



DAMAL CAAFIMAAD
Improving Healthcare Services in Somalia Project

IMPROVING HEALTHCARE SERVICES IN SOMALIA

S U C C E S S S T O R I E S - 2 0 2 5



MINISTRY OF

HEALTH AND HUMAN SERVICES

FEDERAL GOVERNMENT OF SOMALIA

OVERVIEW AND PROJECT AT A GLANCE

The Improving Healthcare Services in Somalia (“Damal Caafimaad”) Project is a flagship health program financed by the World Bank and implemented by the Federal Government of Somalia through the Ministry of Health.

It focuses on improving access to essential health and nutrition services in line with the Essential Package of Health Services (EPHS) Framework 2020 and strengthening the capacity and leadership of Ministries of Health at both federal and state levels.

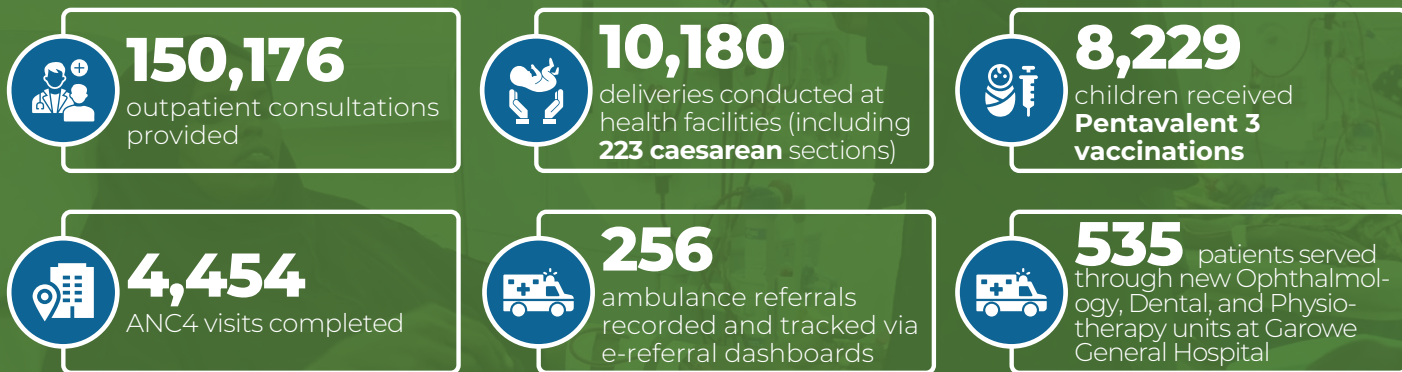
Nugaal Region

- ✓ 1 Regional Hospital
- ✓ 5 District Hospitals

- ✓ 37 Health Centers
- ✓ 33 Primary Health Units

- ✓ 5 Mobile Clinics
- ✓ 3 TB Clinics

Geographic Coverage: Garowe, Eyl, Burtinle and Dangorayo

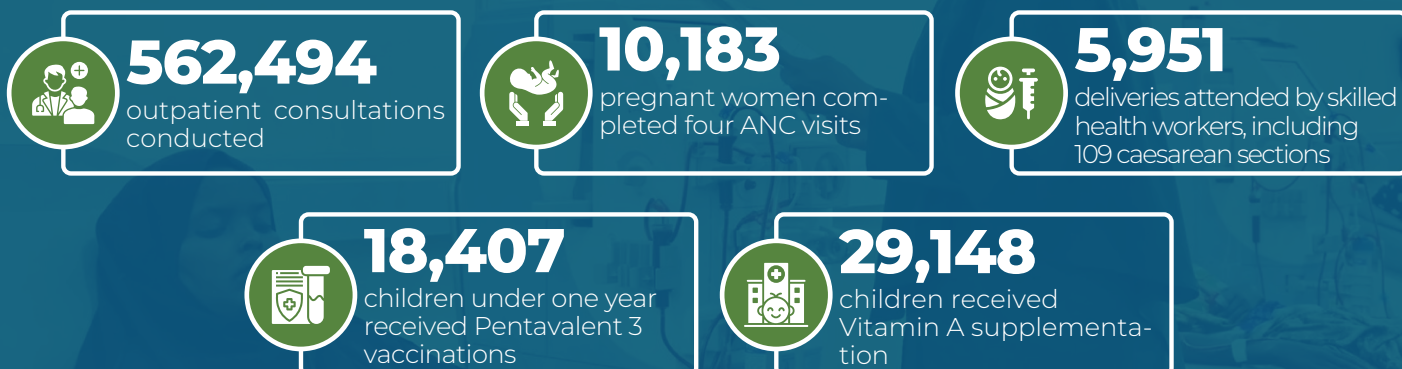


Bay Region

Supported Facilities: 56 total

- ✓ 1 Regional Hospital
- ✓ 5 District Hospitals
- ✓ 37 Health Centers
- ✓ 13 Primary Health Units (PHUs)

Geographic Coverage: Baidoa, Burhakaba, Berdale, Qansaxdhere, Diinsoor



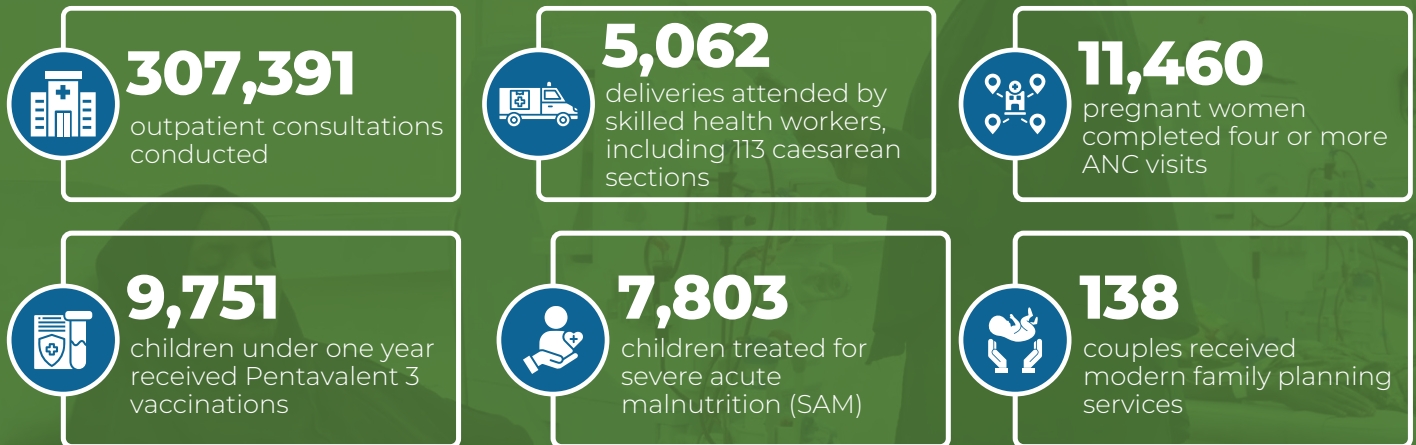
OVERVIEW AND PROJECT AT A GLANCE

Hiraan Region

Supported Facilities: 60 total

- ✓ 24 Health Centers
- ✓ 22 Primary Health Units – PHUs
- ✓ 3 District Hospitals
- ✓ 1 Regional Hospital
- ✓ 10 Mobile Clinics

Geographic Coverage: Beledweyne, Buloburte, Jalalaqsi, Matabaan, Mahas

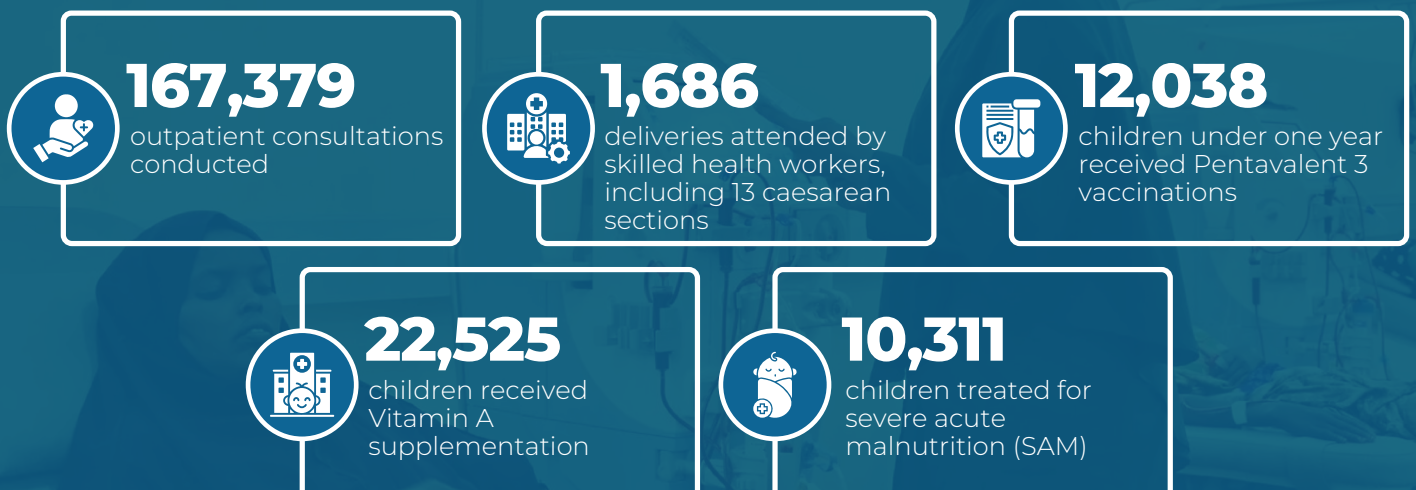


Bakool Region

Supported Facilities: 36 total

- ✓ 1 Regional Hospital
- ✓ 3 District Hospitals
- ✓ 25 Health Centers
- ✓ 7 Primary Health Units (PHUs)

Geographic Coverage: Hudur, Wajid, El-Barde and Rabdhure



FROM HARDSHIP TO SAFE MOTHERHOOD:

REGION: NUGAAL

Faduma's Journey Through The Birth Preparedness Program At Gohnugaal Hospital

After two exhausting days without proper food, 38-year-old Faduma Husen Hassan arrived at Gohnugaal Hospital in Garowe, weak and anxious about the fate of her unborn twins. She had been experiencing severe headaches and swelling in her legs, symptoms she would later learn were signs of high blood pressure.

Originally from Baardhere in the Gedo region, Faduma and her husband fled to Puntland due to insecurity. They now live with their six children in an internally displaced persons (IDP) camp near the hospital. To support her family, Faduma works as a cleaner while her husband takes on daily construction work.

In 2023, Faduma safely delivered a baby girl after receiving full antenatal care (ANC) at Waberi Health Centre, a PSI-supported facility under the Damal Caafimaad Project. Encouraged by that experience, she sought care again in 2024 when she became pregnant with twins. This time, she attended Birth Preparedness Classes (BPC) at Gohnugaal Hospital, where expectant mothers learn how to recognize danger signs, plan for delivery, and care for themselves and their babies.

During one of the sessions, a midwife noticed swelling in Faduma's legs and immediately referred her for further assessment. She was



diagnosed with hypertension and received supplements, close follow-up care, and an ultrasound that confirmed her twin pregnancy. Both babies were found to be in breech position, thus a caesarean section was initially planned. However, when Faduma ret

urned to the hospital near her due date, she unexpectedly went into natural labor. Despite her exhaustion and limited resources, the hospital midwives provided continuous care and reassurance. Against all odds, she gave birth naturally to two healthy boys.

MOMENTS FROM BIRTH PREPAREDNESS SESSIONS ACROSS HEALTH FACILITIES:



Both babies later developed jaundice and were admitted to the neonatal care unit for a month. During this period, the hospital provided phototherapy, medical support, and daily meals for Faduma, ensuring she regained her strength and confidence. Reflecting on her experience, Faduma shared: "When I first came to Golnugaal Hospital, I hadn't eaten for two days and had a terrible headache from hunger and high blood pressure. I didn't know

how I would deliver twins with no support. But when I joined the BPC classes, the midwives cared for me like family. They gave me water, comfort, and hope. During my stay, they provided food and kindness. I am so thankful. Even my 19-year-old daughter, who is now pregnant, is receiving ANC services at the same hospital." Faduma's journey demonstrates how accessible and compassionate maternal and newborn health services can

change lives. Through the Damal Caafimaad Project, she not only delivered her twins safely but also learned how to recognize complications early and advocate for her own well-being. Today, Faduma proudly encourages other women in her community to seek antenatal care and attend BPC sessions. Her story stands as a powerful reminder of how knowledge, care, and human compassion can turn fear into hope and ensure that no woman faces childbirth alone.

DANGORAYO OPENS ITS FIRST OPERATING THEATRE UNDER DAMAL CAAFIMAD

REGION: NUGAAL



Dangorayo (Puntland Region) was established as a district in 1989. Its main hospital was constructed in 1993 to serve the surrounding rural communities. Back then, a small room was designated for surgical operations. However, it was never used because it didn't meet surgical rules, lacked necessary equipment, and had no trained personnel. For over three decades, no surgical procedure was performed in Dangoroyo. That changed under the Damal Caafimaad project. PSI, in collaboration with the Ministry of Health, built and equipped a modern operating theatre at Dangorayo District Hospital. Today, the facility operates around the clock, managing obstetric emergencies and minor surgical procedures, marking the first surgery in 32 years; a service previously unavailable in the district.

Prior to building of the theatre, Dangorayo hospital could only offer basic care. When childbirth became complicated, women faced a perilous journey to Garowe, more than 120 kilometers away. Roads are rough, and ambulances are few. Families often rely on borrowed vehicles or hired pickups. Many mothers and babies never managed to access care in time.

“We had to send every complicated case to Garowe,” says Dr. Amina Nuur. “The road trip could take four to five hours. We would pray that the mother, and baby survived the trip.”

Following the construction, Dr. Amina remembers the first case vividly. In early September, a 29-year-old mother from Baqbaq village arrived in obstructed labor. The baby lay sideways, making natural delivery impossible. The team moved quickly to prepare her for surgery. Under Spinal anesthesia, a cesarean section performed successfully. Later, both mother and baby were discharged in good health.

Since then, the theatre has successfully handled three surgical cases. The community response has been overwhelming. Residents have come to see the facility for themselves, proud and relieved that life-saving care is now available at home. Dr. Amina describes it as a turning point for the district.

“The theatre has changed how maternal emergencies are handled. “Mothers no longer face hours on dangerous roads to access surgery.

Time, once the enemy, is now on their side”, she says.

The unit operates with a cesarean surgeon and supporting staff, providing care that was previously impossible in the district. Dr. Amina is clear about the next steps.

“The theatre requires more trained staff and

additional surgical supplies to meet growing demand. We hope for expanded capacity so more women can benefit without delay”.

For the people of Dangorayo, the operating theatre means safer deliveries and saved lives. Before, women risked their lives just to give birth,” “Now they can stay here, and they live.” says Dr. Amina.



REGION: BAY

DAMAL CAAFIMAAD STRENGTHENS **MATERNAL HEALTH IN BAY, SOMALIA**

In a region where families have long struggled to access maternal and child health services, Maryan Moalin Abdullahi, a 39-year-old mother from Saakow, Middle Juba, received life-saving care at Bayhaaw General Hospital. The hospital is supported by Action Against Hunger through the Damal Caafimaad project.

On May 21, 2025, Maryan arrived in critical condition. She was 38 weeks pregnant and experiencing severe shortness of breath, widespread swelling, and high blood pressure. The medical team quickly examined her. She had high blood pressure, difficulty breathing, and low oxygen levels. She was immediately placed on oxygen, given IV fluids, and treated with essential medications.

Despite initial efforts, Maryan’s condition worsened. The team prepared her for an emergency Caesarean section. Preoperative care included consent and foetal monitoring.

Maryan gave birth to a baby boy, Abdullahi Ali, weighing just 1.8 kilograms. He was cold, had breathing difficulty, and low blood sugar. He was placed in an incubator and supported with oxygen and glucose.

Thanks to timely care, Abdullahi stabilized. After a week in the neonatal unit, his weight rose to 0.7 Kilograms.

Maryan’s recovery also progressed. She needed less oxygen, and her swelling reduced. Further tests confirmed dilated cardiomyopathy, a

chronic heart condition worsened by pregnancy. She was placed on medication and scheduled for regular follow-up visits.

“We closely monitor her progress,” said Dr. Abdullahi Hassan Hussein (Dr. Shegow) “We stay in contact with the family, and our community health workers keep the hospital informed from within the community.”

Maryan received post-Operative care in the ICU. Both mother and baby recovered safely.

“I was terrified when I arrived, unsure if I would survive,” Maryan recalled. “But the care I received gave me hope and strength to keep fighting.”

Her husband, Ali, was grateful. “Seeing my wife and son come through such a difficult time is a

blessing. The hospital's care saved their lives." Maryan is now recovering at home. Abdullahi is breastfeeding well and gaining weight.

The Damal Caafimaad project played a key role in this outcome. Bayhaaw General Hospital, one of 56 health facilities in Bay region, received equipment, supplies, staff training, and salaries through the project. This support enabled rapid and effective response to high-risk maternal cases.

Maryan's case shows how frontline health services, when supported and equipped, can save lives and build trust in the health system.



EVERY BIRTH IS A VICTORY: **SAFE MOTHERHOOD WITH DAMAL CAAFIMAAD**

REGION: BAY

In Baidoa, displaced families are reconstructing their lives through enhanced access to safe and reliable maternal healthcare services. For instance, a resident of the Kormari displacement site recently experienced a safe delivery despite multiple pregnancy complications.

In Baidoa, facility births increased 74.20% over the past year, indicating substantial improvements in maternal health outcomes. This increase has reduced the need for emergency transports at night, as more women deliver in adequately equipped health centers. Furthermore, a 97% rise in antenatal care attendance has enabled earlier interventions, resulting in healthier pregnancies and infants. These data highlight the measurable progress and positive outcomes of the initiative in the region.

When Mama Khadija first arrived at Kormari Health Center in late 2024, she was in pain and uncertain about her health. "I had severe pelvic and abdominal pain, and I didn't know what was wrong," she recalled. At that time the clinic staff diagnosed Urinary Tract Infection (UTI) & prescribed effective treatment of her UTI and provided support, easing her discomfort. Two months later, she returned to the clinic with happier news: she was pregnant. Having experienced a complicated C-section several years earlier, she felt both joy and anxiety.



INITIATING BREAST FEEDING AT THE FIRST HOUR OF BIRTH

"I was worried about my health and the baby's," she said. "But the midwives reassured me and guided me every step of the way."

Throughout her pregnancy, Khadija consistently attended her antenatal visits, prioritizing her and her baby's health. During her initial ANC visit, her vital signs were reassuring, with a blood pressure reading of 118/75 mmHg. She received folic acid to fetal development.

On her second ANC visit, a month later, all vital signs remained stable, but Khadija mentioned feeling some fatigue. A hemoglobin check revealed a level of 7.5 g/dL, prompting the healthcare team to prescribe iron supplements to help restore her levels.

By her third ANC visit, her vital signs were normal, and her hemoglobin had increased to 9.7 g/dL, indicating improvement.

A month later, during her fourth visit, although her vital signs were stable, Khadija reported experiencing mild discomfort, including fatigue and lower pelvic abdominal pain. The healthcare team suspected of a urinary tract infection, which was confirmed through a urine test. She was prescribed Amoxicillin 500 mg capsules, Clotrimazole 500 mg pessaries, and a multivitamin to support her energy levels.

In September 2025, when Khadija went into labor, she was surrounded by the same dedicated midwives who had supported her throughout her pregnancy. They facilitated smooth and normal delivery, welcoming a healthy baby girl who weighed 4.0 kg.

Immediately after birth, the attentive midwives ensured that both Khadija and her baby received

the care they needed. They encouraged skin-to-skin contact and initiated breastfeeding, which not only helped Khadija expel the placenta naturally but also allowed the baby to receive her first nourishing breast milk within the critical first hour.

Following this, the baby and mother was referred to the immunization department for vaccinations starting with OPV0 and BCG.

“I’m so grateful for the care I received,” she said, holding her newborn. “The team treated me with kindness and made sure both my baby and I were safe.”

The safe delivery at Kormari Health Center exemplifies the impact of consistent, high-quality maternal care provided by the facility's staff.

Across Somalia, the Damal Caafimaad Project has enabled thousands of women to deliver safely, improved maternal health, and contributed to better child health outcomes. For many mothers, the project provides comprehensive support that enhances safety and well-being. Expanding funding to an additional 20 clinics would extend these benefits to approximately 50,000 more mothers in need.



CASE STUDY

AHMED* 3 YEARS OLD BOY, SOMALIA AMAL*, 19 YEAR OLD FEMALE – AHMED'S MOTHER

REGION: HIRAAAN

Amal*, a 19-year-old pregnant mother of two lives with her family in Buloburte district. When her son experienced a medical emergency that required urgent professional care, the family, lacking personal means of transport was forced to rent a vehicle despite having no means to pay. For routine pregnancy care, this distance can lead to missed or delayed antenatal visits unless consistent support is provided.

Amal and her family survive on just three to four dollars a day from her husband's informal work of selling charcoal and firewood—an income far below what is needed to meet even their basic daily needs. They frequently face food shortages and must sometimes rely on neighbors for meals, underscoring the severity of their food insecurity. With no access to savings or a stable income, they were unable to afford emergency transport when their son was injured, highlighting the depth of their financial vulnerability.

Despite these hardships, Amal remains hopeful and dreams of starting a small kiosk to help support her family, though she currently lacks the capital to do so. She has made efforts to seek support from her extended family by reaching out to relatives for financial assistance to start a small home-based business. However, this has not materialized, suggesting that either her relatives are also facing economic challenges or are unable to provide the capital she needs. Her request remains unmet, and she continues to look for alternative sources of support, including potential help from Save the Children, to pursue her goal of opening a small kiosk.

She has not received any formal or informal training in business or entrepreneurship and starting a kiosk would be a new venture for her. Her interest in opening a small shop reflects her determination to support her family amid financial hardship, but she currently lacks both the capital and the business skills or training that could help ensure the success of such an initiative.

A critical turning point for the family occurred when her three-year-old son, Ahmed*, suffered a life-threatening abdominal injury after falling onto a knife while her husband was away. The injury happened near the kitchen, where a sharp knife had been left unattended and unshielded. Amal acted swiftly to get help, and they managed to rush the child to Buloburte District Hospital, despite not having the means to pay for transport or medical care. Transportation to the hospital was arranged under urgent and difficult circumstances, despite the family's lack of financial resources.

Upon arrival, the hospital's emergency team provided immediate and life-saving surgery. Although the incident was severe and involved a life-threatening injury to a child, the family





appears to have focused entirely on securing emergency medical care for their son, likely due to the urgency of the situation and their limited awareness of or access to legal or child protection services. This may also reflect gaps in community-level child safety systems or a lack of formal reporting mechanisms in such remote and underserved areas.

The operation successfully repaired multiple intestinal perforations, and after 10 days of hospital care including intensive postoperative management. Ahmed made a full recovery. Amal was deeply moved when she realized that all medical services were provided free of charge, thanks to the hospital's partnership with Save the Children and government support. No specific documentation or a breakdown of costs covered by Save the Children versus those supported by government health services was available. However, all medical services were provided free of charge through a partnership between Save the Children and the Ministry of Health Somalia, supported by World Bank funding under the Damal Caafimaad project. In addition to saving her son's life, Amal herself has benefited from maternal health services provided at the same hospital. This was Amal's first antenatal visit during her current pregnancy. At the time of the checkup, she was 20 weeks

pregnant and had not accessed any prior antenatal care. No major risks or complications were identified during the ultrasound or general examination. However, she was diagnosed with a mild urinary tract infection (UTI), a common issue during pregnancy, and was prescribed a course of amoxicillin for treatment.

As a 20-week pregnant woman, she received comprehensive antenatal care including ferrous folic acid supplements, antibiotics, a Tetanus-diphtheria (Td) vaccination, and an ultrasound to assess fetal development. She expressed deep gratitude for the compassionate and professional care provided by the healthcare workers.

Amal's story is a powerful reflection of accessible and free healthcare services on vulnerable families and highlights the life-changing support Save the Children continues to provide to underserved communities like hers. All maternal health services were provided at the hospital were fully subsidized and offered at no cost under Damal Caafimaad project. However, transportation costs remain a significant burden, especially for families living in remote areas, since there are currently no functional referral ambulances in the district.

"Tears welled up in my eyes with overwhelming

joy and emotion when I heard the kind words from the hospital director. Our second greatest concern, after our child's survival, was how we would afford the cost of his intensive care, given the financial hardship we are facing. Learning that all services were provided free of charge brought immense relief and gratitude to our hearts," said Amal*.

The project played a critical role in saving the life of Ahmed*, a 3-year-old child who suffered a life-threatening abdominal injury. Ahmed was injured after accidentally falling on a knife while playing at home. The severity of his internal injuries required immediate surgical intervention.

Thanks to the support provided through the Damal Caafimaad project, emergency surgical services were readily available at the hospital. This included access to a qualified surgeon, a functional operating theatre, and essential surgical supplies. Ahmed received immediate pre- and post-operative care, including rehydration, antibiotics, pain management, and close clinical monitoring—all made possible by a well-supported and adequately trained medical team. Life-saving medicines, surgical tools, and infection control supplies—procured and maintained through Save the Children's systems—enabled the team to intervene promptly. With proper postoperative care and follow-up, Ahmed made a full recovery and was

safely discharged after 10 days.

In addition to saving Ahmed's life, the facility also provided comprehensive antenatal care services to his mother, Amal, who was 20 weeks pregnant at the time. Through the support of Save the Children, Amal received routine pregnancy checkups, including a 20-week obstetric ultrasound, which confirmed a healthy pregnancy. She was also treated for a mild urinary tract infection with amoxicillin and received ferrous folic acid supplements and the tetanus-diphtheria (Td) vaccine, helping to safeguard both her health and that of her unborn baby.

Amal expressed heartfelt gratitude for the quality of care provided at the facility, crediting the dedication of the healthcare workers and the resources made available through Save the Children's intervention. This case highlights the life-saving impact of the Damal Caafimaad project and the importance of sustained investment in local health systems to ensure that children and mothers receive the care they urgently need.



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