# Immunization Progress Report in Puntland State of Somalia

**Period: April to June, 2026 (Quarter2, )**

**Location: In Puntland State of Somalia**

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# 1. Executive Summary

During the reporting quarter 2 of 2026, the Expanded Programme on Immunization (EPI) continued to strengthen routine immunization services across 31 districts of Puntland. Priority was given to reaching zero-dose and under-immunized children; improving outreach services in hard-to-reach communities (IDPs) in urban areas and remote villages; strengthening cold chain systems; and enhancing community demand through Community health workers and community mobilizers.

Despite progress, challenges, including population mobility, difficult terrain, vaccine stock fluctuations, and health workforce shortages, continued to affect service delivery.

**2. Key Achievements**

- **182** health facilities providing routine immunization services (HF, R/D hospitals initially started private hospitals.
- **105** Outreach sessions and mobile sessions conducted
- **18724** Children reached through fixed strategy
- **5,281** Children reached through outreach and mobile strategies
- **6500** Children identification and vaccination of zero-dose children.
- **170** Defaulter tracing strengthened through community Health Workers (CHWs).
- 1 Joint regular supportive supervision is conducted in priority districts.
- **190** Community engagement activities increased caregiver awareness of childhood vaccination.

## Expand and strengthen availability of routine Outreach and Mobile immunization services

Thirty-four (34) health facilities fixed health centers who gets monthly incentives of expending the services are supported from this project out of one hundred eight-two (182) health centers regularly providing routine immunization services in Puntland. These selected districts has 68 health facilities with most of them not support. According to the plan to Implementation of the reaching every district (RED) strategy with support from GAVI grants contributed significantly to

the progress in the immunization program. However, the contribution of these regional and health centers need improvement.

Over all from April to June, 2026 were vaccinated **38,192** children for BCG 36,238 children for pent1, 36,190 Pent 3, 36,196 for IPV1, **56,149** for MCV1 and **34,668** for MCV2 through different fixed, outreach and mobile strategies

- A total of 182 fixed centers (Public referral hospitals and health centers) are providing immunization services in 31 districts of Puntland.
- A total of 34 health centers is implementing outreach sessions
- A different strategy is providing routine immunization (fixed, outreach and mobile) to reach a children
- A total of 34 HF conducts 3 day per month a total of 102 outreach sessions and 5 mobile sessions to reach remote villages from April to June, 2026.

**4. Cold Chain and Vaccine Logistics**

- Quantity and type of RI vaccines distributed in the quarter
- Number of CCE repaired in the quarter including the name of the health facility
- 61 of SDD refrigerators were installed Primary health unit, in Puntland regions
- Temperature monitoring was conducted according to national guidelines.
- No major vaccine wastage incidents were reported.

## 2.1 Enhance the physical capacity and effective management of cold chain

With the support of GAVI, UNICEF is supporting vaccine supply chain strengthening and management of the vaccines through an outsourced central cold chain store based in Nairobi, quarterly transportation of vaccines from Nairobi to the Garowe as funding the vaccine distribution costs in the GAVI supported regions/ districts.

- Support for staff in 1 central cold chain manager with 1 cold chain assistance
- Five (5) regional vaccine stores and their (five) 5 assistances

- Funding for fuel and payment of electricity bills of the Zonal cold chain and 5 regional vaccine stores
- Quarterly distribution of vaccines and supplies from zonal to region and monthly distribution from RVS to health facilities.
- Support the Regional Cold Chain Manager to conduct regular visits to health facilities for the repair and preventive maintenance of cold chain equipment, ensure solar power systems are clean and functioning efficiently, and provide on-the-job training to health workers on the correct use and maintenance of temperature monitoring charts to ensure continuous vaccine temperature monitoring and compliance with cold chain standards.

**4. Supportive supervision**

Quarterly Supportive supervision carried out at the state and regional level

- **Key findings from supportive supervision and corrective action done by the MoH**
  - The team reached out to 13 out of 34 different teams (fixed, outreach, and mobile) in Galkayo, Garowe, Qardho, Bosasso, and Jariiban districts.
  - Among the methods used were observation, interview, reviewing records, and hands-on practice to meet the expected deliverables. Feedback was given to each team during supervision
  - On job training were provided the health workers to
- **Supportive supervision findings from April BCU Round 4, 2026 vaccination teams**

**Positive observations**

- All visited teams consisted of four members (one vaccinator, one register, and one social mobilizer), and each member knows his/her role.
- All visited teams were wearing uniforms and had adequate supplies.
- The teams were screening the age, whether the mother or child is new or not, and which vaccine(s) had been received, after greeting and seating the caretaker and vaccinee, to determine all the vaccines they were eligible for according to the national schedule.

- All vaccines were administered safely (aseptic technique), used syringes were disposed of immediately into a safety box, and each vaccine dose was recorded in the register and tally sheet.

**Observed performance gaps**

- The teams started the immunization without proper planning; there were no micro plans and daily movement plans for all the teams.
- They were not selecting an appropriate venue/ site for outreach and mobile services in consultation with community leaders.
- All vaccination sites were not large enough to provide waiting areas, organized screening areas, adequate space for the vaccination team, and efficient client flow.
- Almost all visited sites/ posts were overcrowded and had very long waiting times.
- The vaccination teams were not providing health education, although most of the vaccinators had a summary of the field guide (English version) on WhatsApp.

**5. Community Engagement**

Key demand generation activities included:

- Household education on routine immunization.
- Defaulter tracing.
- Community dialogue meetings.
- Health education during outreach sessions.
- Radio and community messaging promoting vaccination.

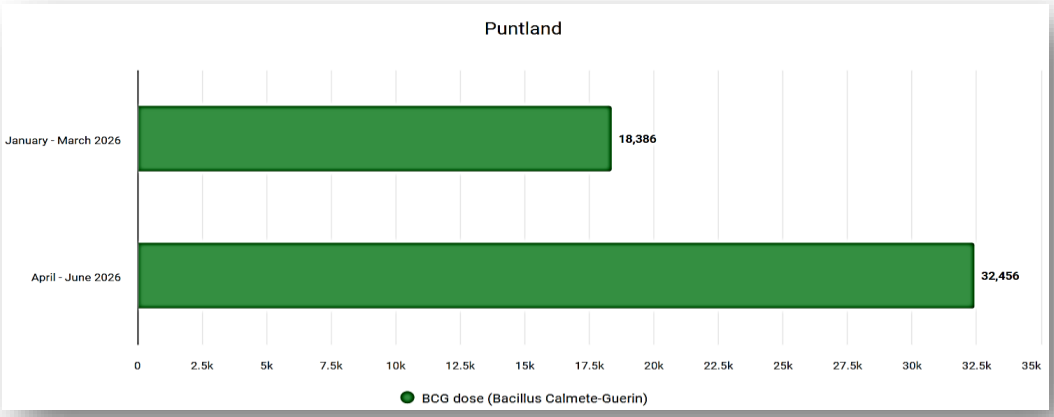
**Demand for Immunization Services (April–June 2026)**

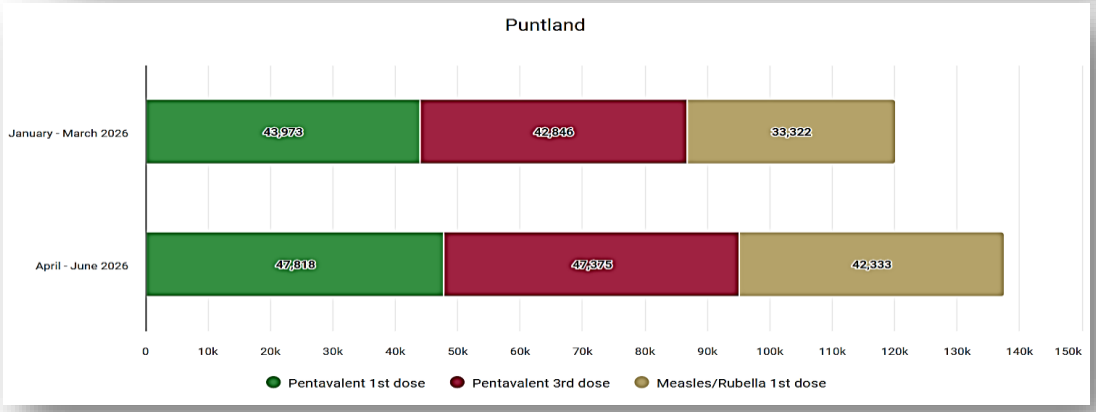
- **Human-Centered Design (HCD): HCD sessions** were conducted to identify community barriers affecting immunization uptake. Key findings included limited awareness of vaccination schedules, misconceptions about vaccines, and access challenges in remote communities. Corrective actions proposed included strengthening community engagement through Community Health Workers (CHWs), increasing targeted awareness

campaigns, enhancing defaulter tracking, and expanding outreach services to underserved areas.

- **Zero-Dose Children:** A total of **1,215 zero-dose children** were identified through community-based tracing and successfully vaccinated, improving equitable access to routine immunization services.
- **Defaulter Tracing: 1,018 children** who had missed one or more scheduled vaccine doses were traced and vaccinated through strengthened follow-up by health workers and Community Health Workers (CHWs), contributing to improved immunization coverage and completion rates.
- Deploy social mobilizers to conduct door-to-door visits in targeted: - communities social mobilizer identifies zero-dose and defaulting children. Strengthened community demand generation by deploying trained social mobilizers during outreach sessions to conduct house-to-house visits in high-risk and underserved communities. The mobilizers identified zero-dose and defaulting children, provided tailored health education to caregivers, and referred eligible children for vaccination at outreach sites and the nearest health facilities, contributing to improved equitable access and increased utilization of routine immunization services.
- **Risk Communication and Community Engagement: Two radio messages** promoting the importance of routine immunization were broadcast through **three local radio stations**. The messages emphasized timely childhood vaccination, completion of the routine immunization schedule, the importance of outreach services, and encouraged caregivers to seek vaccination at the nearest health facility.
- **Community Mobilization:** Traditional folklore and drama sessions reached approximately **2,450 community members**, delivering culturally appropriate messages on the benefits of immunization, addressing vaccine misconceptions, and encouraging caregivers to vaccinate eligible children on time.

## Immunization Services compared by Q1 & Q2 2026, BCG. PENTA and MCV




## Summerized other main activities conducted in April to June, 2026

### A. Big catch-up (BCU) Round 4 Vaccination Campaign

- The Ministry of Health of Puntland, Somalia, with technical and financial support from World Health Organization (WHO), UNICEF, and Save the Children International (SCI), successfully implemented the Big Catch-Up (BCU) Round 4 campaign from **12th to 18th** April 2026 across all regions of Puntland.
- The campaign aimed to reach zero-dose children and those who had missed routine immunization services, with a focus on improving vaccination coverage and reducing the risk of vaccine-preventable diseases. Special attention was given to hard-to-reach populations, including rural, nomadic, and underserved communities.
- Big Cath-up vaccine Targeted population 47,590 and received the coverage is 30,718 children of children received Pent.
- **65%** Td for diphtheria emergency response were also included during sessions
- BCU Vaccination started on **12th - 18th April 2026**
- **183** vaccination teams consisted of 4 person total of **732** person in all teams
- **105** Vaccination teams supported by WHO & UNICEF
- **24** Mobile teams were reached nomadic community


| Region | Penta 1 | Penta 2 | Penta 3 | OPV 1 | OPV 2 | OPV 3 | MCV 1 | 5 to 15 Years Received Td 1 | 5 to 15 Years Received Td 2 |
|---|---|---|---|---|---|---|---|---|---|
| Bari | 1,480 | 1,259 | 1,255 | 1,493 | 1,359 | 1,240 | 1,563 | 1,210 | 1,331 |
| Ras-Asayr | 335 | 293 | 291 | 333 | 282 | 327 | 516 | 826 | 546 |
| Karkaar | 1,327 | 1,048 | 950 | 1,347 | 1,052 | 1,020 | 1,662 | 2,436 | 2,255 |
| Mudug | 3,426 | 3,208 | 3,312 | 3,510 | 3,806 | 3,457 | 3,269 | 3,200 | 3,391 |
| Nugaal | 2,465 | 2,217 | 2,311 | 2,431 | 2,191 | 2,341 | 3,195 | 5,786 | 6,360 |
| Sanaag | 2,010 | 1,798 | 1,733 | 2,028 | 1,788 | 1,847 | 2,670 | 2,612 | 3,190 |
| Grand Total | 11,043 | 9,823 | 9,852 | 11,142 | 10,478 | 10,232 | 12,875 | 16,070 | 17,073 |

| Total antigens reported | | | | | | | |
|---|---|---|---|---|---|---|---|
| PENTA | OPV | ROTA | PCV | Vit. A | Td 5-15 Yrs | Td Pregnent | Td Non-Pregnent |
| 30,718 | 31,852 | 12,690 | 24,358 | 19,774 | 33,143 | 10,783 | 11,884 |

B. **Commemoration of world vaccination week**

on 24th to 30th April, 2026. MOH Puntland, supporting finical with UNICEF, successfully commemorated World Immunization Week 2026 from 24–30 April 2026 in Puntland horm Mohamed Abdirahman Minister of health lunched of world vaccination week to raise awareness on the importance of immunization and promote the utilization of vaccination services among communities. A series of advocacy, communication, and community engagement activities were implemented throughout the week.

## B. Cold Chain Strengthening

To strengthen routine immunization services, **62 solar-powered vaccine refrigerators** were installed in health facilities across all Region as well as MOH head quarter. The new equipment has enhanced cold chain capacity by ensuring safe storage and maintaining vaccine potency, particularly in remote and hard-to-reach areas. This investment is improving the availability of quality immunization services and increasing access to life-saving vaccines for children and communities.



### C. Capacity Building for Routine Immunization

In collaboration with the regional and state immunization program of Puntland conducted in **37 health workers** were trained to strengthen routine immunization services across Puntland. The training enhanced the capacity of frontline health workers to deliver quality immunization services, improving access to life-saving vaccines for children in both urban and remote communities. Ministry of health continue to reach all PHUs to train and improve their knowldege ans also equip required materials as to provide vaccaination



### D. Data quality improvement training

The Actionable Health Analytics for Decision-Making (AHEAD) implemented by UNICEF and Ministry of health to improve routine immunization coverage and health systems through better data quality, analysis, and evidence-based decision-making. In Puntland, aTraining of Trainers (ToT) workshop was conducted in Garowe to build the capacity of 50 participants, drawn from the HMIS Unit, Planning Department, EPI Programme, regional and district HMIS teams, and other partners to analyze and use DHIS2 data to improve the immunization program's performance and decision-making.

The training helped participants develop practical skills on how to extract, clean, validate, analyze, and interpret DHIS2 data to improve the immunization program's performance and make decisions. Participants of the training created standardized DHIS2 data extracts, conducted data quality assessment, produced cleaned data sets, and developed draft analysis products that could be used to plan and monitor the program's performance. The project introduced an innovative approach to train the government's staff in a cascaded way such that the trained government staff will be able to use the AHEAD approach down to the regional, district and facility level with continued support from UNICEF.


## E. EPI Review and Planning Meeting

The Puntland Ministry of Health, with financial support from WHO conducted the Childhood Immunization Mid-Year Review and Planning Meeting in Garowe on 24–25 June 2026, bringing together **63** participants from the Ministry of Health, Regional Health Management Teams, and immunization partners to review routine immunization performance for January–May 2026. The meeting aimed to assess progress toward immunization targets, review surveillance of vaccine-preventable diseases, evaluate vaccine logistics, cold chain performance, data quality and reporting, identify implementation bottlenecks, share best practices from high-performing districts, and develop a priority action plan for June–December 2026. Discussions highlighted improvements in routine immunization, outreach services, defaulter tracing, and coordination between health facilities and communities, while also identifying persistent challenges including low coverage in some districts, zero-dose children, population movement, weak data quality, interrupted outreach sessions, vaccine stock interruptions, cold chain maintenance gaps, transportation constraints, and high dropout rates.


**6. Challenges**

- Nomadic population movement.
- Difficult geographic access.
- Seasonal flooding and poor road conditions.
- Limited transportation for outreach teams.
- Health worker turnover.
- Occasional vaccine stock interruptions.
- Weak caregiver awareness in some communities.

7. **Corrective Actions**

- Increase integrated outreach services.
- Strengthen microplanning at district level.
- Improve vaccine forecasting and stock management.
- Expand community-based defaulter tracking.
- Conduct additional supportive supervision.
- Strengthen coordination with other stakeholders serving mobile populations.

**8. Next Quarter Priorities**

- Increase routine immunization coverage in low-performing districts.
- Reduce the number of zero-dose children.
- conduct outreach immunization services in 34 health by 3 days each month
- Conduct for integrated mobile teams for vaccination of nomadic community
- Improve completion of multi-dose vaccine schedules.

- Strengthen immunization data quality.
- Improve cold chain maintenance.
- Support demand generation and community engagement
- Conduct joint supportive supervision visit by MOH & UNICEF

**9. Conclusion**

The quarter demonstrated continued progress in strengthening routine childhood immunization services in Puntland. Continued investment in outreach, community engagement, data quality improvement, and health system strengthening will be essential to reach every eligible child, particularly those living in remote, pastoralist, and underserved communities, in line with Gavi's equity and zero-dose agenda.