

SOMALIA RAPID HEALTH FACILITY ASSESSMENT

Summary Report: Rounds One & Two

March 2026





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

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1. Rapid Health Facility Assessment Overview

Objectives and Approach

In **Somalia**, the Ministry of Health and Human Services (MHHS), with support from the Global Financing Facility (GFF) and the World Bank, is implementing a series of **rapid phone surveys of primary health care facilities** under the FASTR initiative.

Objectives:

- Provide up-to-date snapshots of primary health care (PHC) facility performance, enabling the **rapid identification of critical gaps and service delivery readiness challenges** at both national and subnational levels.
- Support **continuous monitoring of program and reform implementation**, facilitating timely course-correction and evidence-based decision-making – ultimately strengthening PHC systems and improving reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes.
- Leverage **Gavi collaboration** to enable rapid monitoring of immunization readiness in PHC facilities, with a particular focus on areas with high zero-dose prevalence.

Implementation:

- Overall leadership, tool adaptation, and implementation are led by the MHHS.
- Data collection is conducted by **Sanigest and Benadir University**.
- Ethical clearance has been granted by the MHHS.

Two survey rounds were completed in 2025. **8 quarterly rounds** in total are planned throughout 2026/2027.

Methodology

Sampling :

- Nationally and regionally representative panel sample of **483 public PHC facilities** – including district-level hospitals, health centers, and primary health units (PHUs).
- Sample stratified by **facility type, region, and Gavi zero-dose prioritization status***.
- Phone surveys with health facility managers averaging **~29 minutes**.

Questionnaire :

- Focuses primarily on **service readiness**: availability of critical infrastructure, medical supplies, staff, training, and services provided; but also covers facility governance, community engagement, as well as recent external “shocks” affecting service delivery.
- The tool was **adapted to the local context** by the MHHS, the GFF, and Sanigest/Benadir University.

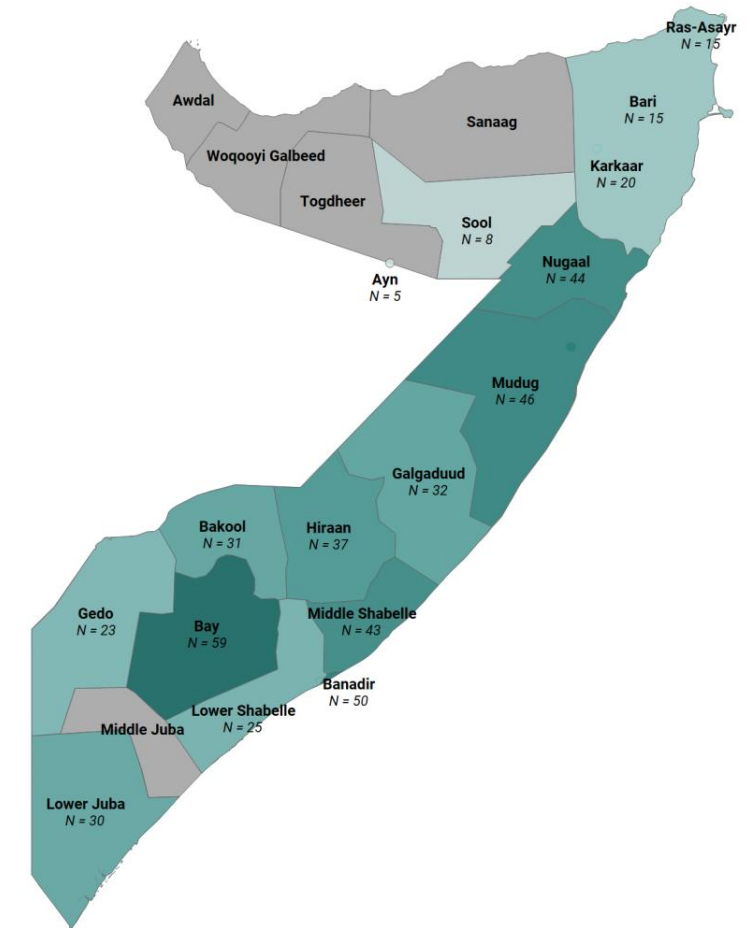


Round 1: 25 Jun- 24 Jul 2025

Round 2: 06 Dec – 08 Jan 2026

Survey Sample

Somalia Rounds 1-2



Total sample: 483 health facilities (Round 1); 471 health facilities (Round 2).

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 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.

Phone survey design: Adaptative content

Quarterly modules

Annual modules

Survey Module	★ Round 1 & 5	★ Round 2 & 6	Round 3 & 7	Round 4 & 8
Facility characteristics	X	X	X	X
Adaptative content*				
Recent shocks and challenges	X	X	X	X
Medical supplies	X	X	X	X
Infrastructure	X	X	X	X
Service availability	X			
Human resources		X		
Quality improvement processes		X		
Community engagement			X	
Leadership et coordination				X
Facility-level financing				X

To collect all necessary information without excessively lengthening the calls, survey modules covering service readiness aspects that are unlikely to change rapidly are administered annually, while modules covering highly variable dimensions are included in every quarterly survey round.

***Adaptative content:** additional locally-relevant questions identified based on previous rounds' responses, or addressing newly emerging priority topics.

2. Primary Health Care (PHC) Assessment

Overview of Results

SOMALIA PROFILE, LATEST AVAILABLE ROUND: NATIONAL 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	Human Resources	Medical Supplies	Equipment	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	Percent of facilities that meet all minimum staffing requirements	Average share of tracer medical supplies available	Average share of tracer equipment available	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% —	21%	64% —	78%	70%	48% ▲(+47%)
STATE	BRA	68%	27% ▲(+11%)	21%	62% ▲(+11%)	80%	62%	6%* ▼(-74%)
	Galmudug	76%	12% —	10%*	66% —	81%	66%	42% ▼(-17%)
	Hirshabelle	70%	11%* ▼(-32%)	26%	57%* —	66%*	76%*	53% ▲(+24%)
	Jubaland	78%	17% ▼(-23%)	21%	63% ▼(-13%)	84%*	67%	49% ▲(+52%)
	Puntland	76%	17% ▲(+17%)	20%	66%* —	85%*	68%	59%* ▲(+90%)
	Southwest	75%	28%* ▲(+12%)	20%	66% —	74%*	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%

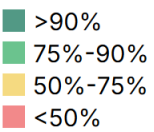
<50%

		Service Availability	Infrastructure	Human Resources	Medical Supplies	Equipment	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	Percent of facilities that meet all minimum staffing requirements	Average share of tracer medical supplies available	Average share of tracer equipment available	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% —	21%	64% —	78%	70%	48% ▲ (+47%)
BRA	Banadir	68%	27% ▲ (+11%)	21%	62% ▲ (+11%)	80%	62%	6% * ▼ (-74%)
GALMUDUG	Galgaduud	77%	10% ▼ (-50%)	10% *	62% —	85% *	68%	52% ▲ (+13%)
	Mudug	73%	18% —	12%	74% * ▲ (+19%)	74%	61% *	18% * ▼ (-70%)
HIRSHABELLE	Hiraan	72%	8% * ▼ (-63%)	22%	68% * —	71% *	78% *	58% ▲ (+78%)
	Middle Shabelle	69%	14% ▲ (+15%)	29%	48% * —	61% *	74%	50% —
JUBALAND	Gedo	78%	21% ▲ (+63%)	5% *	67% —	81%	68%	58% ▲ (+20%)
	Lower Juba	78%	15% ▼ (-46%)	30%	60% ▼ (-15%)	86% *	66%	44% ▲ (+86%)
PUNTLAND	Ayn	82%	0% * —	0% *	47% * —	71%	77%	80% ▲ (+33%)
	Bari	76%	16% ▲ (+44%)	16%	64% —	83%	60%	33% ▼ (-18%)
	Karkaar	77%	19% ▲ (+100%)	14%	62% —	83%	75%	58% ▲ (+25%)
	Mudug Puntland	76%	21% ▲ (+20%)	21%	63% —	83%	65%	72% * ▲ (+75%)
	Nugaal	78%	25% ▲ (+28%)	31%	75% * —	88% *	76%	51% ▲ (+650%)
	Ras- Asayr	69%	0% * ▼ (-100%)	7%	63% —	92% *	47% *	74% * ▲ (+119%)
	Sool	73%	0% * ▼ (-100%)	13%	65% —	88% *	67%	63% ▲ (+67%)
SOUTHWEST	Bakool	77%	13% ▼ (-33%)	13%	62% —	73%	76%	74% * ▲ (+188%)
	Bay	75%	14% ▼ (-18%)	26%	69% * —	71% *	75%	44% ▲ (+72%)
	Lower Shabelle	73%	72% * ▲ (+50%)	16%	63% —	82% *	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.

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.

Service availability: moderate overall; basic maternal and child health are widely available, but notable gaps remain in reproductive health and child nutrition services

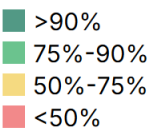


	Index: Service Availability	Child Health and Nutrition							Maternal and Reproductive Health					Other Services			
		Average share of tracer services	Child immunization	Vit A suppl. (6- 59 mo)	IMCI services	Screening of children with acute malnutrition	Growth monitoring and promotion	Treatment of children with severe acute malnutrition	Nutritional suppl. of children with MAM	Antenatal care (ANC)	Postnatal care (PNC)	Delivery/ childbirth services	Family planning	Screening/ diagnosis for cervical cancer	NCD services	Communicable disease services	Mental health services
NATIONAL	Somalia	74%	94%	93%	91%	83%	74%	56%	51%	95%	95%	88%	56%	42%	82%	53%	51%
REGION	Ayn	82%	80%	80%	100% *	80%	100% *	60%	80%	100% *	100% *	100% *	60%	100% *	100% *	40%	40%
	Bakool	77%	100% *	93%	93%	78%	80%	52%	56%	96%	96%	85%	78% *		85%	56%	44%
	Banadir	68%	92%	90%	86%	72%	74%	54%	60%	88%	86%	76% *	62%	60%	64% *	44%	40%
	Bari	76%	87%	87%	87%	87%	75%	63%	79% *	87%	79%	63%	47%		79%	63%	39%
	Bay	75%	100% *	96%	88%	78%	79%	37% *	39%	94%	94%	86%	67%	50%	76%	51%	57%
	Galgaduud	77%	93%	100% *	100% *	89%	66%	70%	70% *	93%	93%	93%	40%	49%	85%	52%	66%
	Gedo	78%	90%	95%	95%	95% *	78%	43%	29% *	100% *	100% *	95%	62%	50%	90%	57%	62%
	Hiraan	72%	91%	97%	91%	80%	60%	43%	47%	97%	95%	84%	58%	25%	94% *	74% *	74% *
	Karkaar	77%	100% *	100% *	94%	94%	68%	71%	53%	100% *	100% *	100% *	41%	50%	88%	65%	29%
	Lower Juba	78%	96%	100% *	96%	84%	87% *	80% *	48%	96%	96%	88%	48%	0% *	92%	52%	52%
	Lower Shabelle	73%	96%	84%	96%	84%	76%	48%	40%	96%	96%	84%	52%	0% *	80%	56%	48%
	Middle Shabelle	69%	76% *	79% *	73% *	70%	68%	39% *	42%	94%	94%	85%	58%	25%	76%	42%	58%
	Mudug	73%	88%	88%	94%	88%	59%	65%	59%	100% *	100% *	88%	35%	0% *	82%	53%	41%
	Mudug Puntland	76%	100% *	100% *	100% *	95% *	72%	77% *	68%	100% *	100% *	100% *	32% *	50%	82%	50%	32%
	Nugaal	78%	100% *	96%	96%	96% *	81%	70%	48%	96%	96%	96% *	85% *	33%	93% *	48%	44%
	Ras- Asayr	69%	100% *	100% *	100% *	100% *	74%	80%	40%	100% *	100% *	100% *	60%	100% *	100% *	80%	80%
	Sool	73%	100% *	88%	100% *	75%	63%	50%	25%	100% *	100% *	100% *	25%		88%	50%	50%

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level.

Note: The service availability index is based on the full list of 25 tracer services included in the survey.

Infrastructure: Widespread shortages of continual water, electricity, and communications across regions



		Index: Infrastructure	Continual water	Continual electricity	Continual telephone service	Continual internet
		Percent of facilities reporting continual availability of water, power, telephone and internet in the past seven days	Percent of facilities reporting uninterrupted access to water in the past seven days	Percent of facilities reporting uninterrupted access to electricity in the past seven days	Percent of facilities reporting uninterrupted access to telephone service (whether landline or mobile) in the past seven days	Percent of facilities reporting uninterrupted access to internet in the past seven days
NATIONAL	Somalia	19% —	55% ▼ (-21%)	58% ▲ (+23%)	64% ▼ (-13%)	55%
REGION	Ayn	0% * —	40% —	20% ▼ (-50%)	20% * ▼ (-75%)	20%
	Bakool	13% ▼ (-33%)	44% ▼ (-31%)	35% * ▲ (+22%)	57% —	48%
	Banadir	27% ▲ (+11%)	67% ▼ (-11%)	78% * —	57% ▼ (-28%)	55%
	Bari	16% ▲ (+44%)	71% —	61% ▲ (+36%)	72% ▲ (+18%)	52%
	Bay	14% ▼ (-18%)	55% ▼ (-19%)	51% —	64% —	62%
	Galgaduud	10% ▼ (-50%)	56% —	51% ▲ (+45%)	73% —	59%
	Gedo	21% ▲ (+63%)	59% ▼ (-20%)	75% ▲ (+82%)	69% —	65%
	Hiraan	8% * ▼ (-63%)	65% —	52% ▲ (+23%)	53% ▼ (-28%)	55%
	Karkaar	19% ▲ (+100%)	44% —	38% * ▼ (-27%)	73% —	54%
	Lower Juba	15% ▼ (-46%)	26% * ▼ (-71%)	59% ▼ (-10%)	63% ▼ (-17%)	48%
	Lower Shabelle	72% * ▲ (+50%)	84% * ▼ (-12%)	92% * ▲ (+21%)	88% * —	80% *
	Middle Shabelle	14% ▲ (+15%)	54% ▼ (-20%)	32% * ▲ (+53%)	61% ▼ (-25%)	51%
	Mudug	18% —	65% ▲ (+22%)	71% ▲ (+300%)	76% —	35%
	Mudug Puntland	21% ▲ (+20%)	52% ▼ (-28%)	59% ▲ (+31%)	72% —	48%
	Nugaal	25% ▲ (+28%)	63% ▼ (-13%)	85% * ▲ (+52%)	49% ▼ (-40%)	51%
	Ras- Asayr	0% * ▼ (-100%)	28% * ▼ (-49%)	14% * ▼ (-33%)	85% * —	79% *
	Sool	0% * ▼ (-100%)	25% ▼ (-67%)	75% —	63% ▼ (-29%)	25%

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level. **Change between R1 and R2:** ▲ Increase (> + 10%) | ▼ Decrease (< - 10%) | — No or minor change (-10% ≤ change ≤ +10%)

Supplies: Vaccines are widely available, but diagnostics, PPE, and medicines remain limited – especially in Ayn and Middle Shabelle; FP products are particularly scarce

■ >90%
■ 75%-90%
■ 50%-75%
■ <50%

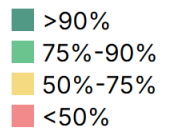
		Index: Medical supplies	Vaccines	Equipment	Diagnostics	PPE	Medicines	Family Planning products**
		Average share of tracer medical supplies available	Average share of tracer vaccines available	Average share of tracer equipment available	Average share of tracer diagnostics available	Average share of tracer PPE available	Average share of tracer essential medicines available	Average share of tracer reversible family planning commodities available
NATIONAL	Somalia	64% —	94% —	78%	65% —	66% —	55% —	28% ▲ (+81%)
REGION	Ayn	47% * —	80% —	71%	33% ▼ (-38%)	53% ▼ (-27%)	34% * ▲ (+16%)	0% * ▼ (-100%)
	Bakool	62% —	100% * —	73%	56% ▼ (-13%)	63% —	57% —	35% ▲ (+55%)
	Banadir	62% ▲ (+11%)	95% —	80%	61% —	76% * ▲ (+19%)	49% ▲ (+29%)	26% ▲ (+60%)
	Bari	64% —	89% —	83%	58% —	69% ▲ (+23%)	64% —	55% * ▲ (+937%)
	Bay	69% * —	100% * —	71% *	70% —	75% * ▲ (+12%)	66% * ▲ (+11%)	40% * ▲ (+85%)
	Galgaduud	62% —	88% —	85% *	63% ▼ (-14%)	69% —	53% —	30% ▲ (+52%)
	Gedo	67% —	96% ▲ (+12%)	81%	73% —	70% ▼ (-11%)	55% ▼ (-16%)	11% * ▼ (-41%)
	Hiraan	68% * —	97% —	71% *	76% * —	70% —	67% * —	20% ▲ (+127%)
	Karkaar	62% —	100% * —	83%	61% —	64% ▼ (-11%)	50% —	10% * ▼ (-21%)
	Lower Juba	60% ▼ (-15%)	100% * —	86% *	49% * ▼ (-26%)	64% —	52% ▼ (-19%)	14% * —
	Lower Shabelle	63% —	100% * —	82% *	73% —	57% ▼ (-23%)	46% * ▼ (-12%)	28% ▲ (+67%)
	Middle Shabelle	48% * —	71% * —	61% *	58% —	50% * ▼ (-14%)	41% * —	22% ▲ (+288%)
	Mudug	74% * ▲ (+19%)	100% * ▲ (+19%)	74%	80% * ▲ (+17%)	79% * ▲ (+33%)	66% * ▲ (+26%)	24% ▲ (+239%)
	Mudug Puntland	63% —	92% —	83%	64% ▲ (+12%)	59% —	45% * ▼ (-15%)	20% ▲ (+234%)
	Nugaal	75% * —	95% —	88% *	74% * —	71% —	75% * —	62% * ▲ (+89%)
	Ras- Asayr	63% —	95% —	92% *	50% * ▲ (+16%)	63% —	66% * —	52% * ▲ (+211%)
	Sool	65% —	100% * —	88% *	67% —	54% —	50% —	2% * ▼ (-48%)

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level. **Change between R1 and R2:** ▲ Increase (> + 10%) | ▼ Decrease (< - 10%) | — No or minor change (-10% ≤ change ≤ +10%).

** Note that Family Planning products are excluded from the medical supplies index calculation.

Note: 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.

Human resources: Critical staff shortages reported across all regions, with only ~a fifth of facilities meeting minimum staffing norms



		Index: Human Resources
		Percent of facilities that meet all minimum staffing requirements
NATIONAL	Somalia	21%
REGION	Ayn	0% *
	Bakool	13%
	Banadir	21%
	Bari	16%
	Bay	26%
	Galgaduud	10% *
	Gedo	5% *
	Hiraan	22%
	Karkaar	14%
	Lower Juba	30%
	Lower Shabelle	16%
	Middle Shabelle	29%
	Mudug	12%
	Mudug Puntland	21%
	Nugaal	31%
	Ras- Asayr	7%
	Sool	13%

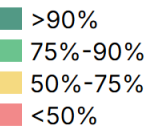
FACILITY TYPE		
PHU	Health Center	District Hospital
49% *	13% *	31%

PHU		Health Center			District Hospital					
At least one nurse	At least one CHW	At least one CHW	At least 3 allied health associates	At least 9 nurses or midwives	At least one medical doctor	At least one laboratory technician	At least one C-section surgeon	At least one anesthesia assistant	At least 9 nurses or midwives	At least 5 allied health associates
86%	54% *	75% *	60%	30% *	92%	82%	77%	73%	77% *	49%

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level.

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.

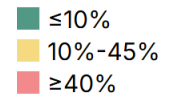
Quality improvement: most facilities conduct quality improvement activities, but deaths reviews remain insufficient across regions



	Index: Quality Improvement	Data use for decision-making	Regular quality improvement activities	Maternal deaths reviews	Stillbirths reviews	Neonatal deaths reviews	Quality improvement focal team	
	Average share of quality improvement tracer criteria met within health facilities	Percent of facilities that regularly monitor their own data to make service delivery decisions	Percent of facilities that routinely carry out quality improvement activities for any service area	Percent of facilities that conduct maternal death reviews for all women who die within 6 weeks of giving birth	Percent of facilities that conduct death reviews for all stillbirths	Percent of facilities that conduct death reviews for all live births who die within 7 days of birth	Percent of facilities that have a focal person, committee or team dedicated to quality improvement	
NATIONAL	Somalia	70%	95%	85%	57%	56%	56%	
REGION	Ayn	77%	100% *	80%	50%	80%	75%	60%
	Bakool	76%	100% *	86%	77% *	73% *	73% *	50%
	Banadir	62%	89%	83%	46%	42%	41%	49%
	Bari	60%	94%	76%	17% *	35%	40%	45%
	Bay	75%	96%	82%	74% *	63%	60%	61%
	Galgaduud	68%	97%	90%	42%	57%	52%	53%
	Gedo	68%	96%	86%	51%	49%	56%	62%
	Hiraan	78% *	94%	90%	63%	64%	68%	69%
	Karkaar	75%	100% *	81%	37%	66%	56%	68%
	Lower Juba	66%	96%	89%	64%	50%	50%	44%
	Lower Shabelle	78%	100% *	96% *	75%	57%	63%	68%
	Middle Shabelle	74%	91%	86%	62%	58%	73% *	66%
	Mudug	61% *	88%	94%	67%	44%	60%	12% *
	Mudug Puntland	65%	94%	83%	34%	61%	38%	38% *
	Nugaal	76%	98%	85%	67%	64%	49%	61%
	Ras- Asayr	47% *	93%	34% *	13% *	31%	23% *	47%
	Sool	67%	100% *	88%	75%	33%	33%	63%

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level.

External shocks: Nearly half of facilities reported recent disruptive events, primarily due to a surge in natural disasters since the last survey round across most regions



		Index: External shocks	Natural disasters	Outbreaks, epidemics or pandemics	War	Major changes in population
		Percent of facilities reporting a disruptive event affecting their community in the past 3 months	Percent of facilities reporting natural disasters in the past 3 months	Percent of facilities reporting outbreaks, epidemics or pandemics in the past 3 months	Percent of facilities reporting wars in the past 3 months	Percent of facilities reporting major changes in population in the past 3 months
NATIONAL	Somalia	48%	32%	16%	8%	2%
REGION	Ayn	80% ▲(+33%)	20% ▼(-50%)	40% ▲(+100%)	20% —	0%* —
	Bakool	74%* ▲(+188%)	59%* ▲(+343%)	19% ▲(+100%)	9% —	0%* ▼(-100%)
	Banadir	6%* ▼(-74%)	4%* ▼(-71%)	2%* ▼(-87%)	0%* —	0%* ▼(-100%)
	Bari	33% ▼(-18%)	26% —	6% ▼(-58%)	6% ▲(+14%)	0%* ▼(-100%)
	Bay	44% ▲(+72%)	25% ▲(+400%)	25% ▲(+57%)	2%* ▼(-49%)	0%* ▼(-100%)
	Galgaduud	52% ▲(+13%)	28% —	24% —	10% ▲(+49%)	0%* ▼(-100%)
	Gedo	58% ▲(+20%)	45% ▲(+106%)	0%* ▼(-100%)	8% ▼(-35%)	0%* ▼(-100%)
	Hiraan	58% ▲(+78%)	20%* ▲(+126%)	21% ▲(+61%)	22%* ▲(+71%)	8% ▲(+282%)
	Karkaar	58% ▲(+25%)	48% ▲(+16%)	14% ▲(+200%)	0%* ▼(-100%)	0%* ▼(-100%)
	Lower Juba	44% ▲(+86%)	22% ▲(+226%)	22% ▲(+117%)	0%* ▼(-100%)	0%* ▼(-100%)
	Lower Shabelle	52% ▲(+160%)	52%* ▲(+550%)	0%* ▼(-100%)	8% —	8% —
	Middle Shabelle	50% —	36% ▲(+163%)	17% ▼(-21%)	14% ▼(-31%)	8% ▼(-30%)
	Mudug	18%* ▼(-70%)	12%* ▼(-67%)	0%* ▼(-100%)	6% ▼(-50%)	0%* —
	Mudug Puntland	72%* ▲(+75%)	38% ▲(+82%)	31% ▲(+80%)	17% ▲(+25%)	0%* ▼(-100%)
	Nugaal	51% ▲(+650%)	44% ▲(+794%)	9% ▲(+113%)	2%* —	2% —
	Ras- Asayr	74%* ▲(+119%)	74%* ▲(+119%)	0%* ▼(-100%)	0%* —	0%* ▼(-100%)
	Sool	63% ▲(+67%)	25% ▲(+100%)	50% ▲(+100%)	13% —	0%* —

*Indicates a statistically significant difference between the geographic unit and other units in the sample at the 5% level. **Change between R1 and R2:** ▲ Increase (> +10%) | ▼ Decrease (< -10%) | — No or minor change (-10% ≤ change ≤ +10%).

Summary of Findings

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

- **Critical shortages in staffing and basic utilities were identified:** only **19% of facilities reported continuous access to water, electricity, phone, and internet** in the week preceding the survey, and just **21% met minimum staffing requirements**. Training gaps were also substantial, with only about half of facilities reporting recent provider training in family planning or malaria care.
- **Service availability was moderate**, with facilities offering an average of **74% of essential tracer services**. While basic RMNCAH-N services – such as ANC, PNC, childbirth care or immunization – were widely available, **significant gaps were reported in malnutrition treatment, cervical cancer screening, and family planning**.
- **Medical supplies and equipment availability averaged 64% of tracer items**; vaccines were generally available, but **gaps persist in the availability of diagnostics, PPE, essential medicines**. **Family planning commodities** were particularly limited, with fewer than half of facilities offering any reversible contraceptive method and 29% reporting frequent stockouts.
- Although most facilities reported conducting quality improvement activities, **implementation of death reviews remain inconsistent** – with only just over half of respondents reporting conducting reviews for maternal deaths, neonatal deaths, or stillbirths at their facility.
- **Nearly half of health facilities reported experiencing recent external shocks** in the latest survey round. **Natural disasters** were the most common shocks and rose sharply between rounds, leading to surges in patient demand and disruptions to infrastructure, financing, and human resources at affected facilities.
- **Performance varied substantially by facility type and geography:** district hospitals reported stronger readiness, while PHUs faced severe constraints. Facilities in **Puntland and Hirshabelle** – particularly Ayn, Middle Shabelle, Sool, and Ras-Asayr regions – faced the greatest challenges. These findings highlight priority areas for targeted investments to strengthen resilience and PHC service delivery in Somalia.

Questions for discussion

- Only 21% of health facilities meet the minimum staff requirements
 - Revisiting the minimum staff requirements
 - Does a HC need 9 mid level staff?
 - Should allied associated counted as part minimum staff requirements
 - On average only 55% of tracer medicines were available in the health facilities.
 - What are options for improving essential medicines availability in the health facilities? Partnership with private sector?
 - Family planning: on average 28% for FP commodities were available in the health facilities.
 - Partnership with private sector
 - Slightly more than 50% of HFs provide nutrition services for children under 5
 - What are options for improve nutrition services availabilities (better integration, promoting local products)
- Almost half of HFs have uninterrupted access to water.
 - Collaboration with water sector
- Most of health facilities report an increase in Natural disaster.

SOMALIA

Rapid Immunization Readiness Profile



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.

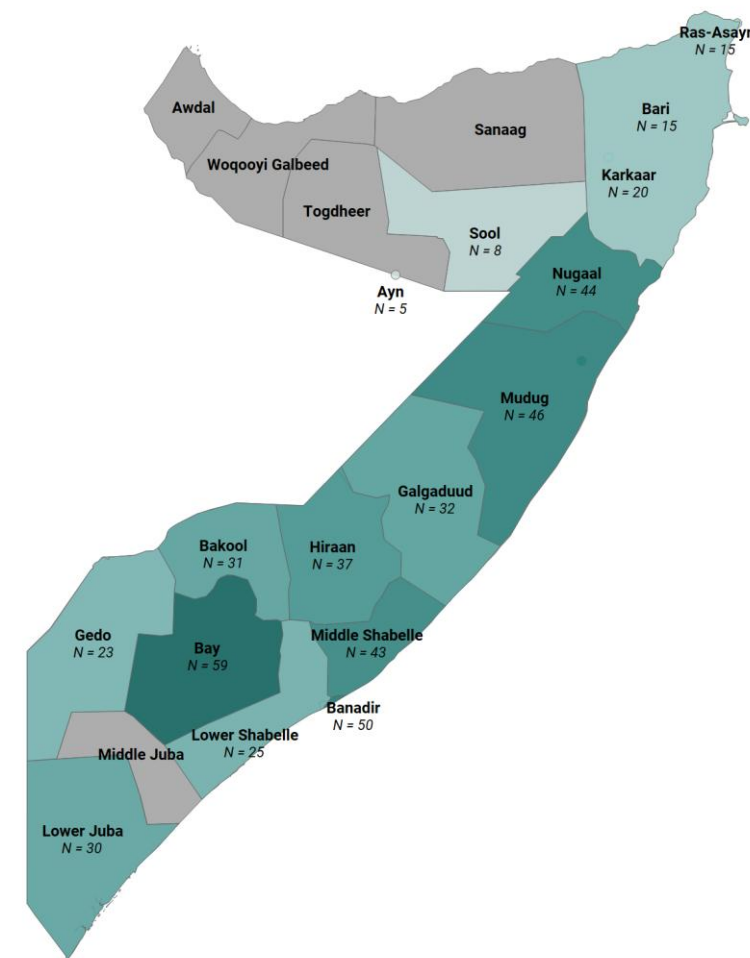
Methodology:

- 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 2025 – 24 Jul 2025
Round 2: 06 Dec 2025 – 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.

Somalia: Immunization Service Readiness Snapshot

IMMUNIZATION READINESS SCORES

Based on a rapid survey of 390 facilities, latest available round (Jan 2026)

Average % of readiness criteria met at facilities



65%

% Facilities meeting all readiness criteria



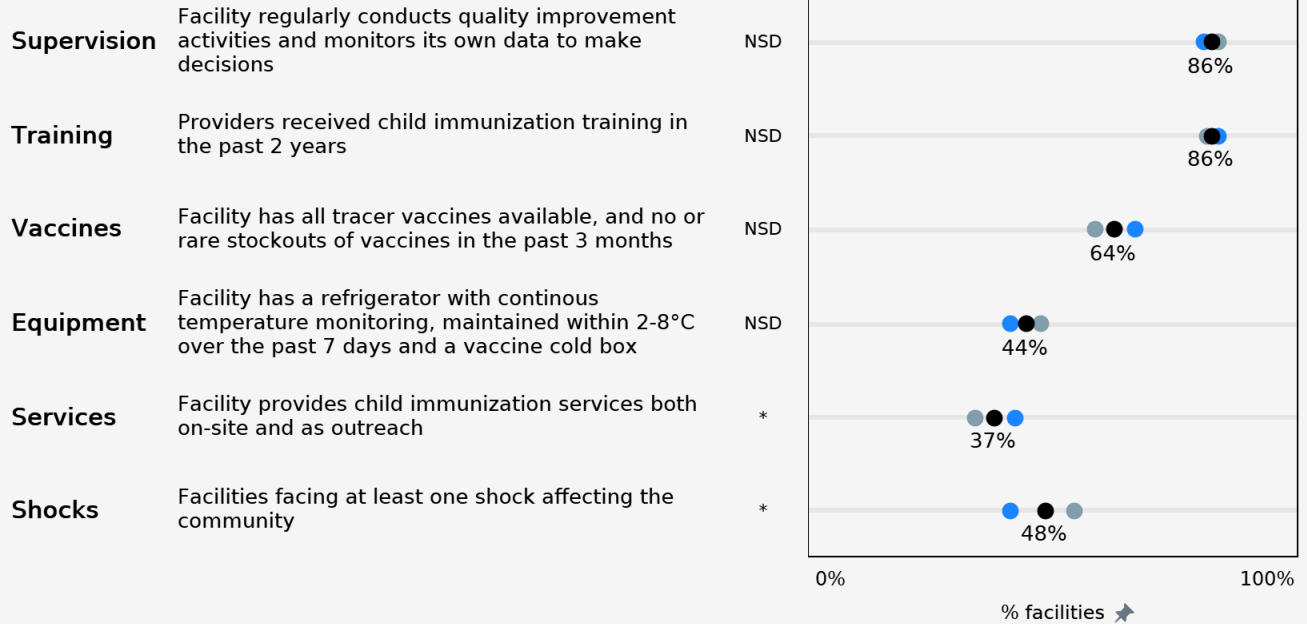
14%

TREND GAVI ZD DIFF.

(+5 pt) NSD

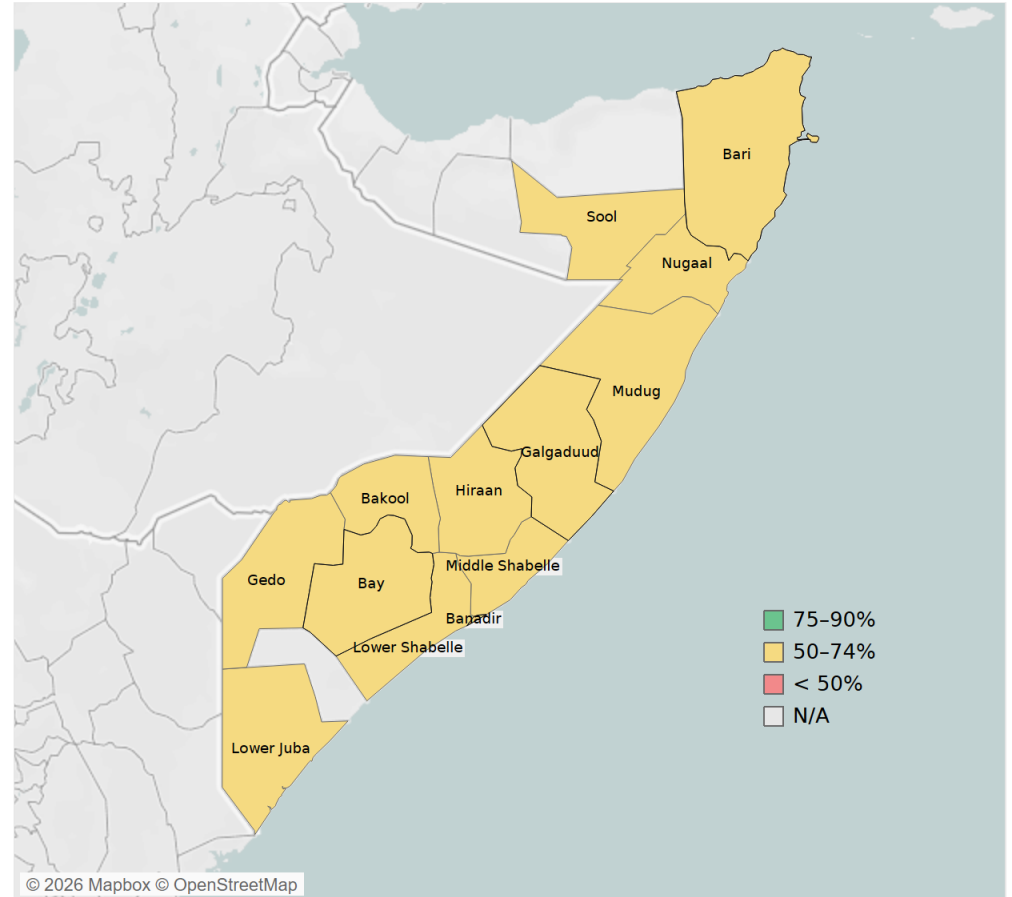
(+2 pt) NSD

DOMAINS



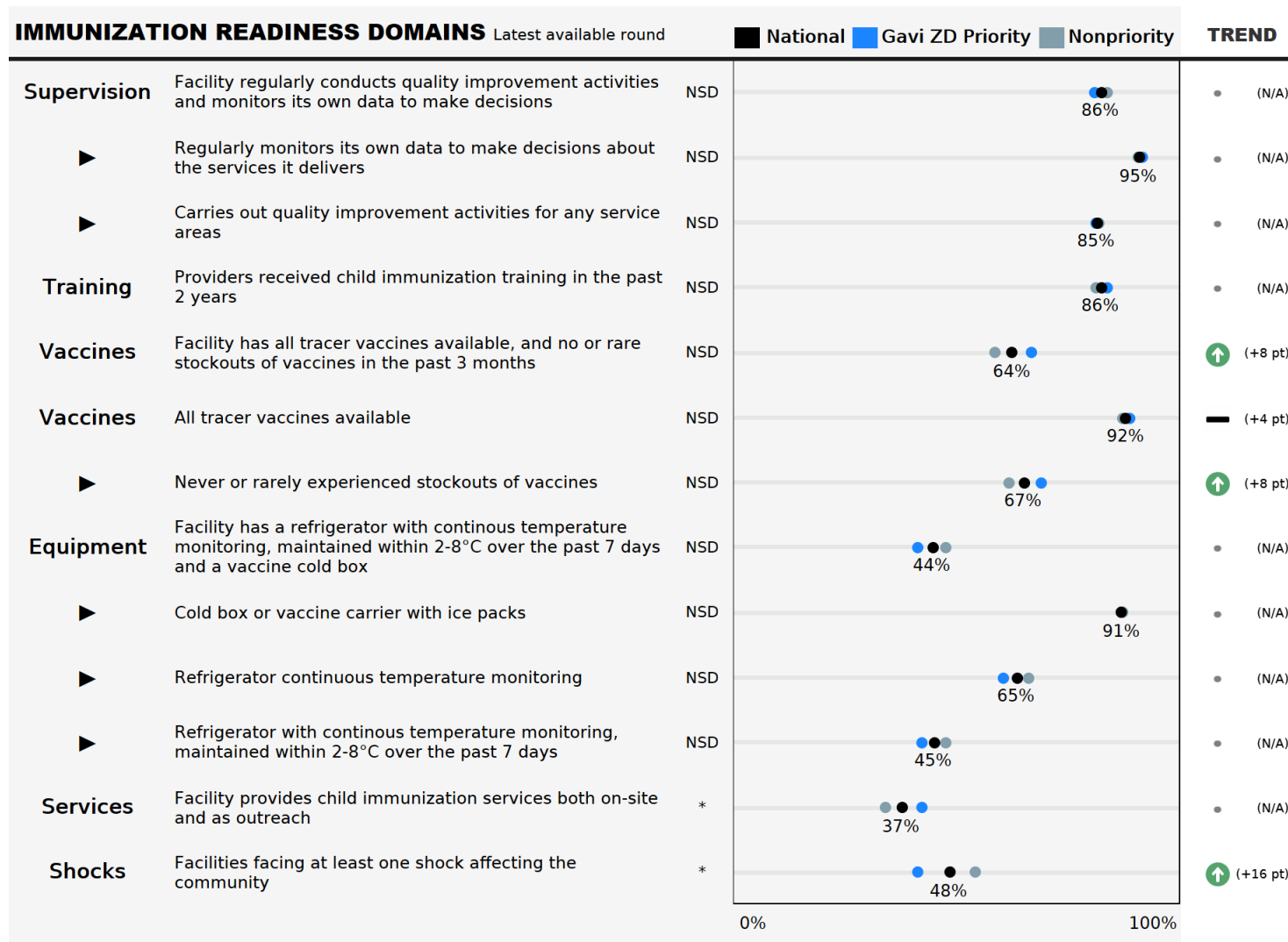
Immunization readiness score, by region

Average % of immunization readiness criteria met at facilities, latest available round (Jan 2026). Gavi priority regions outlined in black.



Note: * indicates a statistically significant difference between Gavi zero-dose (ZD) priority and non-priority areas at the 5% level. "NSD" indicates a non-significant difference. A green upward (or red downward) arrow reflects at least a 5-percentage-point increase (or decrease) between the latest available round and the average of the previous rounds for a given indicator. A black dash indicates a stagnating trend (< 5 ppt change). A grey dot indicates that no trend could be assessed because only one round of data is available. "Shocks" is a contextual indicator that is not included in the calculation of immunization readiness scores. **Note that primary health units (PHU) are not expected to provide immunization services and were excluded from immunization readiness indices, such that total sample size is 402 facilities in R1 and 390 in R2.**

Somalia: Immunization Readiness, National



- **Immunization service readiness was moderate to low overall** in Somalia, with facilities meeting **only 62%** of tracer criteria on average in the latest survey round.
- While most facilities reported conducting quality improvement activities and receiving child immunization training, **outreach service availability was particularly low, cold chain readiness was weak, and only 62% of facilities reported no or rare vaccine stockouts** (28% reported occasional stockouts; see Annex).
- Readiness remained **relatively stable** compared with the previous round, despite a **marked increase in reported shocks** – particularly natural disasters (15% of facilities in R1 vs. 32% in R2).
- **Differences between Gavi zero-dose priority and non-priority areas were minimal**, although outreach services were more available and shocks less frequent in priority areas.

Note: * indicates a statistically significant difference between Gavi zero-dose (ZD) priority and non-priority areas at the 5% level. "NSD" indicates a non-significant difference. A green upward (or red downward) arrow reflects at least a 5-percentage-point increase (or decrease) between the latest available round and the average of the previous rounds for a given indicator (the percentage-point difference is shown in parentheses in the "Trend" column above). A black dash indicates a stagnating trend (< 5 ppt change). A grey dot indicates that no trend could be assessed because only one round of data is available for that indicator. In Somalia, data on the "Supervision" and "Training" indicators were collected in round 2 only; while data on the "Services" and "Equipment" indicators were collected in round 1 only.

Somalia: Immunization Readiness, Subnational

IMMUNIZATION READINESS DOMAINS, BY REGION Latest available round (Jan 2026)

> 90% 75–90% 50–74% < 50% N/A

	Average % criteria met	% Fac meeting all criteria	Services	Equipment	Vaccines	Training	Supervision
Karkaar	76%*	29%	76%*	76%*	75%	59%*	94%
Lower Shabelle	74%*	20%	32%	56%	92%*	92%	96%*
Mudug Puntland †	73%*	14%	77%*	55%	64%	82%	86%
Nugaal	69%	14%	52%	42%	61%	100%*	89%
Lower Juba	69%	9%	44%	76%*	36%*	86%	95%*
Mudug	67%	18%	41%	35%	82%	88%	82%
Hiraan	66%	14%	24%	27%*	94%*	86%	86%
Sool	65%	0%*	63%	50%	38%	88%	88%
Bay †	64%	12%	29%	30%*	83%*	94%*	78%
Galgaduud †	64%	15%	34%	61%	46%	88%	88%
Banadir †	63%	14%	36%	45%	60%	92%	80%
Ayn	60%	0%*	40%	60%	40%	80%	80%
Bakool	60%	4%*	33%	26%*	62%	81%	92%
Gedo	57%	19%	19%*	35%	69%	60%*	81%
Bari †	55%	9%	39%	32%	27%*	82%	80%
Middle Shabelle	53%*	14%	6%*	27%*	50%	79%	86%
Ras-Asayr	48%	0%*	60%	40%	0%*	100%*	40%
National	65%	14%	37%	44%	64%	86%	86%

- Overall immunization service readiness **varied moderately across regions**, with most showing moderate readiness, but was **markedly lower in Ras-Asayr and Middle Shabelle**.
- Domain-specific variations were most pronounced for **equipment and vaccine availability**, with major gaps identified in the **Hirshabelle** (Middle Shabelle, Hiraan), **South-West** (Bakool, Bay), and **Puntland** states (Ras-Asayr, Bari).
- Readiness gaps were **broadly similar between Gavi zero-dose priority and non-priority regions**.

Note: * indicates a statistically significant difference between the region and other regions in the sample at the 5% level. † Indicates that the region is a Gavi zero-dose priority region (i.e., at least 50% of facilities are located in zero-dose districts).
Color key: <50% (red); 50–74% (yellow); 75–90% (light green); >90% (dark green).

3. Annex

Methodology Annex

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.

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.
- *For more information on the FASTR initiative:*
- 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.

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 | Strengths 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)

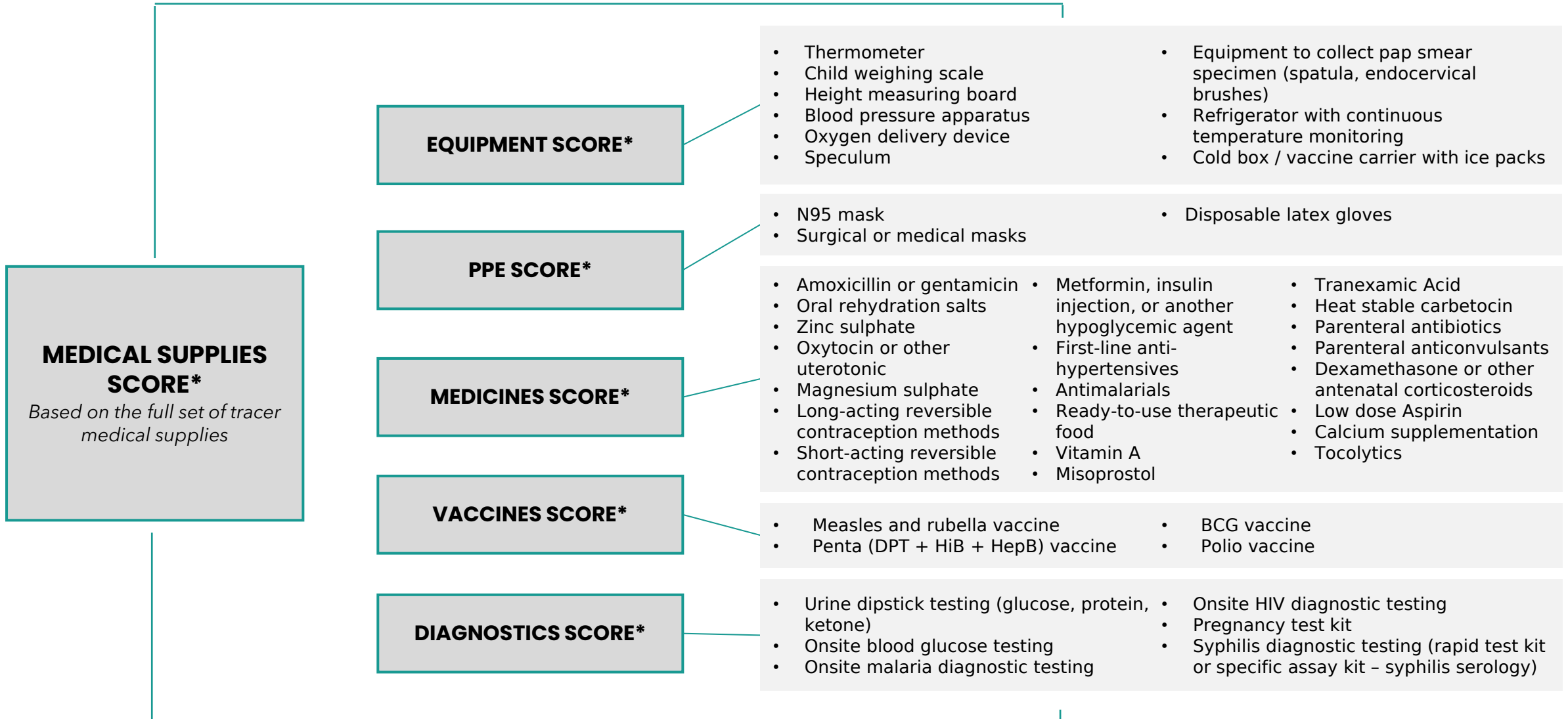
Limitations

- 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

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



3. Annex

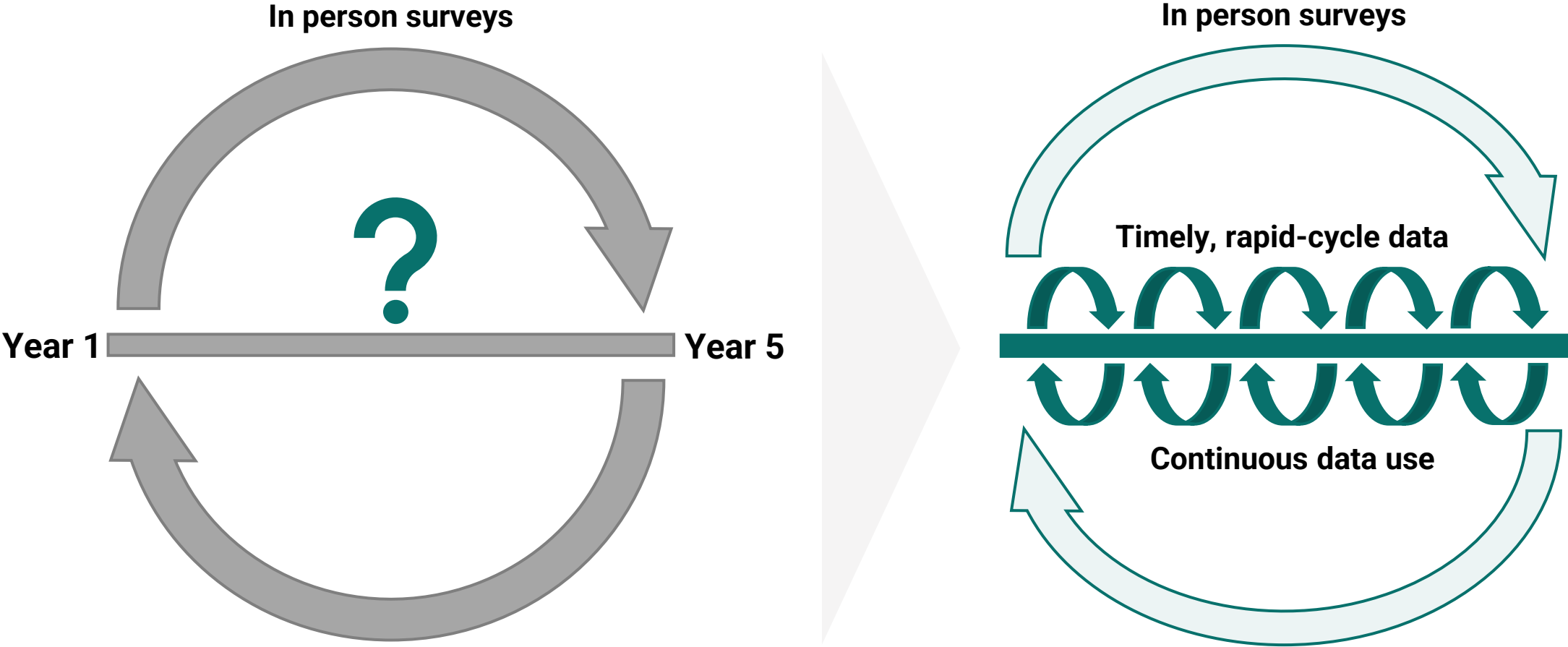
Annex Tables

(available in separate Supplemental Annex)

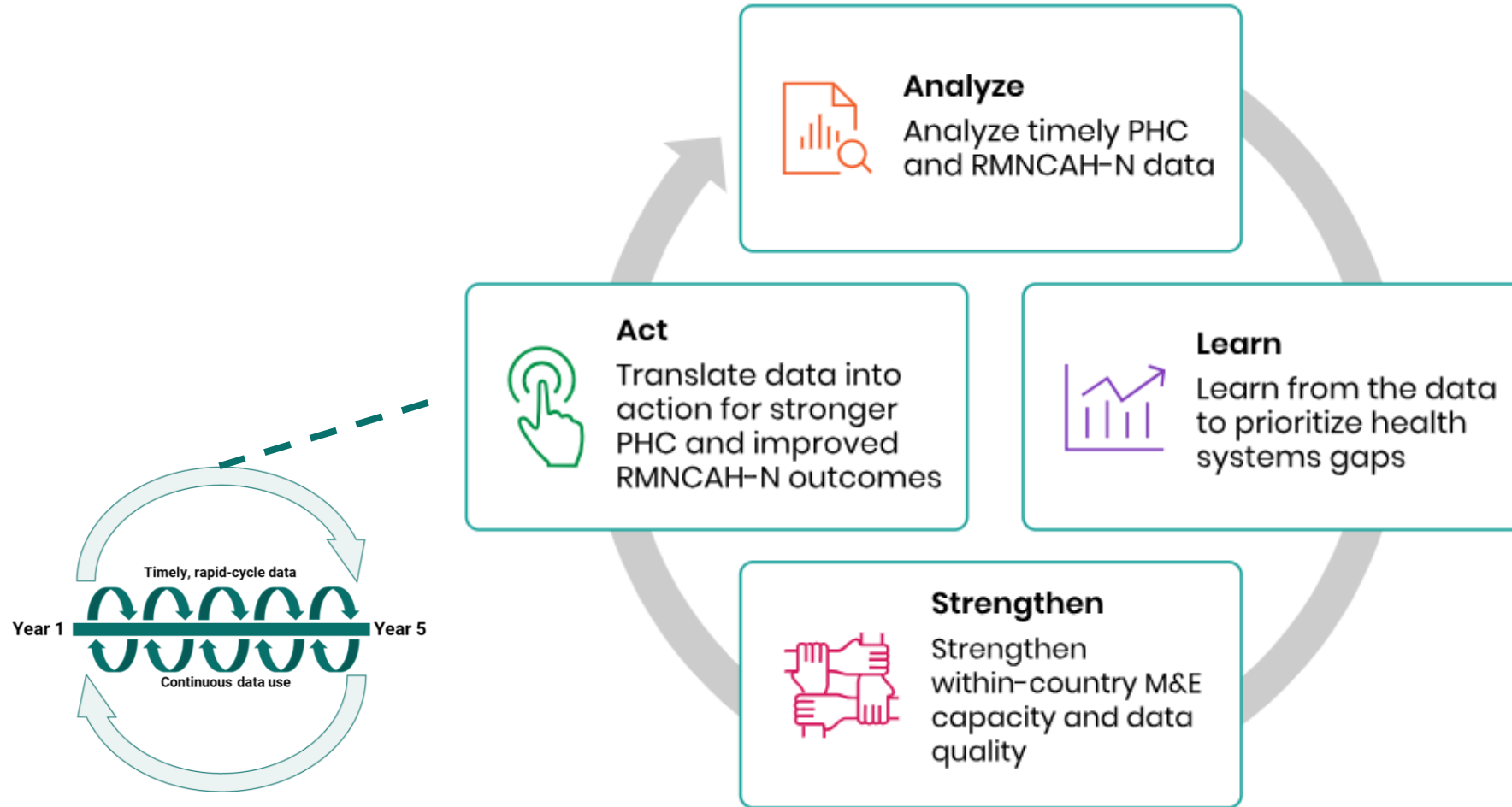
3. Annex

*Background on the FASTR
initiative*

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.



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Contact us at fastr@worldbank.org