HEALTH CLUSTER SOMALIA

HEALTH CLUSTER BULLETIN

September 2025

Supportive supervision for NOPV2 and NID activities round 2, Buhodle, Togdheer (Photo Credit : WHO)

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

18.7 M	5.4 M	3.3 M	3.8 M	122.4 M US $
Population	People in Need	IDPs	People targeted	Required

Key Highlights

- The humanitarian situation in Somalia remains highly complex, with recent events continuously exacerbating the needs of already vulnerable populations. The ongoing crisis is driven by multiple factors, including drought/ poor rainfall, localized flooding, persistent conflict and insecurity, high food prices, disease outbreaks, funding decline and severely limited access to essential health and nutrition services.
- 3.4 million people (18%) of the population are in Crisis or worse (IPC Phase 3 and higher) between July and September 2025.
- Approximately 1.85 million children under the age of five years face acute malnutrition between August 2025 and July 2026 (total acute malnutrition burden), including 421 000 who are likely to be severely malnourished (*2025 Post Gu IPC Ananlysis, September 2025*).
- Disease outbreaks continue to pose a major challenge in Somalia, with five active outbreaks currently reported, AWD/Cholera, Diphtheria, Measles, Chikungunya, and Dengue fever.

Key Figures on Acheivement - August 2025

2.3M overall people reched

3.4 M No. of consultations

178 K No. of delivery assisted

236 K No. of routine vaccination against measle

122.4 M HNRP 2025 Funding Request-

26.7 M (22%) Funding received in US $

47 Reporting partners

- 23 NNGO
- 15 INGO
- 4 UN Agencies
- 1 Governement service

843 Health facility supported

- 79 Hospitals
- 628 Primary Health centers
- 136 Mobile health units

Situation Overview and Humanitarian Needs

Somalia continues to navigate a complex and evolving landscape as numerous challenges face the country including political, security, humanitarian, and economic challenges. The humanitarian situation in Somalia in 2025 remains dire, with public health continuing to face immense challenges due to prolonged conflict and multiple compounding factors.

The confluence of these factors has led to food insecurity, widespread severe acute malnutrition, outbreak of diseases, and large-scale displacement, with millions of people especially internally displaced persons (IDPs) and lacking access to essential services.

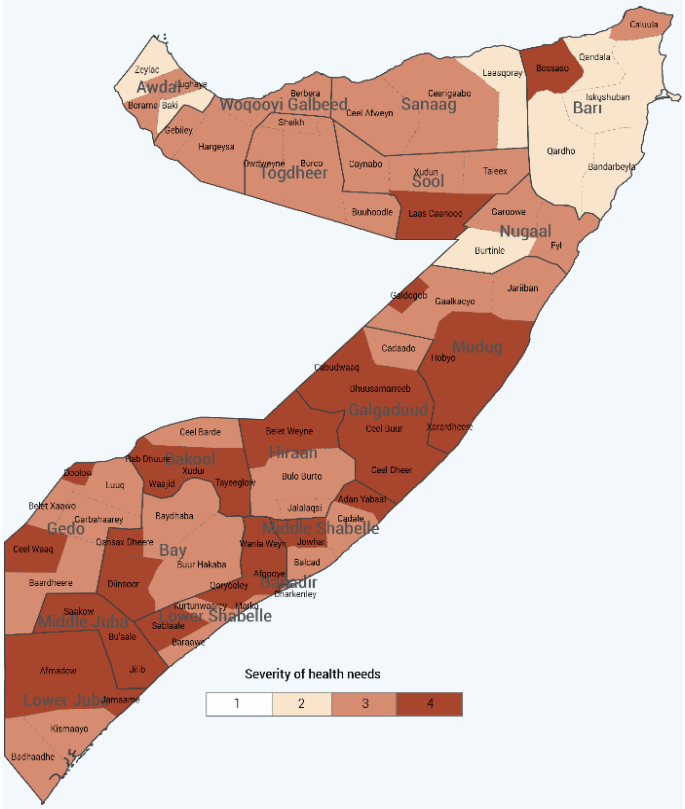

Figure 2: Severity of Humanitarian Needs in Somalia 2025

The ongoing severe drought in northern parts of Somalia (Somaliland and Puntland) has affected an estimated 2.5 million people across 26 districts classified as moderately or severely impacted and triggered more and new displacements.

This concentration of vulnerable populations, combined with poor sanitation and limited access to clean water, fuels recurrent disease outbreaks, making the control of cholera/AWD, measles, diphtheria and acute malnutrition a persistent, urgent priority for the Somalia Health Cluster.

As a result, an estimated 5.4 million people across Somalia require urgent health assistance in 2025. The immense scale of this need places extraordinary strain on the already fragile health system, which is characterized by critical gaps in staffing, essential supplies, and functional health facilities. The priority remains the sustained provision of life-saving health services and emergency interventions.

The ability to meet these urgent needs is severely hampered by a significant decline in humanitarian funding, leaving critical life-saving activities at risk. Despite these resource constraints, the Health Cluster and its partners continue to utilize all available resources to enhance service delivery, disease surveillance and maintain functionality of health facilities to ensure essential health services reach the most marginalized communities.

Public Health Risks, Needs, Gaps, and Priorities

The health system and facilities in Somalia is generally characterized as fragile, fragmented, and severely strained. Many facilities suffer from poor/ limited infrastructure, lack of health care personnel, lack of running water and reliable electricity, and insufficient cold chain capacity, which is crucial for vaccines and certain medicines. A significant portion of the population, particularly in rural and remote areas, lacks access to functional health services. Facility operations, including staffing, essential medicines, and basic equipment, rely heavily on health partners and humanitarian funding. Cuts to this funding can immediately lead to the closure or severe reduction in the functionality of health facilities including primary and secondary health facilities.

Disease outbreaks continue to pose a major challenge in Somalia, with five active outbreaks currently reported, AWD/Cholera, Diphtheria, Measles, Chikungunya, and Dengue fever. The diphtheria situation is particularly concerning. The country has seen a significant increase in cases in 2025 compared to the previous year. As of Epi-week 38, a total of 2,532 cases has been reported, resulting in 119 deaths . A staggering 23.3% of the cases are children under five years and 67% are in children under 15.

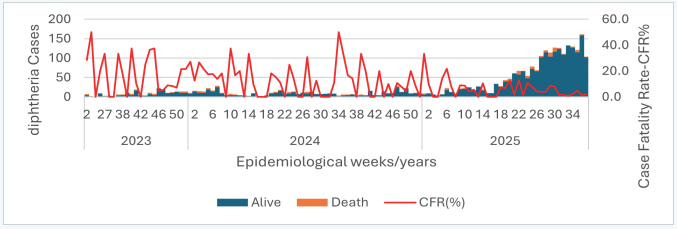

Figure 3: Trends of diphtheria cases in Somalia week 1- 2023 - week 37 2025

With uninterrupted transmission since 2022, and the ongoing AWD/cholera outbreak which is a continuation of the 2024 outbreak that resulted from a high proportion of people with limited access to safe water and proper sanitation. Over 7,809 cases of measles have been reported between epi-weeks of 1-37, 2025 with 70.4% were children under five years old. In addition, as of epi-week 37, more than 7,785 suspected cases of AWD/cholera and 9 deaths were reported in Somalia.

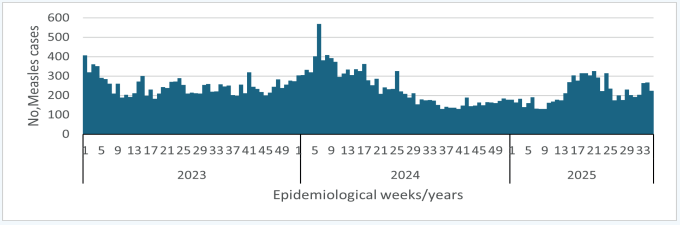

Figure 4: Trends of measles cases in Somalia week 1-35 2025

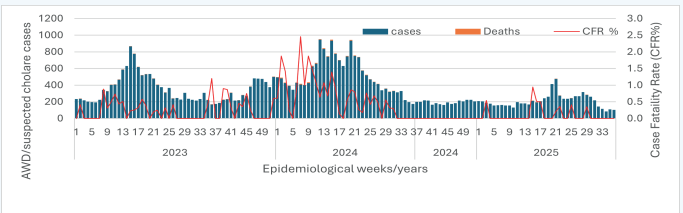

Figure 5: Trends of AWD/Suspected cholera in Somalia 2023-2025

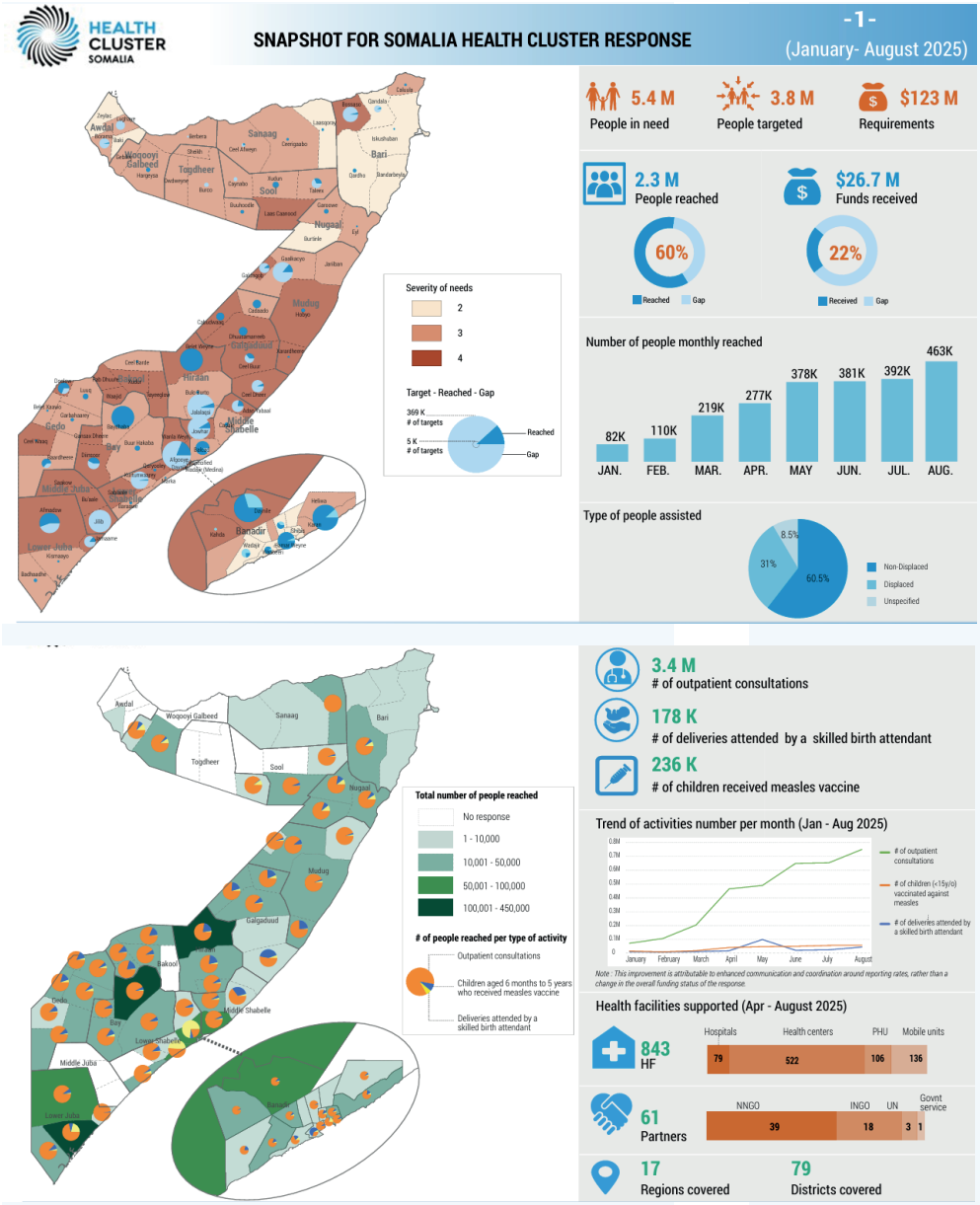

Figure 5: Synapshot for Somalia health cluster Jan - Aug. 2025

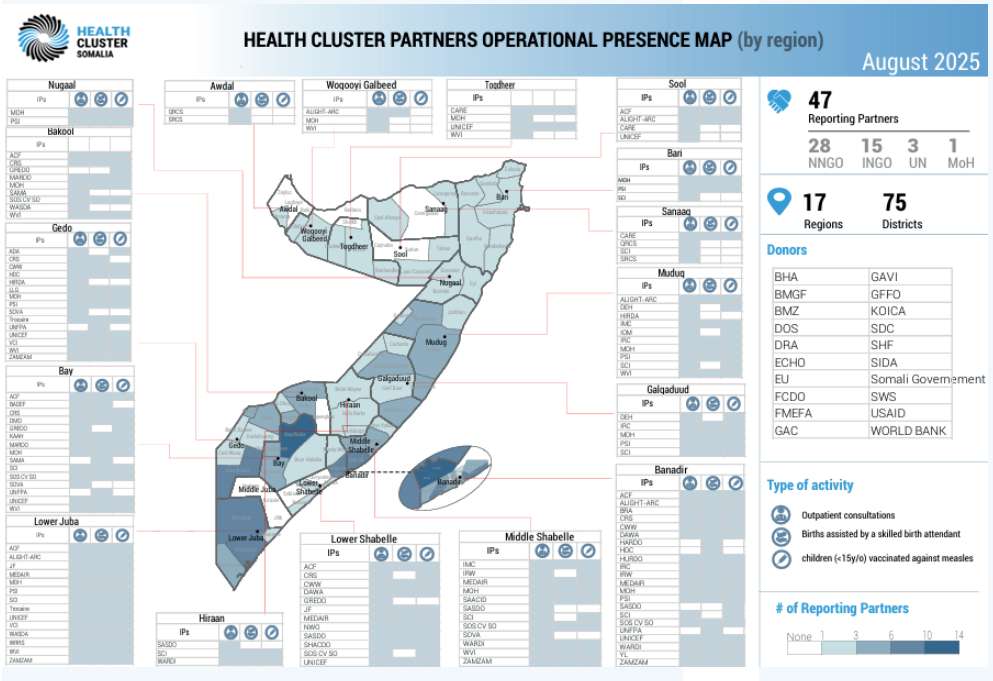

Figure 6: Partner presence, August 2025

Health Cluster Response Efforts

Health Cluster Partners remain actively engaged in supporting and strengthening Somalia's public health system, striving to provide essential, life-saving health services to meet the urgent needs of the population. However, the continuity and expansion of these vital efforts have been significantly hampered by a critical lack of funding throughout 2025.

Health Cluster Response

Between January and August 2025, 62 Partners reported through the Somalia Health Cluster Response Monitoring mechanism.

Health Cluster partners have sustained essential support to 850 health facilities. This comprehensive support includes operational backing, provision of medical consultations, vaccination, reproductive health activities, capacity building for healthcare workers, referrals, and the provision of medicines and medical supplies. This support was delivered through diverse modalities, primarily by supporting static health facilities, mobilizing mobile teams, and conducting crucial outreach activities.

In August, 47 implemented their activities reaching 463k benefciaries accross 75 districts. Partners Implementation Status can be accessed at the below link: https://-response.reliefweb.int/somalia/health.

Health Cluster Coordination

With full support of the WHO- the Cluster Lead Agency (CLA), the health cluster coordination activities in Somalia are ongoing. Similarly, the health cluster coordination meetings continue to be convened at states level, in September, the cluster coordination meetings were held in Galmudug, Puntland and Hirshabelle, and other coordination meetings are scheduled in other states shortly in Banadir, SouthWest and Jubaland in close coordination and leadership of state MoH. Some of the meetings were held jointly with nutrition cluster.

We are also pleased to share that health cluster coordination is now reactivated and convened in Somaliland jointly with Ministry of Health and Development (MoHD) and WHO, with first meeting was held on September 30, 2025.

The coordination meetings focused mainly to share epidemiological updates on the diseases in each location, ongoing response interventions by various health actors and identify the gaps that require attention to cover especially with the observed funding cuts. In the next health cluster bulletin of October, key coordination updates at state will be added.

Impact of Underfunding

The ongoing funding cuts for health partners' activities continue to pose a significant threat to Somalia's already fragile healthcare system. This is particularly concerning and alarming considering the projected reported significant reduction in the development funding of the important health and nutrition projects of FCDO and World Bank. This would significantly impact the life-saving health services such as Primary Health Care (PHC), maternal and child health programs, and key nutrition interventions across vast geographic areas in Somalia. Consequently, this phase out of funding would trigger a sharp and preventable rise in child mortality, reverse years of progress on system strengthening, and dramatically amplify the vulnerability of communities to future disease outbreaks and climate shocks. Building on the March and July 2025 impact assessments, the health cluster's recent collected reports of September 2025 demonstrate an alarming picture: 8 hospitals, 89 primary healthcare facilities (PHCs), and 94 mobile teams, operated by 16 partners, have reduced capacity or suspended health services across 15 regions of Somalia. This has severely impacted health service availability and facilities' functionality, leading to a higher risk of morbidity and mortality among vulnerable groups. Essential health services (PHC) like vaccinations, outbreak response, disease prevention, and basic healthcare are now inaccessible for a large number of communities in underserved areas due to suspension of mobile teams.

Health Partners Achievements

Worldt Health Organization

WHO continue to provide large scale support to the public health emergencies preparedness and response operations in Somalia. Among the critical areas of WHO support include trauma and mental health services, disease outbreaks response, supplies and medicines, nutrition supplies, and enhancing health worker capacity through training and resources. The WHO also collaborates and works with the Somali FMOH in strengthening its public health systems and supporting the Universal Health Coverage (UHC) roadmap. In addition, the WHO fosters coordination and cooperation among federal and state governments, partners, and donor communities to ensure a more effective and coordinated humanitarian response to health challenges in Somalia.

Disease outbreak response: As WHO continues its vital support to the outbreak response that include surveillance, case management, IPC, coordination, vaccination, and supplies.

Surveillance: on 7–9 September 2025, WHO supported the Ministry of Health to train 130 surveillance officers (25 female, 105 male) across Johar District and Baladwetne District on the Integrated Disease Surveillance and Response (IDSR) system, focusing on early detection, reporting, and response to disease outbreaks.

Between 7–24 September, WHO trained over 300 health workers from isolation centers across Somalia on diphtheria case management and proper use of DAT. Most sessions were virtual, with one in-person session at Banadir Hospital, covering facilities in Puntland, Hirshabelle, Benadir, and Southwest states. The trainings strengthened health workers' capacity to provide timely, safe, and effective care to diphtheria patients.

Medicines and Supplies:

• **Trauma**: in September 2025, WHO distributed 29 trauma kit sets to health facilities in Jubaland to strengthen emergency, trauma, and surgical care. Each kit included essential drugs, medical supplies, dressings, gloves, anesthesia materials, splints, plaster casting materials, and sutures. These kits supported approximately 10–15 patients per set, reaching an estimated 290–435 patients in total. They enhanced health facilities' capacity to provide timely trauma and emergency care across the region.

Diphtheria: WHO continue its support to the disease outbreaks response efforts in close collaboration with FMOH. With WHO and UNICEF technical support, the Diphtheria response plan has been finalized and endorsed by FMOH.

WHO distributed 978 vials of DAT across Somalia to strengthen diphtheria case management. Major distributions included Benadir (750 vials), Puntland (83), Southwest (40), Galmudug (55), and Somaliland (50). A total of 970 vials were administered, treating 326 patients in isolation centers and hospitals.

Nutrition: In September 2025, WHO provided 13 PED-SAM kits to stabilization centers in Banadir Region, supporting the treatment of approximately 1,300 children with severe acute malnutrition. Facilities supported included Banadir Hospital (4 kits), SOS Heliwaa (3 Kits), Dayniile (2 KITs), Forlanini (1Kits), Hodan Health Centre (1Kits), and Maka Hospital (2 Kits).

Vaccination: As of September 2025, five cVDPV2 isolates have been detected through environmental surveillance, and one cVDPV2 case has been confirmed. Up to now, A total of 345 Acute Flaccid Paralysis cases has been reported in this year, resulting in a Non-Polio AFP (NPAFP) rate of 4.8. In response to the virus, the country has conducted two National Immunization Days (NIDs) and one Sub-National Immunization Day (sNID) campaign in South central Somalia and Somaliland, and integrated campaign in Somaliland and Puntland by the end of September. Two additional sNID campaigns are planned for the remaining months of the year. Furthermore, one "Big Catch-up" campaign has been carried out to strengthen routine immunization coverage and reduce the number of zero-dose children.

Figure 7: Big- Catch-Up (BCU) round 4 in Jowhar town in Hirshabelle state (Photo credits : WHO)

Figure 8: Big- Catch-Up (BCU) round 4 in Jowhar town in Hirshabelle state (Photo credits : WHO)

United Nations Population Fund (UNFPA)

UNFPA is the UN lead agency in the sexual and reproductive health (SRH). UNFPA works to ensure every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. UNFPA strive to achieve this by promoting gender equality and providing access to comprehensive reproductive health services. Its mission includes ending unmet needs for family planning, preventable maternal deaths, gender-based violence, and harmful practices like child marriage and female genital mutilation.

Figure 9: Ayan Specialist Hospital- Credit UNFPA (with KOICA support)

As UNFPA ensures and maintains a robust partnership with health partners, it has been working tirelessly across regions; Bosaso, Burco, Doolow, Garowe, Hargaisa, Kismayo and Mogadishu together with implementing partners, including the MoH, PAC, SOLO and Taakulo.

From August to September 2025, 875 safe deliveries were supported, including 52 C-sections, while 330 pregnancy complications were managed and 38 critical cases referred to higher-level facilities.

More than 3,000 women accessed ANCs and 201 PNCs were conducted, promoting healthier outcomes for both mothers and newborns. These integrated SRH services are not only saving lives today, but also strengthening resilience and safeguarding the dignity of communities across Somalia. On the 24th Sept was the first meeting of the Reproductive Maternal Newborn Child and Adolescent Health Technical Working Group. During this meeting, a three-month structure was agreed upon. The Ministry of Health will serve as the Chair, UNICEF as the Co-chair, and UNFPA as the Secretariat.

Wajir South Development Association (WASDA)

WASDA is a National Non-government Organization that has been supporting health response interventions in seven districts in lower Juba and Bakool regions in Somalia since 2001. It currently supporting 20 health facilities, including one hospital, 15 PHC centers, and 4 mobile teams covering 24 sites across Lower Juba and Bakool regions through 7 ongoing activities/projects.

These vital health projects and activities are implemented in hard-to-reach areas, specifically targeting districts such as Kismayo, Badhadhe, Elbarde, and Afmadow, spanning across the Bakool and Lower Juba regions. Services are delivered through a dual approach: supporting static health facilities and deploying mobile teams for outreach activities, thereby enhancing access for vulnerable populations in remote villages.

Figure 10: Figure 8Bringing service to most underserved communities in Afmadow Hard-to-reach locations (Photo credit WASDA)

To date, these activities have provided essential health services to 20,214 people (men, women, boys, and girls). Furthermore, 70 health workers, Community Health Workers (CHWs), and community volunteers have received training in areas including IMCI, IMAM, and protection mainstreaming. WASDA has concurrently focused on preparedness, including the prepositioning of medicines, supplies, and Ready-to-Use Therapeutic Food (RUTF), while maintaining strong coordination with the MOH Juba, other cluster partners, ABCs and clusters.

Save the Children International (SCI)

Save the Children has been operating in Somalia since 1951, delivering both humanitarian and development programs. In the health and nutrition sectors. SCI work focus on Maternal, newborn, and child health, essential health services at primary and secondary care, nutrition services, emergency response, and health system strengthening.

The 17 active projects implemented by Save the Children International across 16 regions in Somalia, including Bari, Mudug, Sanaag, Nugaal, Awdal, Woqooyi Galbeed, Togdheer, Sool, Galguduud, Hiraan, Middle Shabelle, Bay, Bakool, Gedo, Lower Juba, and Banadir.

SCI supports a total of 531 health facilities (inclusive Somaliland and Puntland), including 28 hospitals, 183 health centers, 120 Primary Health Units (PHUs), 136 ICCM sites, and 64 mobile teams, ensuring equitable access to lifesaving services for vulnerable communities.

These projects include Damal Caafimaad for Hiran region, ECHO, FARID, GAVI, CHASP, SHF, WFP, and IHA.

During August 2025, a total of 118,991 beneficiaries across southern and central states of Somalia have been reached as reported to the health cluster 4W Matrix. Key activities implemented included health services delivery, vaccination, referrals, IMCI, RMNCH, and capacity building for the healthcare personnel.

Figure 11: Dipheria awareness for school children – Credit SCI (Photo credit : SCI)

An iCCM+ training in Beledweyne targeted Female Health Workers to improve childhood illness diagnosis and management at community level. Screened 10,401 children under five and pregnant/lactating women; 936 severe and 1,775 moderate malnutrition cases identified and treated. In addition, 74 Lead Mothers in MUAC screening were trained to enhance early malnutrition detection and community-based referral systems.

Figure 12: ICCM+ training participants learning key MUAC criteria for child health assessment. Supportive supervision on Damal Caafimaad project sites in Beletweyne (Photo credit : SCI

Moreover, in collaboration with the Ministry of Health, SCI launched a four-day Diphtheria awareness campaign at the SCI-supported ECE Center School in Kismayo on 22nd September. The event was attended by MoH officials, SCI staff, teachers, parents, students aged 5–7 years, CHWs, CNVs, hygiene promoters, and Community Health Committee (CHC) members. The following days, awareness sessions extended to Dalxiiska and New Kismayo communities, as well as Midnimo and Waamo Health Facilities with 500 people were reached.

International Rescue Committee (IRC)

The International Rescue Committee (IRC) has operated in Somalia since 1981, delivering vital humanitarian and life-saving health interventions. Aligning with its mandate to provide life-saving services, the IRC implements integrated health, nutrition, sexual and reproductive health, and disease prevention programs across Banadir, Galmudug, Southwest, and Puntland states. Its service delivery model relies on partnerships with the Federal and State Ministries of Health, the Benadir Regional Administration, and local organizations.

As of September 2025, the IRC supports 26 health facilities and 105 outreach sites, focusing on strengthening health systems, improving health service quality, and expanding access to essential healthcare for vulnerable populations in hard-to-reach and underserved areas within its areas of operation.

During August and September 2025, a total of 54,175 individuals were reached through IRC-supported facilities, including 18,487 primary healthcare consultations, 11,121 reproductive health services, 4,360 individuals treated for malnutrition, and 22,568 community members engaged in health education and awareness sessions in Banadir, Galmudug, and Southwest States. Within its continued efforts, IRC supported immunization efforts in underserved areas through close collaboration with State Ministries of Health, contributing to improved vaccination coverage and reaching zero-dose children who had previously missed routine immunizations in Baidoa, Awdinle, Hudur, Elberde, Barawe, Wanlaweyn.

The IRC PHC/SRH project aim to expand the people in need's access to quality primary healthcare and sexual and reproductive health services while strengthening outbreak preparedness and response capacities. The projects supported 21 PHC facilities and worked with national and regional health authorities to integrate birth spacing and other SRH services into routine care. Additionally, 60 health workers were trained on the clinical management of diphtheria, enhancing local capacity for effective disease detection, response, and policy engagement.

Figure 13: Diphtheria case management training in Mogadishu by BRA-A (Photo Credit : IRC)

Non-Communicable Diseases (NCD): IRC has delivered refresher training to 20 HCWs (15M, 5F) and 20 CHWs (8M, 12F) to enhance NCD prevention and management; established peer support groups for 48 patients (24M, 24F) with hypertension and diabetes; and completed a mixed-methods assessment exploring experiences and needs of NCD patients.

In Galgadud Region, a total of 74 pregnant women received comprehensive maternal and newborn services, and 21 peer groups were supported to champion positive health practices. Insights from a community KAP survey further guided improvements in maternal and newborn health service delivery.

Figure 14: NCD PEER support groups Bi-weekly meeting at community (Photo Credit : IRC)

United Nations Children's Fund (UNICEF)

UNICEF has been working in Somalia since 1972. UNICEF is currently supporting 168 health facilities and 8 mobile clinics across 44 priority districts in Somalia to ensure access to essential health services for women and children. In addition, UNICEF supports the delivery of essential vaccines to over 1,000 health facilities nationwide to ensure that all eligible children are reached and vaccinated in line with EPI.

During August and September 2025, a total of approximately 229,026 people accessed essential health services through UNICEF-supported facilities, including 101,101 children under five.

Key achievements in safe motherhood and child health include, UNICEF provided services that reached 24,878 pregnant women for their first ANC visit and 9,230 pregnant women for their fourth ANC visit. In addition, 11,274 pregnant women were assisted with safe deliveries by a Skilled Birth Attendant (SBA), and approximately 89,830 infants successfully completing the third dose of the pentavalent vaccine (Penta 3) and 81,281 infants receiving their first dose of the measles vaccine (MV1).

Moreover, in collaboration with the Federal Ministry of Health (FMOH), UNICEF has finalized the National Community Health Strategy (2025–2029), marking a significant milestone aimed at strengthening community-based health systems nationwide. Additionally, UNICEF is actively supporting health worker capacity building across several states to improve maternal and newborn outcomes:

- In August 2025, a total of 52 health care workers were trained on Integrated Disease Surveillance (IDS) in collaboration with the Benadir Regional Administration.
- In partnership with the Galmudug State Ministry of Health, 81 health workers were trained across three critical areas, 30 HCWs were trained on Kangaroo Mother Care (KMC), 26 on Infection Prevention and Control (IPC), and 25 on Integrated Management of Neonatal and Childhood Illnesses (IMNCI).

To respond to the cVDPV1 outbreak in Djibouti, UNICEF supported a bOPV vaccination campaign targeting children under five in Somaliland (Marodijex, Sanaag, Awdal, Sahil, and Togdheer regions). The fourth round of the Big Catch-Up campaign was implemented in Hirshabelle and Benadir, with a primary focus on reaching zero-dose children. UNICEF has also supported two rounds of the nOPV2 campaign in the Khatumo area in August and September 2025, which targeted 212,628 children per round. Coverage achieved was excellent with reached of 234,360 children (110% coverage), and 223,927 children (105% coverage) in September 2025. As a continued effort, UNICEF also strengthened Risk Communication and Community Engagement (RCCE) efforts to boost awareness of immunization messages, identify and to refer zero-dose and defaulter children, and support both Routine Immunization (RI) acceleration and polio campaigns.

UNICEF ensured uninterrupted delivery of HIV services and strengthened ART supply and viral load testing across all 22 functional ART sites nationwide. HIV testing and counseling services were integrated into over 110 health facilities. UNICEF initiated phased migration of patient data from paper systems to the DHIS2 HIV Tracker app, enhancing continuity-of-care. HIV Tracker training was successfully conducted. At the national level, UNICEF supported the development of two key strategic documents: the Somalia Multisectoral Drug and Substance Abuse Prevention and Treatment Strategic Plan (2026–2030), and the Harm Reduction Framework and Operational Guidelines (2026–2030), which focuses on crucial interventions like opioid substitution therapy, general harm reduction, and HIV prevention for people who use or inject drugs.

During August and September 2025, UNICEF conducted a significant distribution of 2,413,900 Long-Lasting Insecticidal Nets (LLINs) across 34 districts.

This effort successfully reached 4,253,230 people, including 216,344 pregnant women and 885,608 children under five. An additional 566,835 nets are currently planned for distribution. Furthermore, UNICEF strengthened emergency preparedness for AWD/Cholera, where AWD/Cholera kits were procured and distributed to the Ministries of Health. To boost diagnostic capacity, 1,820 cholera RDTs were procured and dispatched to the Federal Ministry of Health on August 20, 2025.

Somali Awareness and Social Development Organization (SASDO)

SASDO is a national non-governmental organization (NNGO) that has been supporting health response interventions in Somalia since 2018. SASDO focuses on improving access to quality primary health care and emergency response services across Banadir, Lower Shabelle, Middle shabelle and hiran regions.

The SASDO Primary Health Care and Emergency Response Project is actively implemented across Banadir (Kahda), Lower Shabelle (Afgoye and Qoryoley), Middle Shabelle (Balcad), and Hiran (Beledweyne) regions. The project utilizes a blended approach of static health centers and mobile outreach, maintaining strong partnerships with district health authorities to enhance services quality and coverage.

Key achievements include a total of 15,200 individuals were reached through static and mobile services. This total included 7,200 women, 4,500 children under five, and 3,500 men. The project supports two Primary Health Centers (PHC) (Maandeeq, Sagal, and Bulosidow) and two Mobile Health Teams. SASDO has also trained 12 Health Care Workers on key clinical areas, including Infection Prevention and Control (IPC) and the Integrated Management of Childhood Illness (IMCI).

Core Services & Preparedness: Essential services—such as routine immunization, antenatal care, and treatment of common illnesses—were delivered alongside health education sessions. Furthermore, SASDO ensured continued disease outbreak preparedness by conducting community sensitization sessions on cholera and measles prevention.

We are Alight (ALIGHT)

Alight is an international organization with over a decade of experience providing multisectoral humanitarian interventions in Somalia. The organization is currently a significant health service provider across five regions: Lower Juba, Banadir, Sool, Mudug, and Maroodi-jeex. Alight delivers the essential package of health services through 66 operational health facilities. This infrastructure comprises 63 fixed sites—including 1 Regional Hospital (RH), 3 District Hospitals (DH), 40 Health Centers (HC), and 19 Primary Health Units (PHU)—along with 3 Mobile Clinics. These facilities offer integrated health and nutrition services to vulnerable populations across the targeted regions.

During this reporting period, the supported facilities successfully conducted a total of 177,019 outpatient consultations, serving both children and older patients.

The breakdown shows that 122,077 (69%) of consultations were for females, while 54,942 (31%) were for males. Key achievements include:

- 39,721 children under one year of age received immunization services in line with the Somalia EPI schedule.
- A total of 18,900 mothers received critical antenatal care services.
- A combined total of 4,863 deliveries were managed by skilled attendants, including 4,458 normal deliveries and 405 life-saving C-section operations.
- Postnatal care within three days after delivery was provided to 4,805 women and their newborns.

Figure 15: Routine Immunization Services to children in Gambadhe Health Facility (Photo Credit : Alight)

The supporting activities package focused on critical elements required to sustain high-quality service delivery includes, over 681 frontline health workers received incentives for their emergency lifesaving efforts to support service delivery, 8 ambulances were rented to improve referral systems in targeted areas/regions, and payments for utilities and cleaning supplies were made to 63 fixed health facilities to maintain a clean and conducive environment for lifesaving services.

As of September 2025, more than 158 health workers have received training on various thematic areas to enhance the delivery of emergency lifesaving services consistent with Somalia's Essential Package of Health Services (EPHS 2020).

Figure 16: Outpatient consultation is provided to under-five child in General Daud Health Facility (Photo Credit : Alight)

Figure 16: A mother safely delivered her baby in Sayidka health facility under the care of skilled birth attendants- (Photo Credit : Alight)

Health Partners Announcements

International Rescue Committee (IRC): in collaboration with the Federal Ministry of Health, **will convene a physical workshop on 13th to 14th October 2025** to finalize and endorse the FP2030 commitments. The workshop will bring together key SRH stakeholders including UN agencies and other partners, under the leadership of the Ministry of Health, to finalize the commitment and prepare for its signature by the government.

Useful Links: Information Sources

- Somalia Health cluster website :
  https://response.reliefweb.int/somalia/health
- Somalia Health cluster response dashboard:
  *https://reliefweb.int/report/somalia/snapshot-somalia-health-cluster-response-august-2025?_gl=1*57tv48*_ga*MzkyODU2NTQzLjE3NDUxMzI5MzM.*_ga_E60ZNX2F68*czE3NjAwMTkzMTIkbzEyMCRnMSR0MTc2MDAyMDk0NCRqNjAkbDAkaDA.*
- Somalia Health cluster Partner presense map
  *https://reliefweb.int/map/somalia/somalia-health-cluster-partners-operational-presence-map-region-august-2025?_gl=1*1rz1sid*_ga*MzkyODU2NTQzLjE3NDUxMzI5MzM.*_ga_E60ZNX2F68*czE3NjAwMTkzMTIkbzEyMCRnMSR0MTc2MDAyMTEzNSRqNjAkbDAkaDA.*
- Subscription to the Somalia Health clist
  https://docs.google.com/forms/d/e/1FAIpQLSfSvWD0a0a3TT-sSEP0cs1H9pSVInjpJ2UU5QxYAoBjGP80Hw/viewform

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