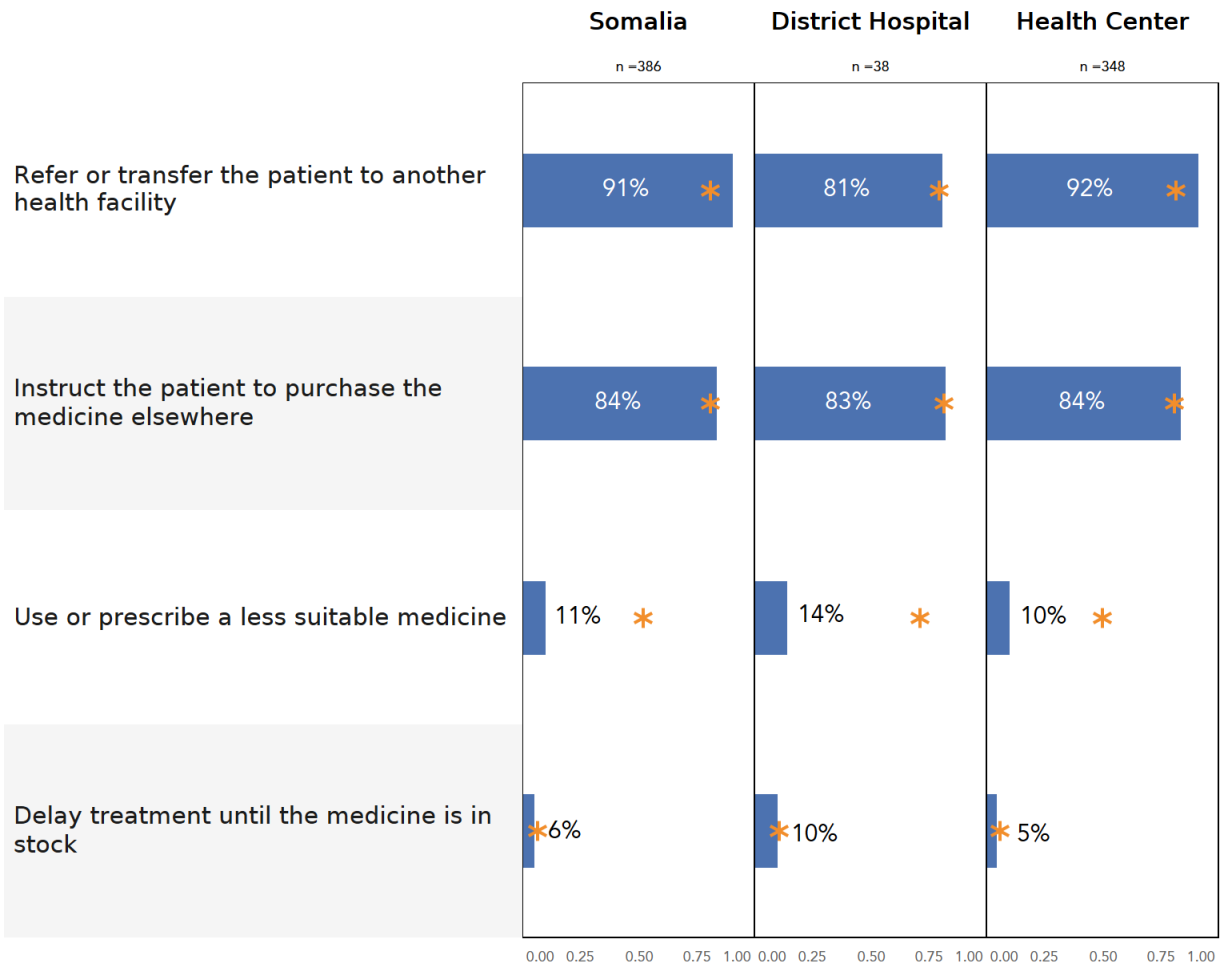
Medical supplies

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.
- In the **first survey round**, **52% of facilities** reported using **less appropriate approaches** (e.g., prescribing a less suitable medicine); this **substantially decreased** in the latest round.
- These practices were **broadly similar across facility types**.

Percent of facilities reporting strategies used when a patient requires medication that is unavailable on-site Among facilities reporting having at least one medicine/contraceptive method unavailable



Note: The values shown in the figure correspond to responses to the question "You indicated that at least one of the essential medicines was not available on-site. When a patient needs a medication that is not available on-site, what does this facility do?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. Primary Health Units were excluded from these questions, as medicines or contraceptives are not expected to be available at this level.

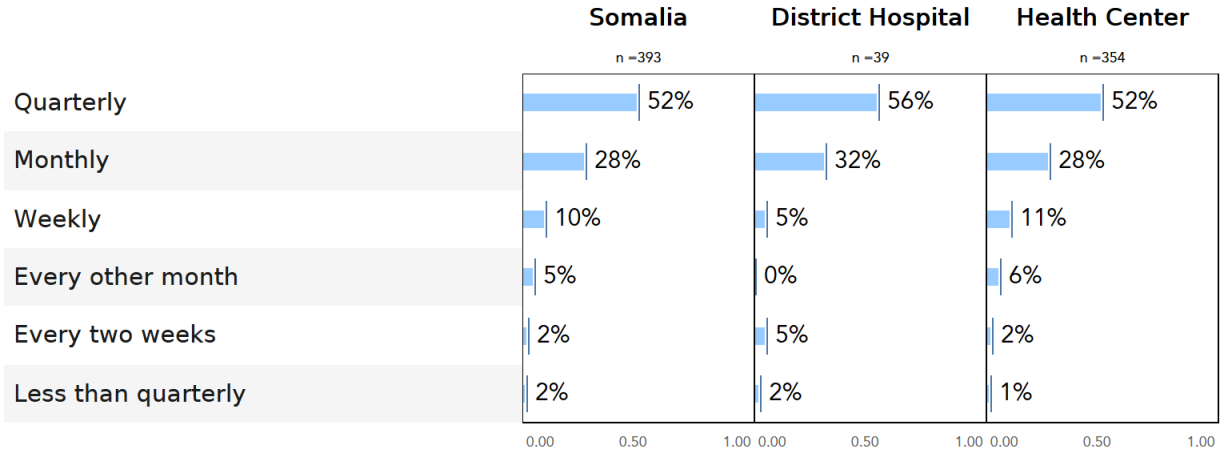
Medical supplies

INPUTS | SOMALIA

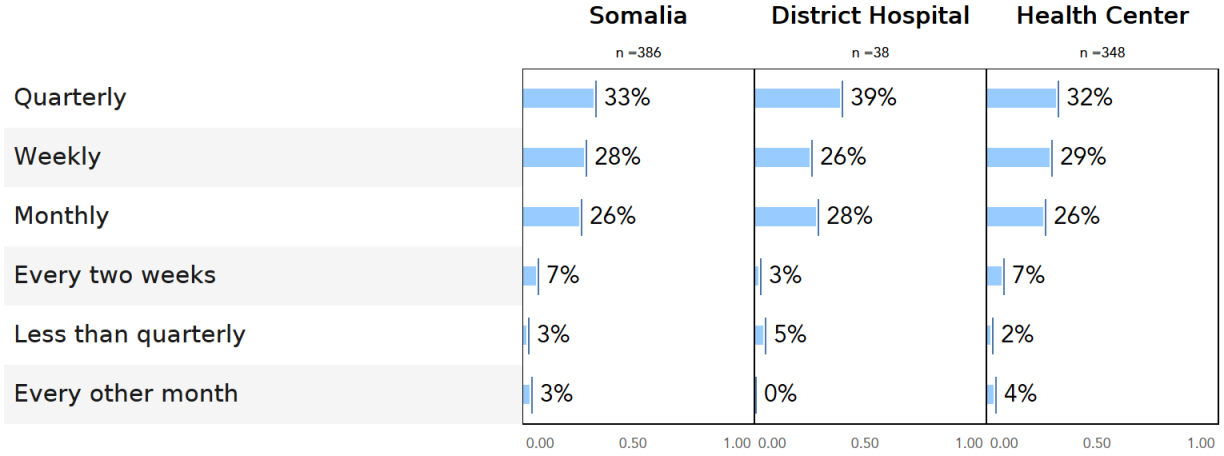
Medicine order and receipt frequencies

- 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.
- Most facilities (75%) indicated that the person responsible for calculating medicine orders was the facility pharmacist, with 9% reporting it was the pharmacist assistant and 8% nursing staff at the facility.
- Medicine ordering and delivery patterns were **similar across facility types.**

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



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



Note: The values shown in the upper figure correspond to responses to the question "How often does this facility place orders for medicines?"; while values shown in the lower figure correspond to responses to the question "How often does this facility receive deliveries of medicines?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. Primary Health Units were excluded from these questions, as medicines or contraceptives are not expected to be available at this level.

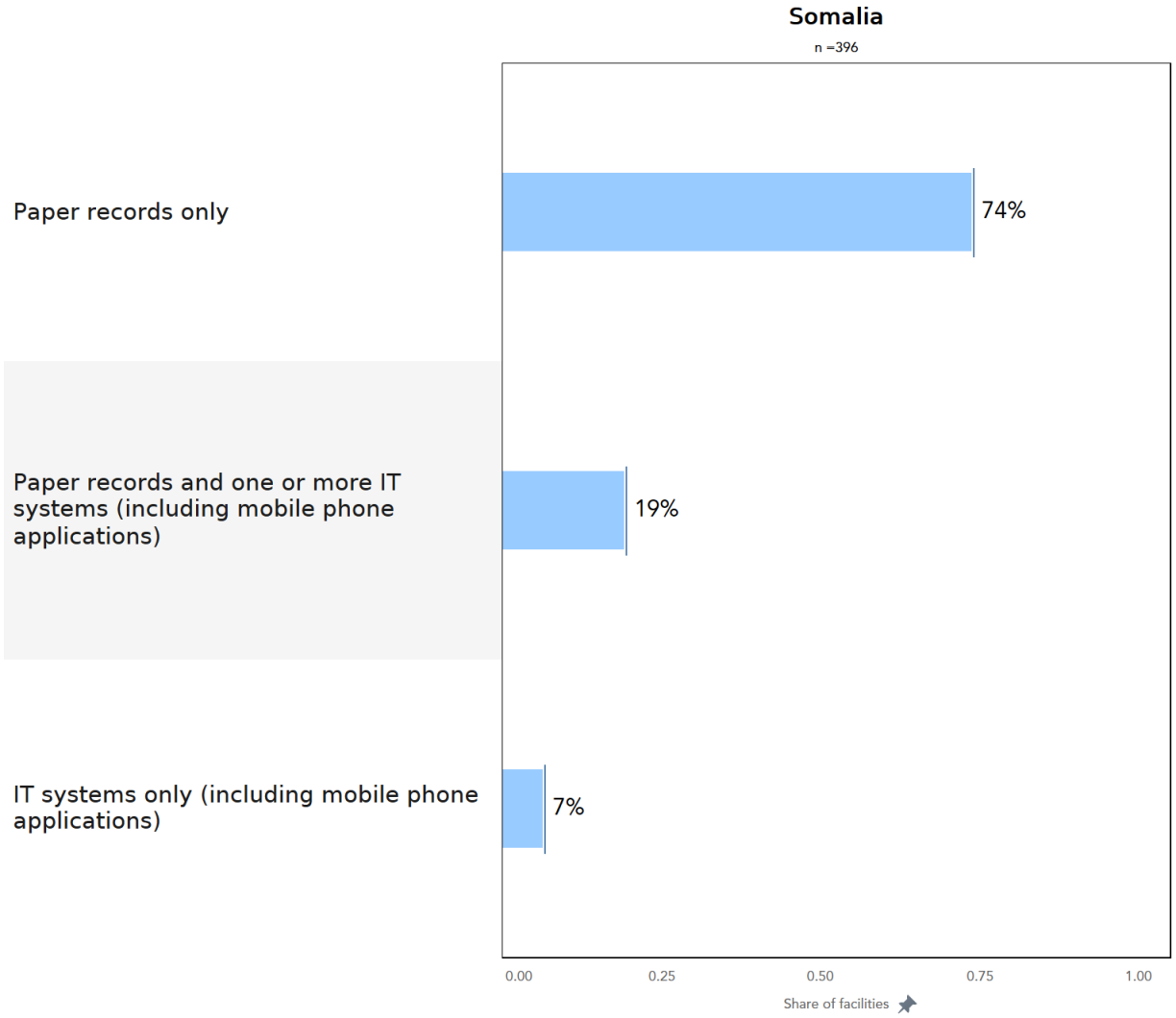
Medical supplies

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 reporting using IT systems (alone or mixed with paper), **25% reported IT systems were not always functional** in the past seven days.
- Medicine record keeping methods were **similar across facility types.**

Percent of facilities reporting methods for recording the receipt, inventory, and dispensing of medicines



Note: The values shown in the figure correspond to responses to the question "How does this facility record the receipt, inventory, and dispensing of medicines?". Primary Health Units were excluded from this question, as medicines or contraceptives are not expected to be available at this level. A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report. Primary Health Units were excluded from these questions, as medicines or contraceptives are not expected to be available at this level.

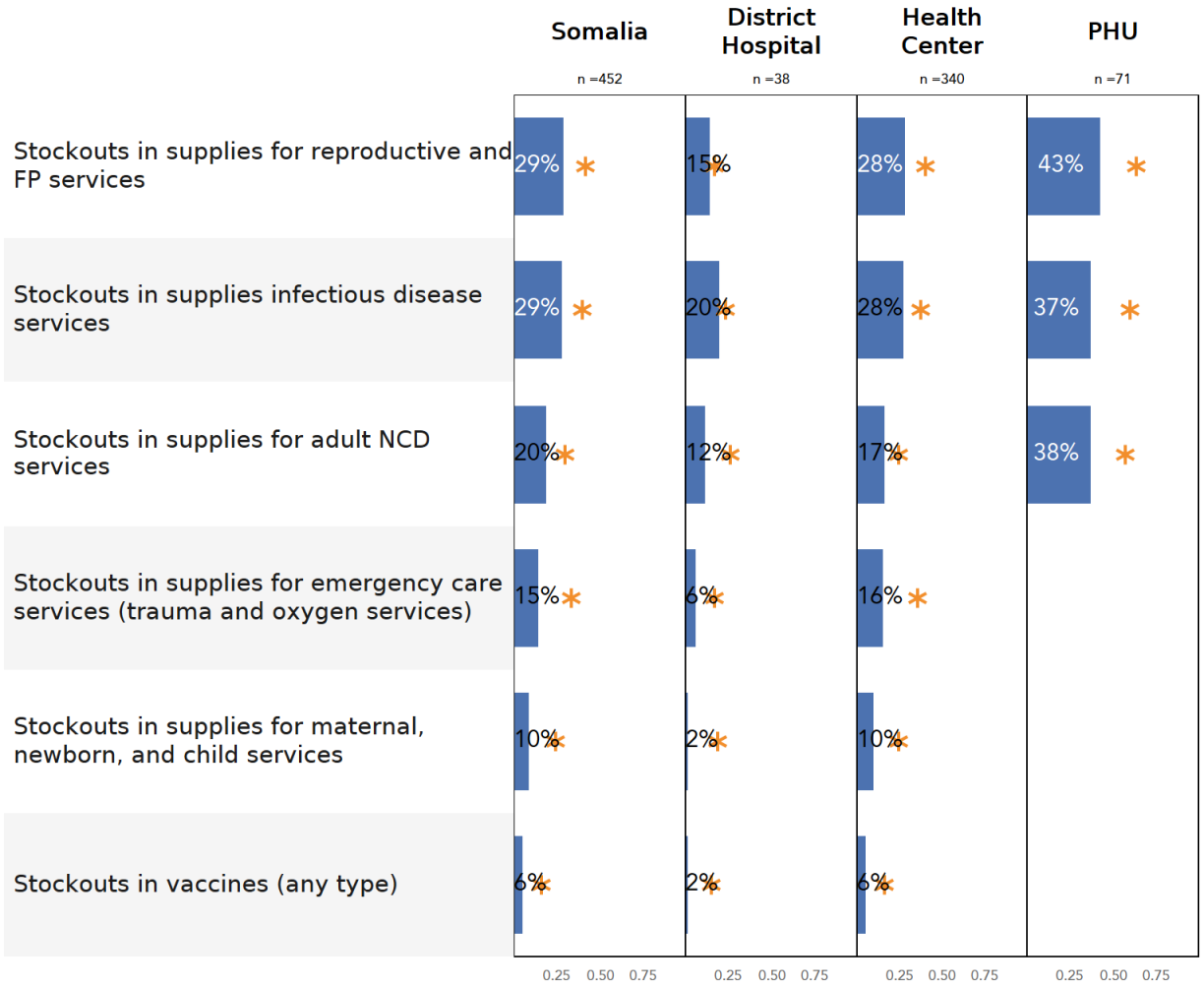
Medical supplies

INPUTS | SOMALIA

Stockout of medical supplies

- Many facilities reported **frequent or very frequent stockouts** of commodities across various services in the past three months
- **Frequent stockouts were most common** for **reproductive/FP and infectious disease supplies**, while **vaccines were least affected**.
- **Primary health units (PHUs)** were particularly impacted, with **>33% reporting frequent stockouts across different services.**
- Fewer frequent stockouts were reported in the latest survey round – suggesting that while the **overall availability of tracer medical supplies remained fairly stable** across survey rounds, the **severity and frequency of shortages decreased**.

Percent of facilities reporting frequent or very frequent stockouts of supplies for specific services in the past three months

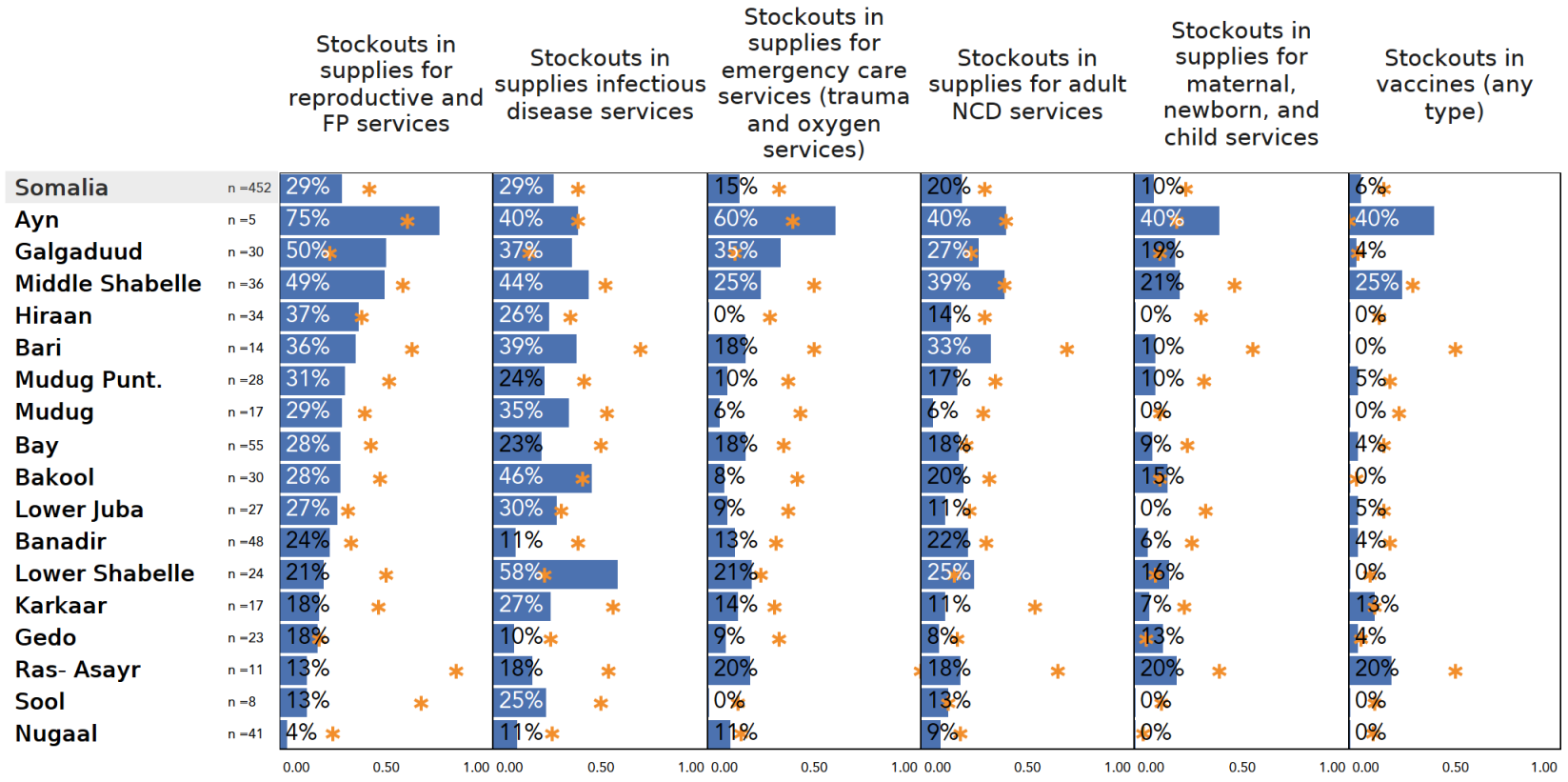


Note: The values shown in the figure correspond to the share of facilities that answered 'All the time of almost all the time' or 'Frequently' to the question "Facilities sometimes experience stockouts of medicines or supplies that either prevent service delivery at the time of the visit or require the patient to purchase the item outside the health facility. In the past three months, how often has this facility experienced a stock out of a critical item?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Medical supplies

INPUTS | SOMALIA

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



- **The occurrence of frequent stockouts varied across regions.**
- **Higher stockouts** were reported in **Galgaduud** and **Middle Shabelle** across **various services**, and in **Bakool** and **Lower Shabelle** for **infectious disease commodities.**

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

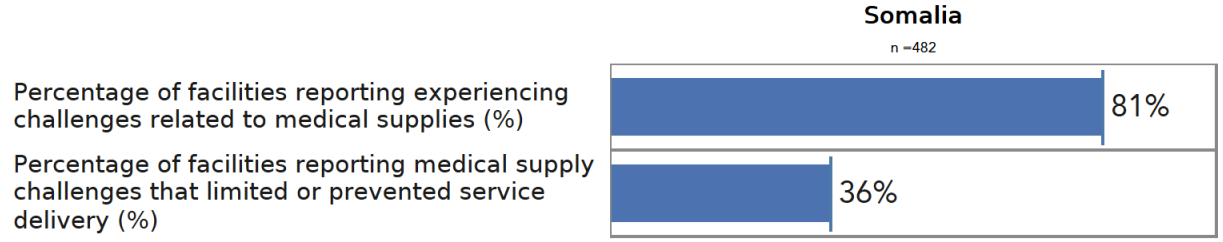
Medical supplies

INPUTS | SOMALIA

Medical supplies challenges

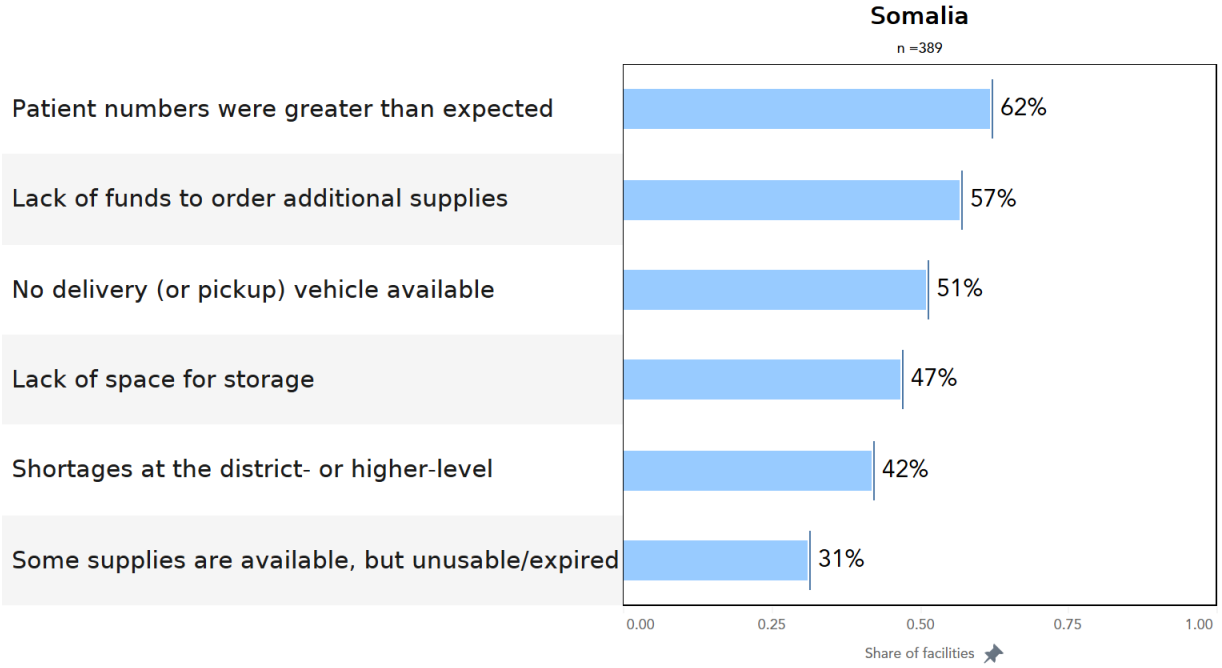
- **81%** of facilities reported at least one challenge with medical supplies, with **36% experiencing challenges** that **limited or prevented service delivery**.
- Common issues included **unexpected patient surges**, **lack of funds to order supplies**, and **absence of delivery or pickup vehicles**; among 289 facilities supplying **CHWs, 58%** were unable to fulfill at least one request in the past three months.
- Facility managers reported that shortages of medicines, and equipment —particularly for **delivery, FP, maternal, emergency, and nutrition services**—along with **limited cold chain and storage capacity**, have reduced service coverage, caused delays, and disrupted critical health services, negatively affecting patient care.

Medical supplies challenges



Percent of facilities reporting challenges related to medical supplies in the past three months

Among health facilities reporting experiencing challenges with medical supplies

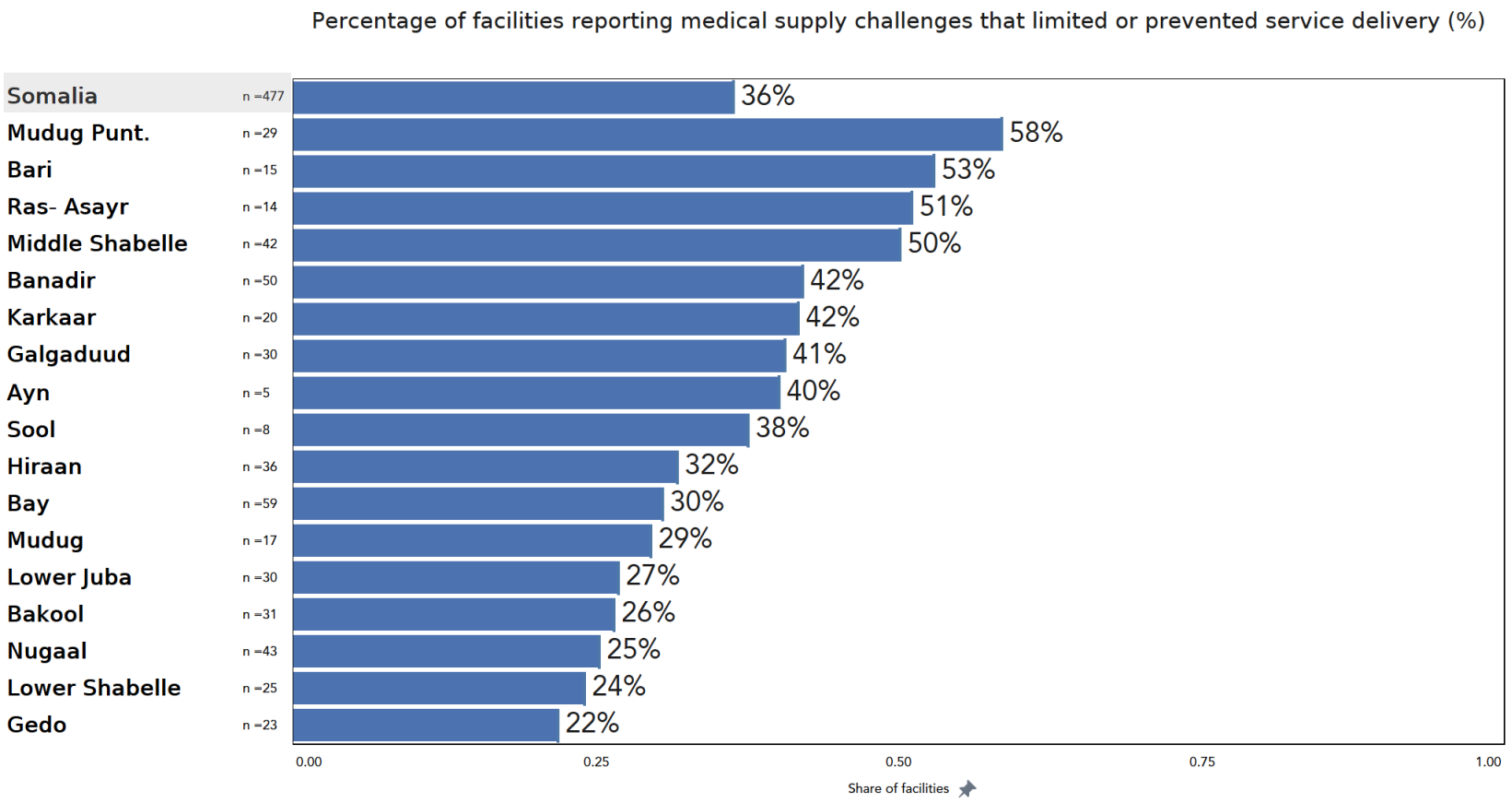


Note: The values shown in the upper figure correspond to the share of facilities that answered 'Agree' or 'Strongly agree' to the question "To what extent do you agree or disagree that medical supplies and/or equipment is a challenge for this facility?"; and "Yes" to the question "Have challenges in medical supplies and equipment limited or prevented this facility's ability to deliver health services?". The values shown in the lower figure correspond to responses to the question: "Have you experienced any of the following medical supplies-related challenges in the past three months?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Medical supplies

INPUTS | SOMALIA

Medical supplies challenges, by region



- **Medical supply challenges** varied across regions, though most differences were **not statistically significant** due to small sample sizes.
- **Exception:** in **Mudug (Puntland)**, **>50% of facilities** reported **supply challenges that limited or prevented service delivery.**

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

Contents

Rapid health facility assessment in Somalia

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

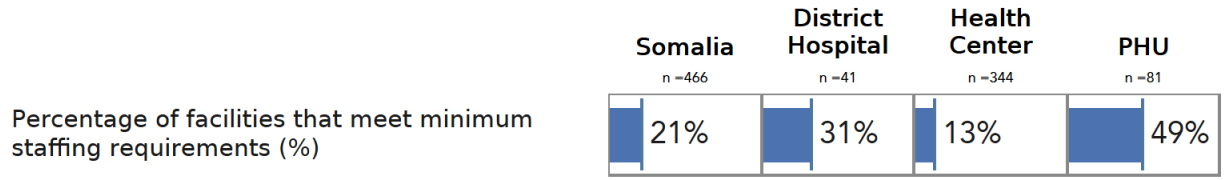
Human resources

INPUTS | SOMALIA

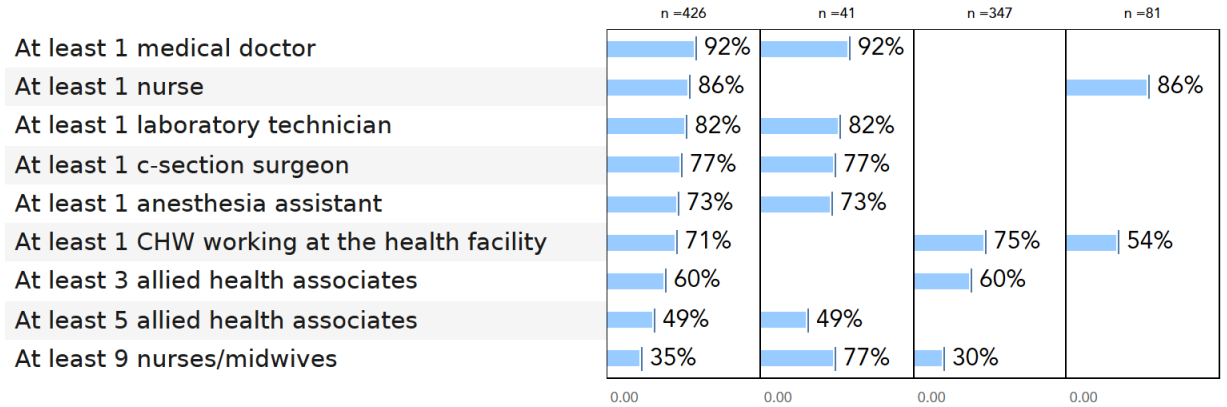
Staff cadre availability

- **Only about a fifth of facilities** met minimum staffing requirements.
- While district hospitals lacked **allied health associates** (support staff), **health centers lacked nurses and midwives.** Only **54% of PHUs** reported having at least 1 CHW working with them or in their catchment area.
- **Female representation** was generally over **50%** among nurses and CHWs, but remained low in specialized roles, with only **35% of medical doctors** and **33% of caesarean surgeons** being female.

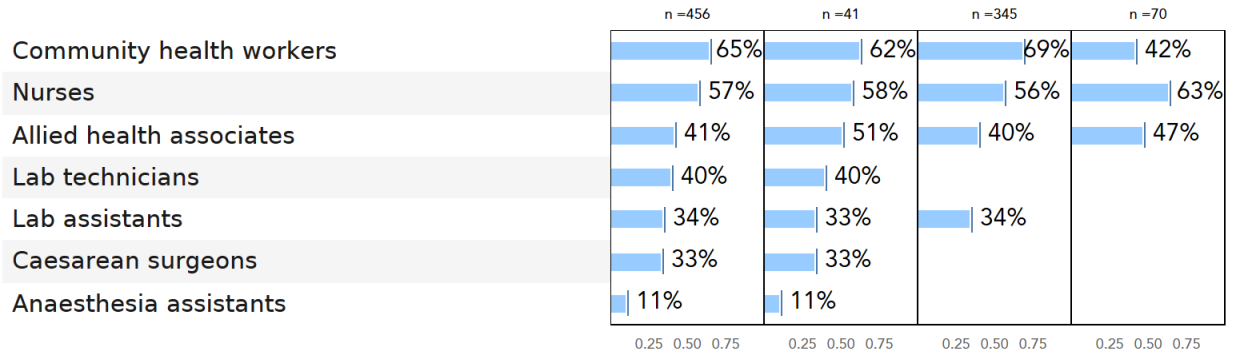
Staffing availability*



Percent of facilities that meet minimum staffing requirements



Proportion of female heatlhcare providers available at health facilities



Note: The values shown in the figures were calculated from responses to the questions: "How many [staff cadre type] are working at this health facility?". **Minimum staffing requirements** are defined as follows: Primary Health Units (PHUs) require at least 1 nurse and 1 community health worker (CHW); Health Centers require at least 9 nurses and/or midwives (including at least 3 nurses and 3 midwives), 1 CHW, and 3 allied health associates; District Hospitals require at least 1 doctor, 1 anesthesia assistant, 9 nurses and/or midwives (including at least 3 nurses and 3 midwives), 1 C-section surgeon, 1 laboratory technician, and 5 allied health associates.

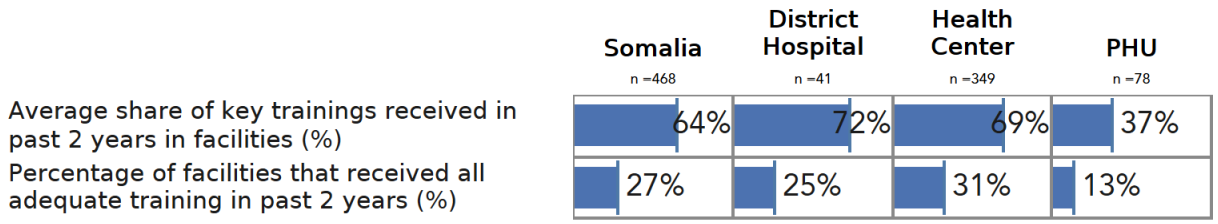
Human resources

INPUTS | SOMALIA

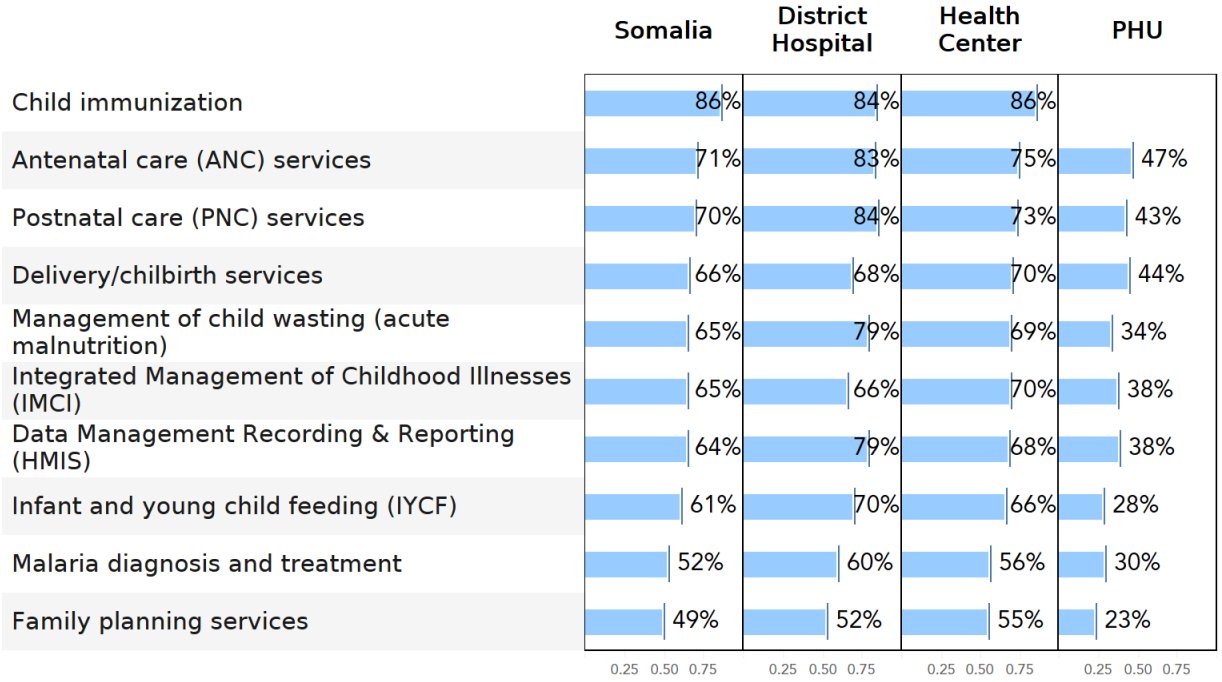
Staff training availability

- There are **gaps in staff training** available at health facilities, with **64%** of tracer trainings reported received on average in the past two years.
- Largest gaps were reported in **family planning** and **malaria diagnosis and treatment**, reported received by staff in only **about half of facilities**.
- **Primary health care units** faced the largest training gaps compared with other facility types.

Staff training availability*



Percent of facilities that received staff training in the past two years

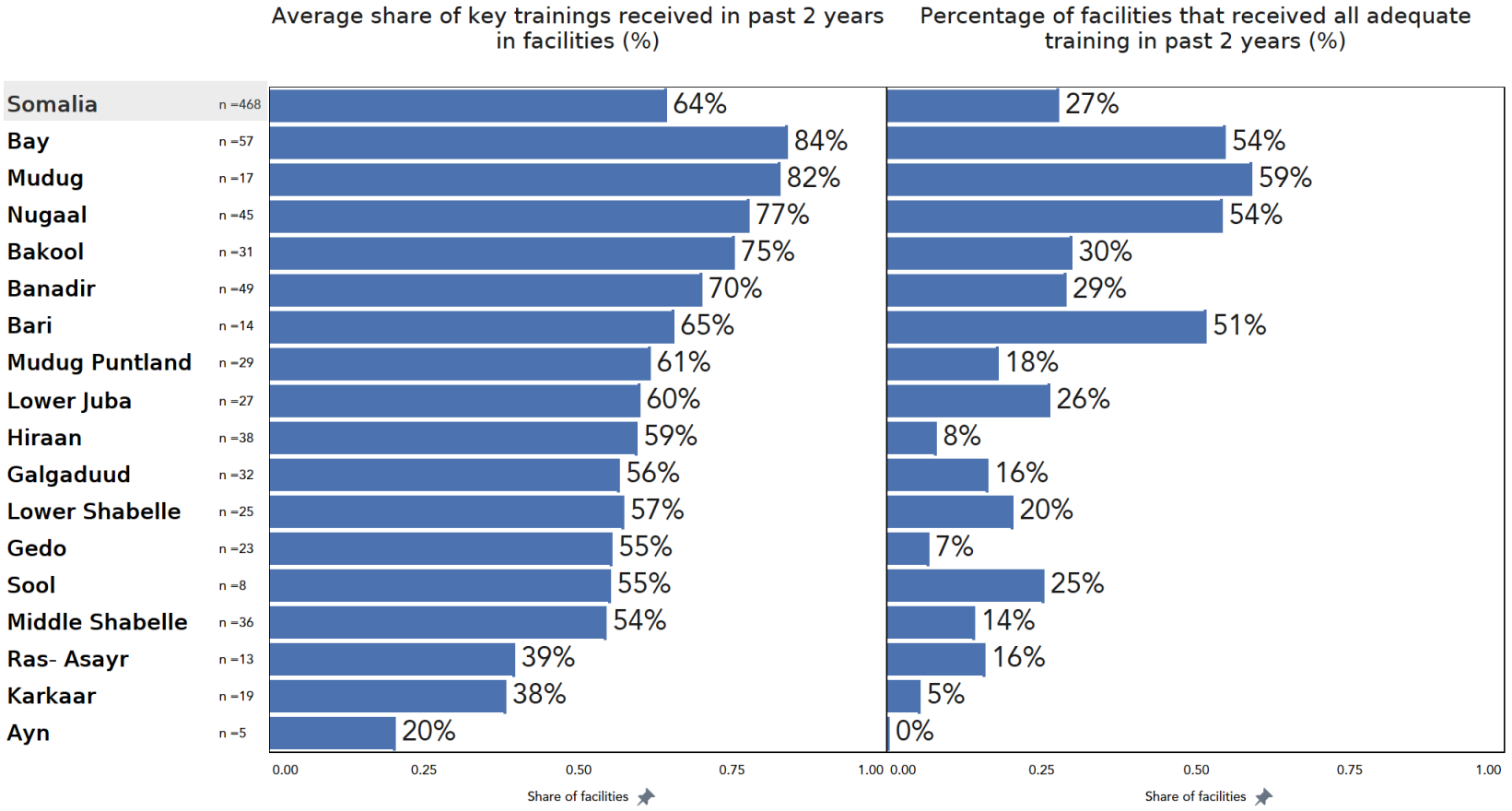


Note: *The two composite indices are calculated based on the list of tracer staff trainings in the graph above. The values shown in the bottom figure represent the share of facilities that answered "Yes" to the question: "In the last 2 years, did the health care providers at this facility receive in-service training on any of the following services?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Human resources

INPUTS | SOMALIA

Staff training availability, by region



- **Staff training availability varied markedly across regions.**
- **Over 80%** of tracer trainings were reported received in the **Bay** and **Mudug** regions.
- In contrast, **fewer than half of providers** received trainings in **Ras-Asayr, Karkaar, and Ayn**.

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

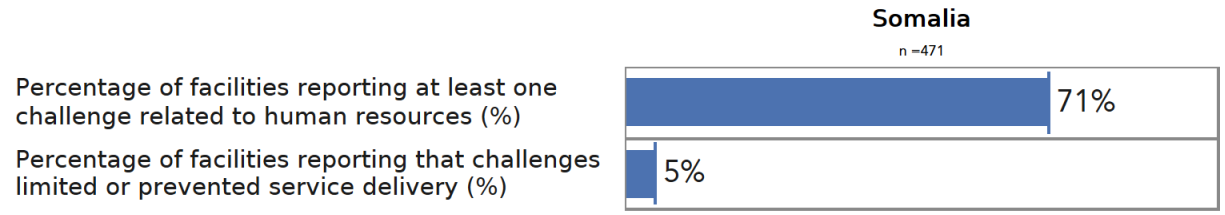
Human resources

INPUTS | SOMALIA

Human resources challenges

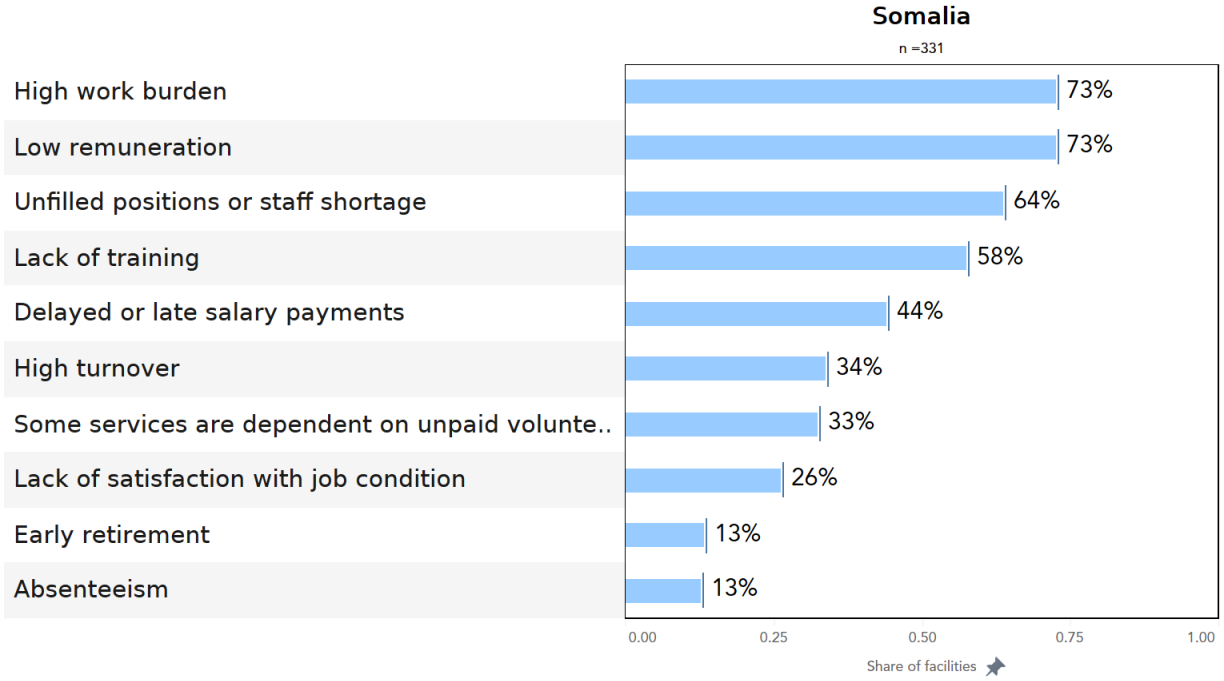
- **71%** of facilities reported experiencing human resource challenges, though **only 5%** reported challenges that **affected service delivery**.
- Most reported issues included **high work burden** and **low remuneration**, along with **unfilled positions, lack of training, and delayed salary payments**.
- Facility managers highlighted that insufficient staffing (medical personnel, cleaners, volunteers), long working hours, and low/unreliable salaries as key service delivery challenges.

Human resources challenges



Percent of facilities reporting challenges related to human resources in the past three months

Among health facilities reporting experiencing challenges with human resources

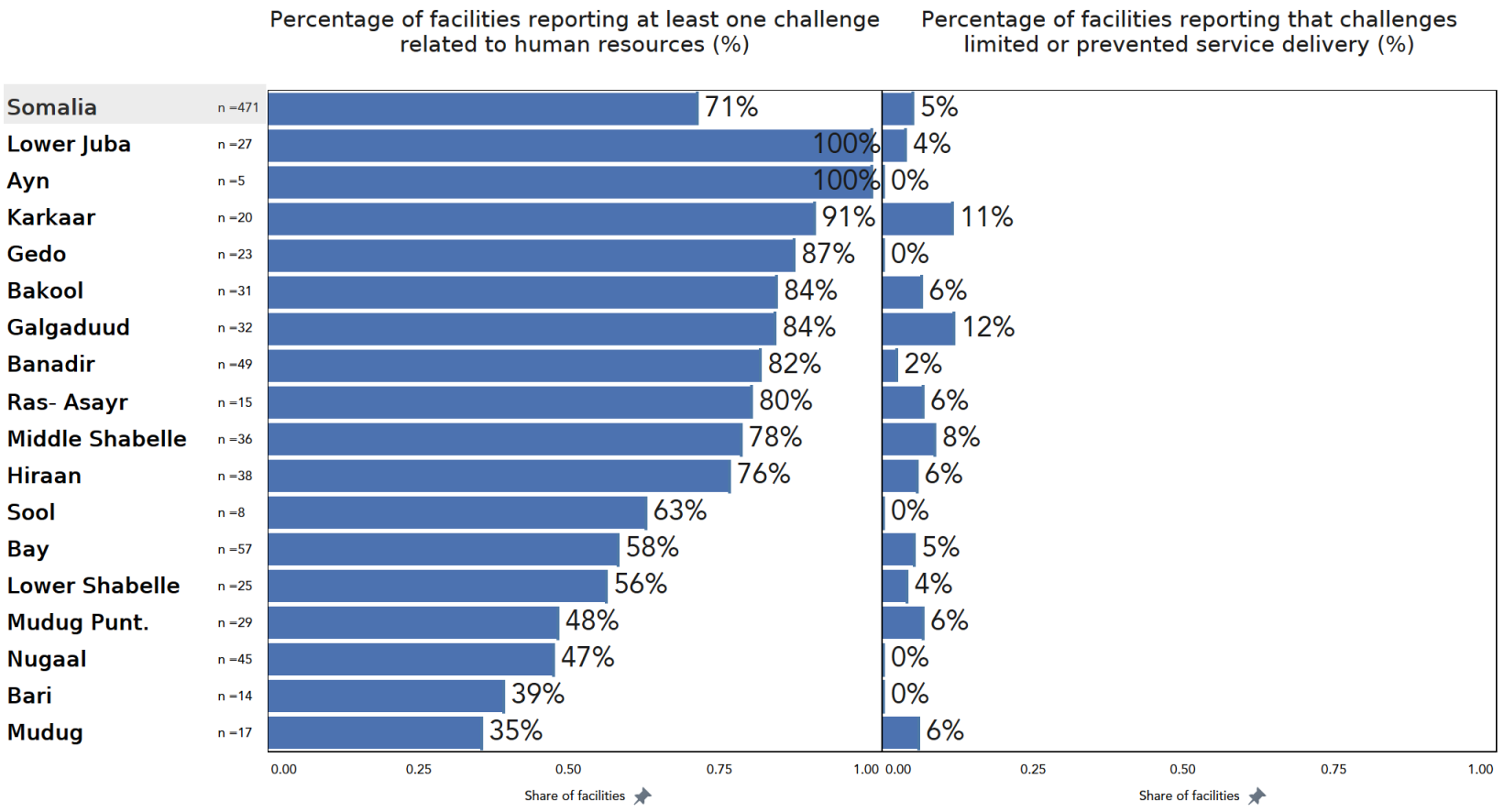


Note: The values shown in the upper figure correspond to the share of facilities that answered 'Agree' or 'Strongly agree' to the question "To what extent do you agree or disagree that human resources is a challenge for this facility?"; and "Yes" to the question "Have human resources challenges limited or prevented this facility's ability to deliver health services?". The values shown in the lower figure correspond to responses to the question: "Have you experienced any of the following human resources challenges in the past three months?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Human resources

INPUTS | SOMALIA

Human resources challenges, by region



- **Human resource challenges varied across states**, with **>80%** of facilities reporting challenges in several regions.
- **Few facilities reported challenges that directly affected service delivery** in all regions.

Note: * Regional-level results in the **Ayn region** should be interpreted with caution due to a small sample size (n = 5) and large margins of error.

Contents

Rapid health facility assessment in Somalia

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

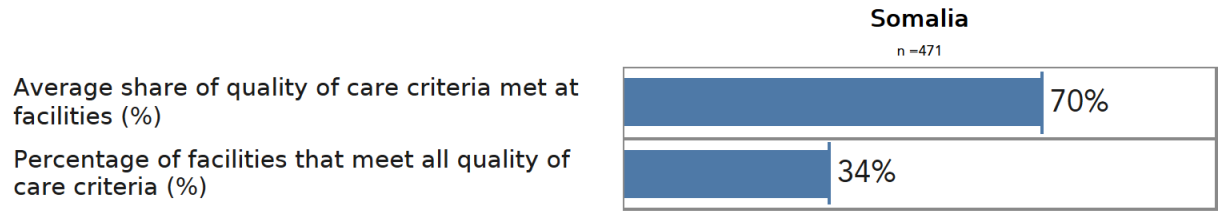
Quality improvement

PROCESSES | SOMALIA

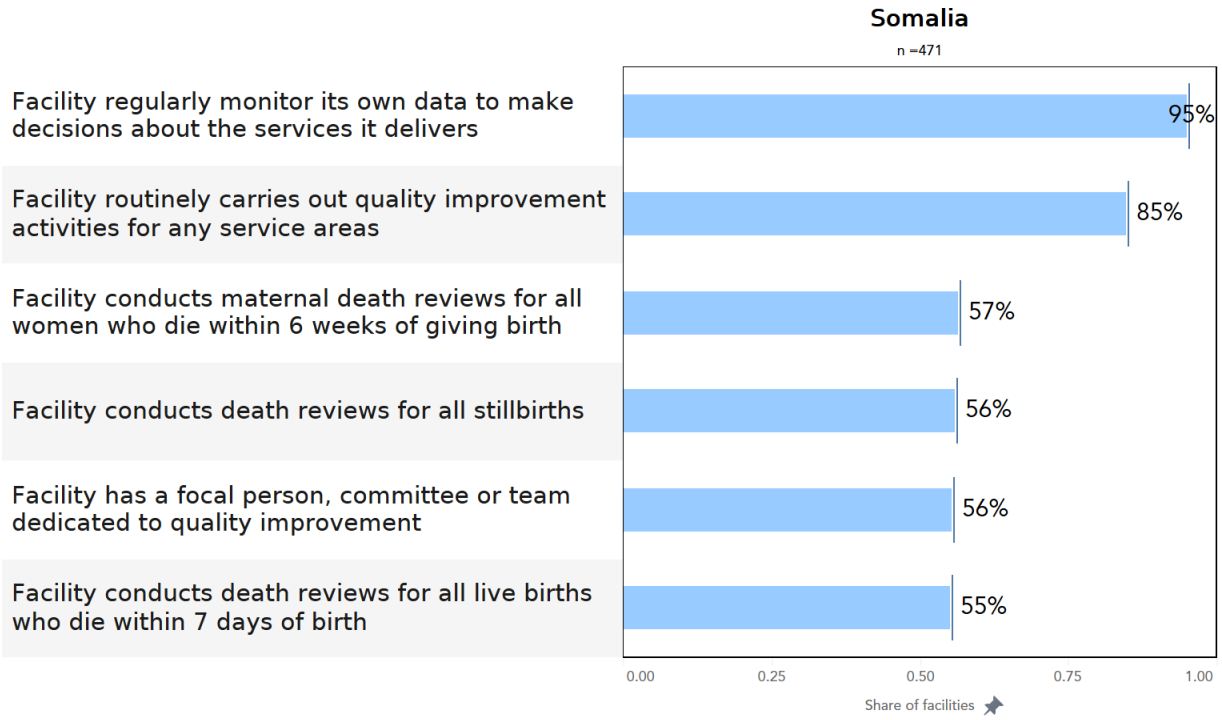
Quality improvement processes

- On average, facilities met **70%** of quality improvement (QI) tracer criteria, but only **about one-third** implemented all QI processes.
- QI activities – referring to changing how health services are delivered to make them more effective, safe, and people-centered* – were reported to be **routinely conducted by 85% of facilities.**
- Important gaps remained, including **limited availability of a dedicated QI focal person/team** and **incomplete death reviews**, with just over half of facilities conducting reviews for maternal, neonatal deaths, or stillbirths.

Quality improvement processes*



Percent of facilities with adequate quality of care practices



Note: *The two composite indices are calculated based on the list of tracer quality improvement processes in the graph above. A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Quality improvement

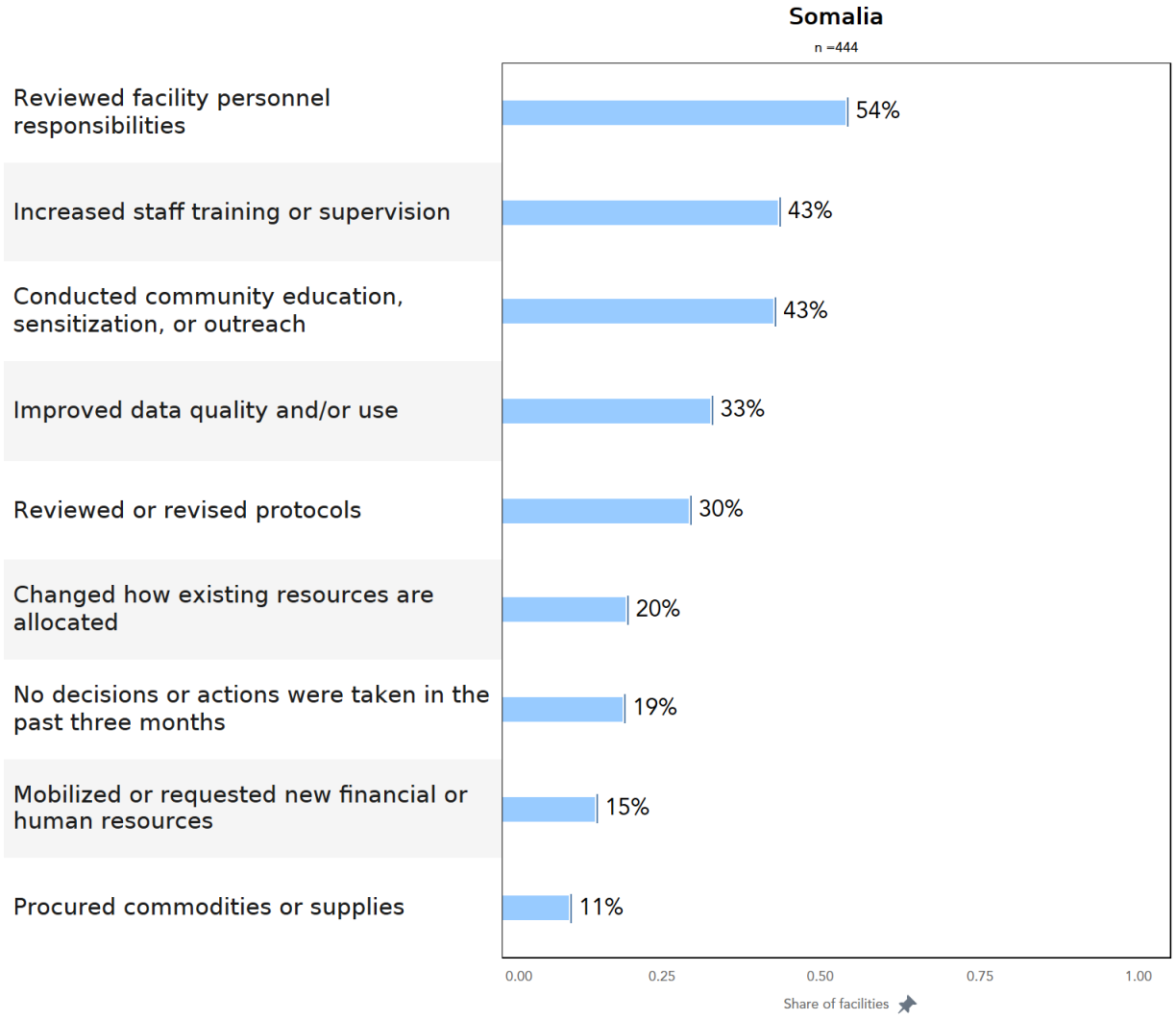
PROCESSES | SOMALIA

Data for decision-making

- Among facilities that reported regularly **monitoring their own data** for decision-making, **54%** used it to **review personnel responsibilities** or **conduct community outreach activities**.

- Fewer facilities used data to **mobilize new financial or human resources (15%)** or **procure additional commodities/supplies (11%)**.

Percent of facilities reporting taking different decisions or actions based on their own data Among health facilities reporting regularly monitoring their data to make decisions about the services they deliver



Note: The values presented in the graph above are limited to health facilities that answered "Yes" to the question: "Does this facility regularly monitor its own data to make decisions about services delivered by this facility?". The values shown in the figure correspond to the responses to the question: "In the past three months, what decisions or actions have been taken based on data from this health facility?". A detailed breakdown of results by facility type, Gavi priority vs nonpriority areas, state, and region is available in the annex of the report.

Contents

Rapid health facility assessment in Somalia

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

Methodology | Survey tool and data analysis

Survey Tool

- The cross-country base FASTR rapid-cycle health facility phone survey tool was adapted for Somalia by the Ministry of Health and Human Services, the Global Financing Facility/World Bank, and Sanigest/Benadir University.
    - Standardized questions were included to enable comparisons with other large-scale surveys (e.g., HHFA, SARA, SDI, SPA).
    - Tailored Somalia-specific questions addressed unique country priorities.
- Two types of indicators are included: (1) annual indicators collected once and (2) quarterly indicators collected in all rounds.

Data analysis

- Main results are presented as national estimates, disaggregated by facility type. Additional breakdowns by state, region, and Gavi priority status are provided in the annex.
- Annual indicators are reported as weighted cross-sectional descriptive statistics using survey sampling weights to ensure representativeness.
- Quarterly indicators will be presented separately for each survey round; statistical significance of differences between rounds has not been evaluated.
- Summary scores are computed as the unweighted average of included indicators. Slides presenting summary scores also display individual indicator results below the index score.

For more information on the FASTR initiative: https://data.gffportal.org/key-theme/FASTR

Methodology | Sampling and weighting

Survey sampling and weighting

- **Sampling Frame:** Primary health care (PHC) facilities in Somalia were included (district hospitals, health centers and primary health units) in the sampling frame. Higher-level referral facilities were excluded.
- **Stratified Sampling:** Stratified by region, facility level, and Gavi priority status to form a total of 29 strata. A sample of facilities were selected with equal probability from each stratum, however for 6 of the strata a census of facilities were selected based on the stratification criteria and the number of facilities on the sample frame.
- **Sample Size:** Targeted 532 facilities for the FASTR survey to ensure representativeness at national and regional levels and by facility type and Gavi priority. 483 facilities were effectively interviewed in round 1, and 471 facilities in round 2.
- **Replacement Facilities:** A reserve sample of 69 facilities was also selected to replace non-participating facilities, with replacements available for each non-census stratum. A total of 17 replacements (3.2% of the total sample of 532 interviewed facilities) were used during round 1 data collection, mainly due to facilities either having recently closed or could not be reached.
- **Weighting:** Sampling weights were calculated as the inverse of the probability of selection for each facility. For facilities where a replacement was not available (either due to the reserve sample being exhausted or a censused stratum), a non-response adjustment factor was applied.

Methodology | Strenghs and limitations of phone surveys

Growing academic literature and GFF's experience implementing phone surveys indicates the potential for rapid-cycle phone survey approaches to complement, but not replace, traditional, in-person surveys. Results should be interpreted as signals and with considerations to limitations of phone-based approaches.

Strengths

- Enables a cost-effective, continuous data collection platform
- Helpful for monitoring in rapidly changing contexts and to capture changes over time
- Flexibility in scheduling interviews may lead to higher participation rates
- Potential for reduced social desirability bias with sensitive topics which may enhance data accuracy
- Phone surveys allows for easier monitoring of data collection quality and enumerator behavior (e.g., calls can be recorded, with consent, for quality checks and training purposes)

Limitations

- Potential under-representation of facilities in areas with low phone connectivity
- Shorter surveys are employed to mitigate respondent fatigue
- Simplified language usage may be necessary
- Limitations exist in measuring the quality of services provided solely through phone surveys
- In-ability of in-person verification; all results are self-reported by the respondent

For more information on the FASTR initiative: https://data.gffportal.org/key-theme/FASTR

Index Scores | Medical Supplies

***Two summary scores for each domain**

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

MEDICAL SUPPLIES SCORE*

Based on the full set of tracer medical supplies

EQUIPMENT SCORE*

- Thermometer
- Child weighing scale
- Height measuring board
- Blood pressure apparatus
- Oxygen delivery device
- Speculum
- Equipment to collect pap smear specimen (spatula, endocervical brushes)
- Refrigerator with continuous temperature monitoring
- Cold box / vaccine carrier with ice packs

PPE SCORE*

- N95 mask
- Surgical or medical masks
- Disposable latex gloves

MEDICINES SCORE*

- Amoxicillin or gentamicin
- Oral rehydration salts
- Zinc sulphate
- Oxytocin or other uterotonic
- Magnesium sulphate
- Long-acting reversible contraception methods
- Short-acting reversible contraception methods
- Metformin, insulin injection, or another hypoglycemic agent
- First-line anti-hypertensives
- Antimalarials
- Ready-to-use therapeutic food
- Vitamin A
- Misoprostol
- Tranexamic Acid
- Heat stable carbetocin
- Parenteral antibiotics
- Parenteral anticonvulsants
- Dexamethasone or other antenatal corticosteroids
- Low dose Aspirin
- Calcium supplementation
- Tocolytics

VACCINES SCORE*

- Measles and rubella vaccine
- Penta (DPT + HiB + HepB) vaccine
- BCG vaccine
- Polio vaccine

DIAGNOSTICS SCORE*

- Urine dipstick testing (glucose, protein, ketone)
- Onsite blood glucose testing
- Onsite malaria diagnostic testing
- Onsite HIV diagnostic testing
- Pregnancy test kit
- Syphilis diagnostic testing (rapid test kit or specific assay kit – syphilis serology)

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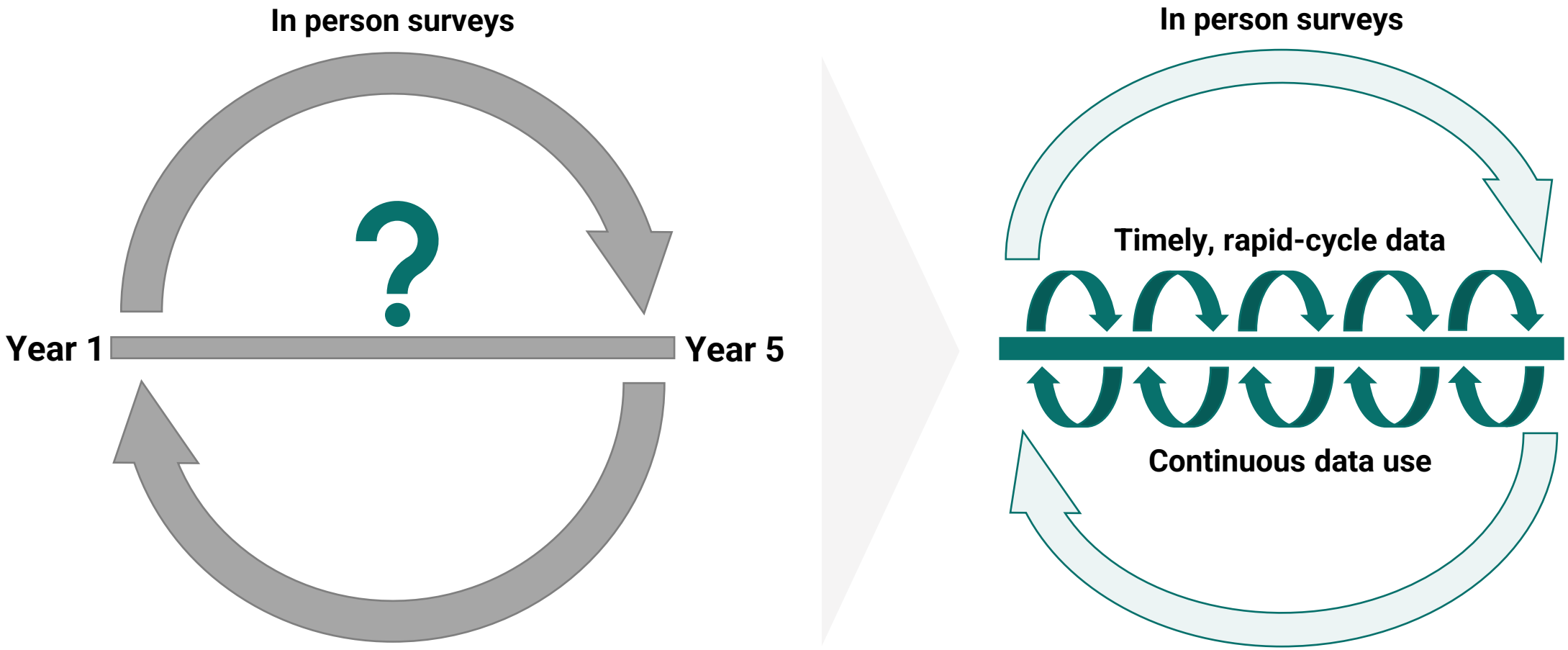
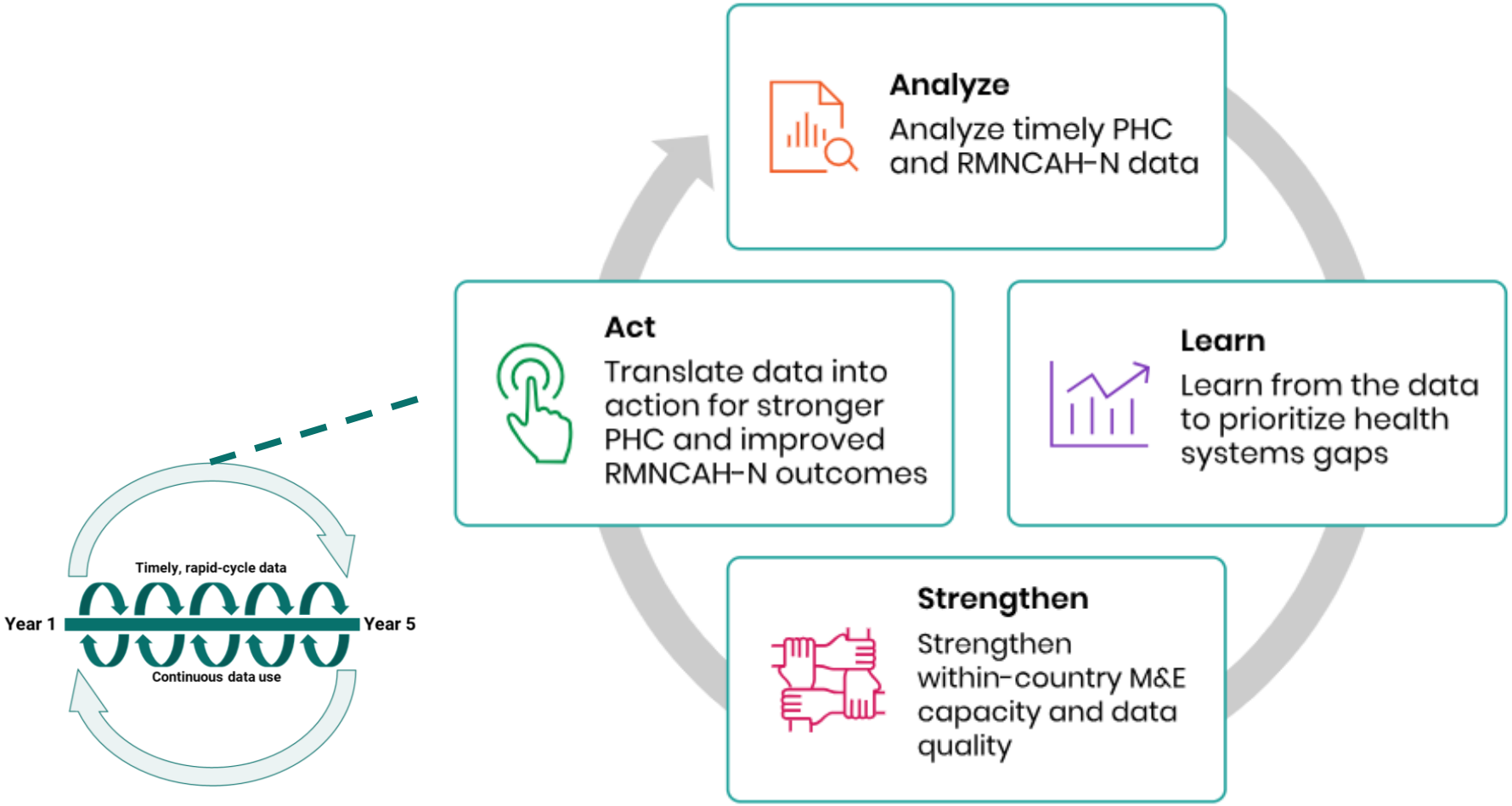
The goal? Rapid cycle analytics accelerates improvements in RMNCAH-N outcomes by increasing the systematic use of data for decision making



What is FASTR? An approach to catalyzing continuous '*analyze, learn, strengthen, act*' cycles to drive the use of timely data for decision making



How? Supporting countries with timely, rigorous, and low-cost approaches to monitoring PHC systems, underpinned by capacity building support

Routine RMNCAH-N Data

Leverage HMIS data to routinely monitor changes in the coverage of health services during reforms, shocks, or within vulnerable populations, while identifying and addressing data quality challenges.

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

Provide snapshots of health service utilization, foregone care, and community perceptions of service quality

Digging deeper with follow-up analyses

Gain a richer understanding of emerging health systems issues through rapid and adaptable mixed-methods approaches.

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.

Rapid-Cycle Health Facility Survey

- Understand service delivery constraints in PHC facilities
- Measure the implementation of reforms
- Assess the effect of shocks on health systems
- Improve timeliness and relevance of facility surveys as an adaptive management tool

Find more details on FASTR's rapid-cycle health facility surveys, including publicly available tools and resources, on our website.

Adaptative health facility phone survey captures key PHC readiness indicators and enables performance monitoring over time

Mode + Length	**30 to 45 min. phone survey**
Content	Resiliency, supplies and commodities, infrastructure, human resources, facility-level financing, community engagement, leadership and governance, service availability
Frequency	Tool completion over **4 quarterly contacts per year**
Target	Representative panel of PHCs with annual partial replacement
Sampling	Could be done by state, facility type, participation in a program, etc.
Implementer	Government, academic/technical partner, or survey firm dependent on context and funding source
Rapid adaptation	Quarterly review of priority topics and emerging health systems questions informs round-to-round adaptation

FASTR HF phone survey design: Adaptative content across rounds

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*	Facility characteristics*	Facility characteristics*
-	**Adaptative content****	**Adaptative content****	**Adaptative content****
Shocks	Shocks	Shocks	Shocks
Medical supplies	Medical supplies	Medical supplies	Medical supplies
Infrastructure	Infrastructure	Infrastructure	Infrastructure
Services	Human resources	Community engagement	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

GLOBAL FINANCING FACILITY

FASTR
FREQUENT ASSESSMENTS & HEALTH SYSTEMS TOOLS FOR RESILIENCE

About FASTR I Access the FASTR resource repository

Contact us at fastr@worldbank.org