Caafimaad Plus

CONSORTIUM FACT SHEET

June 2026

WHO WE ARE

Caafimaad Plus is a multi-partner consortium comprised of five international NGOs: Action Against Hunger, Concern Worldwide, International Medical Corps, SOS Children's Villages, and Trocaire. These INGOs work in partnership with six national organizations: Shabelle Development Community Organization (SHADCO), Juba Foundation, Lifeline Gedo (LLG), WARDI Relief and Development Initiatives (WARDI), Salama Medical Agency (SAMA), and Youthlink Somalia.

The Consortium implements integrated emergency health, nutrition, protection, and WASH services at facility and community levels across 31 districts in 10 regions of Central and South Somalia. These regions have been disproportionately affected by climatic shocks, conflicts, and internal displacements — particularly impacting vulnerable populations including women, children, and people in hard-to-reach locations.

Funding & Formation

Formed inOctober2019, the consortium was initially funded by European Union Humanitarian Aid (ECHO) in 2020. ECHO continued funding annually through 2021–2025. FCDO began funding the consortium for the 2023 El Niño response, with additional short-term support in 2024 and 2025.

For the current period, the consortium has received annual ECHO funding for 2026–27, and a multiyear FCDO commitment covering 2026–2029.

WHERE WE WORK

5 States **10** Regions **31** Districts

Banadir Region: Abdiazziz, Deynile, Garesbaley, Heliwa, Hodan, Kahda, Shangani, Shibis, and Wadajir

Bakool Region: Elbarde, Hudur, Rhabduure, Wajid, and Tiyeglow

Bay Region: Baidoa

Gedo Region: Bardheere, Belet Hawa, Dolow, Elwak, Garbahaarey, and Luuq

Galgaduud Region: Abudwak

Hiraan Region: Buloburte

Lower Juba: Kismayo, Afmadow, and Jamaame

Lower Shabelle: Afgoye and Wanlaweyn

Middle Shabelle: Balcad and Johwar

Mudug Region: Galkacyo and Hobyo

OUR MEMBERS

OUR DONORS

European Union Civil Protection and Humanitarian Aid (ECHO)

UK Aid — Foreign, Commonwealth & Development Office (FCDO)

Funded by European Union Humanitarian Aid

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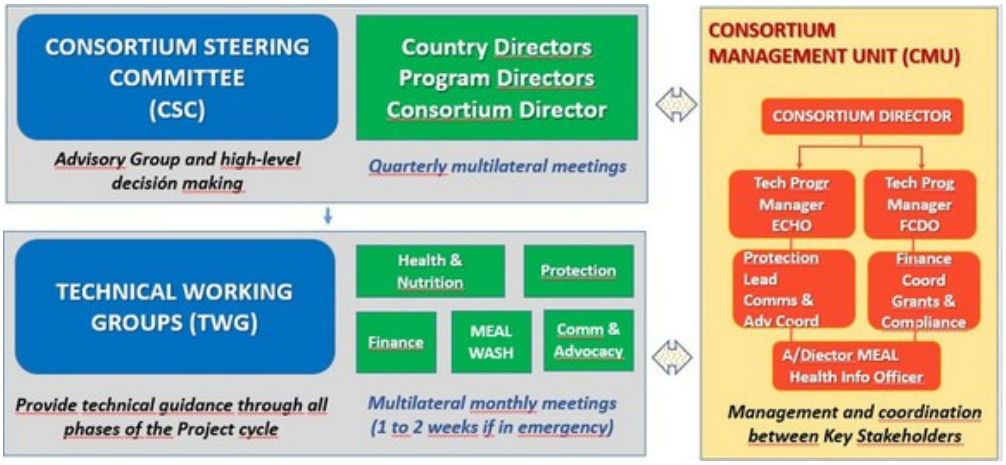
OUR PARTNERS

GOVERNANCE STRUCTURE



IMPLEMENTATION SECTORS

Caafimaad Plus Consortium's emergency integrated response covers the sectors of health, nutrition, WASH, protection, and disaster risk reduction. These are implemented through facility-based and community-based modalities, with significant actions contributing to health system strengthening.

Health

Health is implemented as part of the integrated approach alongside nutrition, WASH, and protection. Primary health is delivered at the PHU and Health Centre (HC) level, aligned with the EPHS 6-core package. Secondary health is provided in hospitals under the EPHS 6-core plus four additional services.

Sub-sectors include: outpatient consultations, inpatient admissions, child health and immunization, reproductive health, health capacity building, community health, and health infrastructure rehabilitation.

Nutrition

The nutrition programme covers four main sub-sectors:

- Treatment of severe acute malnutrition (SAM) at outpatient therapeutic programmes (OTP) across all 56 supported facilities
- Medically complicated SAM management at stabilization centres (SC) in 15 facilities
- Prevention of malnutrition through community awareness, IYCF-trained caregivers, and support groups (mother-to-mother / father-to-father)
- Capacity building for frontline staff and communities

WASH

WASH activities at facilities ensure safe water provision for hundreds of thousands of patients, caretakers, and staff; gender-disaggregated excreta disposal; safe solid and medical waste management; and hygiene promotion. Community WASH is undertaken in extraordinary circumstances. Currently active in Tiyeglow district and the Mudug region.

Protection

Protection covers two sub-sectors: gender-based violence (GBV) and child protection (CP). Recently integrated into the frontline response alongside health, nutrition, and WASH. Services include clinical management of rape (CMR), psychosocial support at Women and Girls' Safe Spaces (WGSS), child-friendly spaces (CFS), and family reunification for children.

Disaster Risk Reduction

Modalities

Facility-Based

Utilises Primary Health Units (PHUs), Health Centres (HCs), and hospitals aligned with the national Essential Package of Health Services (EPHS). Services are delivered through a single, coordinated platform. Strong referral systems link different levels of care, supported by robust health information and supply management systems. The approach is implemented in close coordination with government and partner programmes.

Community-Based

Community Health Workers (CHWs) are central to delivering integrated health, nutrition, WASH, and protection services — especially in hard-to-reach and crisis-affected communities.

Through Integrated Community Case Management (iCCM/iCCM+), CHWs provide screening, treatment, and referral for common childhood illnesses (malaria, pneumonia, diarrhoea) and nutrition screening for acute malnutrition.

Nutrition interventions include family-led MUAC, where caregivers of children under 5 are trained to detect malnutrition early. IYCF counselling is provided to pregnant women and caregivers of children aged 0–23 months.

Community WASH activities focus on hygiene promotion, safe water handling, sanitation, infection prevention, and disease outbreak prevention.

Protection is mainstreamed through community awareness, safeguarding, psychosocial support, and referrals for child protection and GBV services.

STRATEGIC APPROACHES AND KEY INITIATIVES

The Caafimaad Plus Consortium employs a variety of strategies encompassing health system strengthening, community approaches, hard-to-reach (HTR) outreach, and integration of health and nutrition responses within resilience programmes.

EPHS Framework

The Consortium has aligned to the EPHS framework for standardised service delivery at different levels of care. Staffing is rationalised per facility and remuneration packages are harmonised. The framework covers six core packages: maternal, reproductive, and neonatal health; child health; communicable disease surveillance and control (including WASH); treatment of common diseases; first aid and care of the critically ill and injured; and HIV, STIs, and TB.

Additional secondary-facility programmes include: management of chronic diseases, elderly and palliative care, mental health and disabilities, and dental and eye health.

Integration of Services

The Consortium implements integrated health, nutrition, WASH, and protection services at both facility and community levels. This holistic approach ensures adequate screening, diagnosis, management, and referral/linkage to other services.

Hard-To-Reach(HTR)

The Consortium delivers services in areas affected by insecurity, poor infrastructure, remoteness, and displacement through a layered, community-centred approach. Key strategies include:

- Engaging community structures in programme design and implementation to strengthen acceptance and access
- Deploying mobile outreach teams to provide integrated services
- Supporting resident CHWs to deliver iCCM+, nutrition screening, referrals, health promotion, and disease surveillance
- Pre-positioning supplies, community-based surveillance, remote monitoring, and adaptive response mechanisms

CMAM Surge

The Community-based Management of Acute Malnutrition (CMAM) Surge is an adaptive management approach that helps nutrition programmes respond rapidly to rising caseloads of acute malnutrition during humanitarian emergencies. Using predefined thresholds and triggers, it enables health facilities to detect rising caseloads early and take timely action — mobilising staff, increasing supplies, strengthening community outreach, and improving referrals.

Operations Research & Learning

Guided by a co-created learning agenda, Caafimaad Plus and its Learning Partner (including a local university) will implement a targeted operational research portfolio to improve programme performance and strengthen implementation across Somalia's health sector.

Research priorities are derived from the programme's layered, shock-responsive monitoring system, drawing on routine facility and CHW data, sentinel community monitoring, periodic assessments (NMS, annual SLEAC), and rapid assessments and after-action reviews.

The Learning Partner provides technical oversight to ensure all studies are methodologically robust, ethically compliant, and relevant to operational decision-making and national policy engagement.

Priority research areas include: effectiveness of integrated service delivery in shock contexts; barriers to coverage and equity for unreached populations; constraints affecting service quality and continuity; and timeliness of decision-making under the monitoring and trigger system.

Humanitarian Access Initiative (HAI)

The Consortium will implement the Humanitarian Access Initiative (HAI) across 23 districts. HAI represents a strategic shift in Somalia's aid landscape — moving away from donor-centric systems towards a model rooted in community-led action.

In partnership with the Institute of Development Studies (IDS), Caafimaad Plus has developed a framework to bridge the gap between grassroots experiences and high-level decision-making. The initiative uses a 'wave-like' engagement cycle centred on qualitative storytelling, recruiting local facilitators rather than outsiders. Data is analysed locally to identify specific solutions, which are then integrated back into programming through a continuous feedback loop.

DATA DIGITALISATION

Caafimaad Plus implements a robust Monitoring, Evaluation, Accountability and Learning (MEAL) system to support evidence-based decision-making, adaptive management, and accountability. Routine monitoring includes supervision visits, facility assessments, outreach monitoring, post-distribution monitoring, data quality checks, beneficiary feedback, and periodic review meetings. A key priority is the scale-up of data digitalisation for patient management through an EMR-like system and stock management through a LIMS-like system — enabling real-time or near-real-time reporting and significant efficiencies.

Caafimaad+DigitalisedDataSystem(C+DDS)PharmaceuticalInformationManagementSystem (PIMS)

The C+DDS is an electronic medical record (EMR) system for patient management. It operates on tablets, computers, or mobile phones with both online and offline capabilities. All Ministry of Health registers for health and nutrition have been captured in the system and translated into Somali. It is user-friendly and demonstrates strong interoperability with PIMS, DHIS2, and UNICEF LMIS.

Objectives:

- Ensure quality of data
- Ensure safety of data
- Track continuum of care
- Enable data use for decision-making

Objectives:

Forecasting

Accurate forecasting of supply requirements based on site-specific utilisat procurement stage.

Stock Management

Improved tracking of supplies from procurement to last mile, based on avera

Mitigating Aid Diversion

Supplies are tracked by batch number from procurement through war dispensing, minimising the risk of aid diversion.

Progress

- C+DDS and PIMS are deployed in all Caafimaad+ supported facilities
- Interoperability achieved between C+DDS, PIMS, UNICEF LMIS, and DHIS2
- SMS/Voicemail messaging integrated into the system
- Community module development in progress
- Interactive dashboard with AI support under development

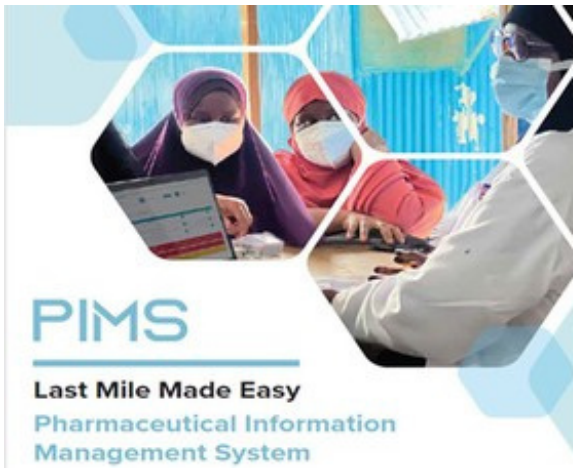
SHOCK RESPONSE

Caafimaad Plus Consortium has leveraged years of experience in hard-to-reach and challenging locations in Somalia, strong relationships with authorities and key stakeholders, and multi-sector implementation capacity to successfully respond to both climatic and man-made shocks, saving hundreds of thousands of lives. Working in coordination with regional and district authorities, clusters, UNICEF, WHO, and other partners, the Consortium has activated crisis modifier (CM) funds to respond across the following locations:

Crisis Responses

The Consortium responded to over 266,000 beneficiaries through crisis modifier fund activations:

- COVID-19 response — April to July 2021
- Measles response in Baidoa, January 2022
- Measles response in Bardheere, Baidoa, and Afgoye — October 2022
- Measles response in Galkacyo — December 2022
- Cholera outbreak in Belet Hawa district — April 2023
- Cholera outbreak in Luuq district — May 2023
- Cholera outbreak in Dollow district — May 2023
- Flood displacement in Balcad district — July 2023
- Flood displacement in Afgoye district — September 2023
- Cholera outbreak in Deynile district — December 2023
- Expansion of Galkacyo South Hospital Isolation Unit — December 2023
- Measles outbreak in Belet Hawa — February 2024
- Cholera outbreak in Balcad — March 2024
- Measles outbreak in Ekwak district — March/April 2024
- Inter-clan conflict in Galkacyo South district — May 2024
- Cholera outbreak in Kismayo district — July 2024
- Inter-clan conflict in Luuq district — November 2024
- AWD/Cholera in Afgoye — January 2025
- State vs militia conflict in Hawadley — May 2025
- State vs militia conflict in Belet Hawa — August 2025
- El Niño response in multiple districts — October 2025 to March 2026
- WASH crisis in Wanlaweyn — January 2026
- Measles in Bardheere district — January 2026
- Measles/Diphtheria outbreak in Baidoa district — September 2026
- WASH crisis in Mudug (Galkacyo/Hobyo) — March 2026
- Measles outbreak in Wajid and Hudur — March 2026
- IPC4-related crisis in Burhakaba — May 2026



SEVERE RISKS

Caafimaad Plus conducted a comprehensive risk analysis covering contextual, operational, delivery, safeguarding, and fiduciary considerations. Risks were assessed for likelihood and potential impact, and classified as Minor, Moderate, Major, or Severe. The following risks have been categorised as Severe and are actively being addressed:

- Conflict: militia vs civilian; militia vs government; clan vs clan Seasonal climate-related shocks — droughts and floods
- Rare climate-related shocks — El Niño phenomenon Displacement of populations — multiple causes
- Increased protection risks — multiple predisposing factors
- Supplies — Global Supply Chain disruptions (Middle East crisis) and supply shortages due to funding declines

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