



## IDS AND CAAFIMAAD PLUS: SHIFTING THE HUMANITARIAN PARADIGM

When senior leadership from EU Humanitarian Aid (ECHO) traveled to the remote town of Luuq in southern Somalia this January, they arrived to see more than just a standard emergency response. While physical delivery remains vital, the visit had a deeper purpose: to witness a fundamental shift in the humanitarian paradigm. This shift is driven by the Humanitarian Access Initiative (HAI), a pilot operational research project led by the Institute of Development Studies (IDS) and the Caafimaad Plus Consortium.

In the traditional humanitarian sector, access is almost always defined as a logistical hurdle. It is viewed through the lens of the supply chain—the ability to move trucks, staff, and medicine from point A to point B.

In the Gedo region, this is no small feat. Crossing the wide Jubba River and navigating infrastructure fractured by conflict and climate shocks traditionally dictates who receives help. Historically, if supplies reached the destination, access was marked a success.

However, the HAI pilot argues this definition is dangerously incomplete. You can bridge a river and be physically present in a town, yet still remain blocked from the community's true needs and internal strengths. Physical proximity does not equal social connection. If an agency enters a village without understanding local power dynamics or cultural priorities, they have not truly accessed that community.

Through the HAI research lens, access is redefined as a two-way flow of information. It is no longer just about how systems reach people; it is about how systems can better access community knowledge, priorities, and solutions.

This shift was visible as the ECHO team moved through different layers of care. At the Akara Health Centre and Luuq Stabilization Centre, they witnessed the high intensity clinical response required to save lives. But HAI resources emphasize a continuum of care that cannot stop at the clinic door. In the Kulmiye IDP settlement, the pilot demonstrated this through Integrated Community Case Management (iCCM). Here, community health workers treat common illnesses within their own neighborhoods. By empowering locals, the project proves the most resilient link in the chain is not a truck, but a community equipped to help itself.



ECHO representatives and community members during a consultative meeting in Luuq, Gedo (January 2026). Photo Credit Trocaire.

The most profound moment occurred under the shade of a tree in Luuq Godey. In standard aid work, community meetings often follow a preset agenda where agencies arrive with pre-packaged solutions, asking the community to validate their plan. This often results in a shopping list of needs that fit existing budget lines rather than actual strategic priorities.

The HAI pilot does the opposite. By removing external framing, the ECHO team sat with the community simply to listen.



The EU Humanitarian Aid (ECHO) team field visits Trócaire-run facilities in Gedo during a visit in January 2026. Photo credit Trocaire.

This strips away the roles of provider and recipient, allowing the community to define its own context. What emerged was a locally owned strategic plan. The community was already analyzing challenges, discussing water sharing agreements, and mobilizing to prevent tensions.

The work of IDS and Caafimaad Plus proves that communities are not the last mile of a delivery route; they are the starting point of the response. By creating space for excluded voices, including women, youth, and marginalized groups—HAI ensures aid is grounded in reality. True access begins when we stop talking and start listening, treating the community as an active partner in solving complex crises.



EU and Trócaire teams reviewing Integrated Community Case Management in Gedo. Photo: Trócaire

## SUPPORTING WOMEN TO BREAK THE CYCLE OF CRISIS IN SOMALIA



Applause and community spirit: Women celebrate International Women's Day in Mogadishu's Kahda District. Photo: Ahmed Issack.

The strength of a nation lives in the resilience of its women. This International Women's Day, under the theme "Give to Gain," the Caafimaad Plus Consortium honored the mothers and sisters holding Somalia together.

In Mogadishu's Kahda district, Maalim Abdi notes that women are the heartbeat of local peace. Their collective spirit drives our mission. For mothers like Amina in Baidoa, Child-Friendly Spaces—supported by the British Embassy Mogadishu and EU Humanitarian Aid—provide more than safety; they grant her the vital time to provide for her household.

True impact grows through shared knowledge. Mother-Led MUAC initiatives empower women to monitor their children's health, turning individual awareness into community strength. By staying present in communities hit by crisis, we ensure this support is a permanent foundation. When women have the tools to lead, every family gains the stability needed to thrive. [Read more](#)

### SHE WALKED IN ALONE. ONE DELIVERY CHANGED EVERYTHING

Samiro, 20 years old, arrived in Mogadishu displaced and alone, carrying the weight of a difficult first birth and the painful separation from her eldest child.

For years, Samiro's life was defined by trauma and loss. When her pregnancy turned into a crisis, she felt her world giving way. A neighbors guidance led her to Garasbaley Health Centre, where the team swiftly referred her to SOS Mother and Child Hospital, supported by Caafimaad Plus and EU Humanitarian Aid (ECHO).

Following an emergency C-section, the cry of her healthy baby boy broke the silence of her struggle. Yet, the team knew she needed more than surgery; they provided the mental health support required to heal years of unvoiced pain.

"I had nothing," Samiro whispered, "but you gave me everything." Today, her sons growth is her source of hope—proving that compassion is the most powerful medicine of all. [Read more](#)



Samiro holds her new baby born in Heliwa Hospital in Mogadishu. Photo Credit SOS Children's Villages

### A MOTHERS CHOICE: CHOOSING LOVE OVER OLD MYTHS

In the Afgoye IDP settlement, 19-year-old Hodan Ali Hassan faced the final months of her pregnancy with the uncertainty common to those displaced by drought. Recognizing her need for support, a Juba Foundation community health worker connected her to a health facility for specialized care.

This connection proved to be a lifeline. Following the birth of her daughter, Safiya, Hodan attended integrated Infant and Young Child Feeding (IYCF) counseling sessions supported by EU Humanitarian Aid (ECHO).



Hodan, a young mother, holds her newborn baby as she learns about breastfeeding and newborn care from a health worker. Photo by Juba Foundation.



Infant and Young Child Feeding Session within one of the health facilities run by Concern in Somalia. Photo by Concern Worldwide

"I thought the baby needed water," Hodan said, reflecting a common misconception in a region where contaminated water poses a severe risk of disease. At the facility, she received practical guidance on proper breastfeeding techniques and the vital importance of exclusive breastfeeding.

Determined to protect her child, Hodan chose evidence-based health advice over community myths. Today, Safiya is growing well, protected from the cycle of malnutrition.

"I am very happy for what I learned," Hodan said with a smile. "I tell other mothers in my community to breastfeed their babies the same way."

For the Caafimaad Plus Consortium, integrating IYCF into emergency programming is essential for sustainable impact. By centering the response on maternal education, we are building a continuum of care that restores the health and dignity of the Somali family. [Read more](#)

## UPCOMING ACTIVITIES FOR WORLD IMMUNIZATION WEEK – APRIL 2026

Caafimaadplus consortium partners will identify and celebrate "Immunization Champions"—mothers who have completed their children's full schedules or Community Health Workers (CHWs) who have reached the most households.

Gather community elders, mothers, and religious leaders (Imams) to discuss immunization not as a "requirement," but as a tool for community resilience.

We shall identify zero-dose children—those who have never received a single vaccine—in the furthest IDP settlements and riverine communities where infrastructure remains fractured. Through intensified door-to-door mapping led by Community Health Workers, we will navigate physical and social barriers to ensure no child remains invisible to the health system.

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