



**OFFICE OF
THE AUDITOR GENERAL
OF THE FEDERAL REPUBLIC OF SOMALIA**



PERFORMANCE AUDIT REPORT ON THE PROVISION OF MATERNAL HEALTHCARE SERVICES BY THE MINISTRY OF HEALTH AND HUMAN SERVICES OF THE FEDERAL GOVERNMENT OF SOMALIA

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The Speaker of the House of the People, FPS
The Speaker of the Upper House, FPS

Mogadishu, Somalia

**PERFORMANCE AUDIT REPORT ON THE PROVISION OF MATERNAL HEALTHCARE SERVICES
BY THE MINISTRY OF HEALTH AND HUMAN SERVICES OF THE FEDERAL GOVERNMENT OF
SOMALIA**

Honorable Speaker(s),

In accordance with Article 5(17) of Law No. 14, 10th September 2023 and article 11 of the Somalia PFM law, I have conducted a performance audit on the *Provision of Maternal Healthcare Services by the Ministry of Health and Human Services (MoH&HS)* of the Federal Government of Somalia (FGS), and I am pleased to submit this report. This audit evaluated how the implementation of HSSP III and the RMNCAH Strategy has improved maternal health services in Somalia, aiming to reduce maternal mortality in line with SDG Target 3.1 and in accordance with the principles of effectiveness, economy, and efficiency.

This audit was conducted in accordance with the International Standards of Supreme Audit Institutions for Performance Auditing (ISSAI 3000). These standards require the audit to be planned and executed to obtain sufficient and appropriate evidence, providing a reasonable basis for our findings and conclusions based on the audit objectives. I believe that the evidence obtained meets these requirements and supports our findings and conclusions. The audit findings in this report are limited to the defined audit scope and the specific areas examined; therefore, additional findings or issues may exist that were not identified during this audit.

I sincerely thank my audit team for their dedication, professionalism, and hard work during this performance audit. Their expertise and attention to detail ensured the audit met the highest standards. I also extend my deep appreciation to the management and staff of the MoH&HS for their cooperation during the audit, including sharing information and participating in interviews. Their collaboration was vital to completing the audit and supports transparency and accountability in public services.



H.E. Ahmed Isse Gutale
Auditor General of the FRS
30 December 2025

Introduction

Maternal mortality remains one of the most critical public health challenges in the Federal Republic of Somalia. Defined by the World Health Organization (WHO) as deaths occurring during pregnancy or within 42 days of its termination, maternal mortality in Somalia is among the highest globally. As of June 2023, the Maternal Mortality Ratio (MMR) stood at 563 per 100,000 live births, a figure driven by decades of political instability, recurrent climate shocks, and systemic health infrastructure fragility.

In alignment with the United Nations' Sustainable Development Goal (SDG) Target 3.1, which aims to reduce the global MMR to less than 70 by 2030, the Federal Government of Somalia has integrated maternal health into its core national strategies. The Health Sector Strategic Plan III (HSSP III) 2022-2026 and the National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Strategy set an ambitious national target to reduce the MMR to 400 deaths per 100,000 live births by the end of 2024.

This performance audit, conducted by the Office of the Auditor General of the Federal Republic of Somalia (OAGS), provides an independent assessment of the Ministry of Health and Human Services' (MoH&HS) effectiveness in implementing these strategies. Covering the period from January 2020 to December 2024, the audit evaluates the Ministry's performance in five key areas:

Key Area	Description
Policy Frameworks	Alignment of laws and guidelines with national health goals.
Institutional Arrangements	The effectiveness of coordination between federal, state, and international stakeholders.
Equity and Inclusion	The identification and support of vulnerable populations, including Internally Displaced Persons (IDPs).
Resource Management	The mobilization and allocation of financial and human resources (specifically midwives).
Monitoring and Data	The reliability of health information systems and death surveillance.

Audit Objective

To assess the extent to which implementation of the HSSP III and RMNCA by MoH&HS has improved maternal health care services in Somalia to reduce maternal mortality, in accordance with SDG Target 3.1.

Audit Scope

The audit focused on the Federal MoH&HS in Somalia, with the primary objective of assessing its efforts to reduce maternal mortality rates in accordance with targets set by the government, and eventually the SDG 3.1. The audit specifically evaluated the implementation of HSSP III, and RMNCAH Strategy, both of which have components on maternal health. The time period covered by the audit was from January 1, 2020, to December 31, 2024.

Methods of Data Collection

Document Reviews: The team analyzed foundational strategies (HSSP III, RMNCAH), national health budgets (2020-2024), HMIS/DHIS2 data reports, and international benchmarks like the WHO standards and the Abuja Declaration.

Stakeholder Interviews: A total of 121 semi-structured interviews and focus group discussions were conducted. Participants ranged from senior Federal and State policymakers to 38 frontline health workers (doctors/midwives) and 55 beneficiaries (mothers and IDP community leaders).

Site Visits and Physical Verification: Physical inspections were conducted across the Banadir Region, covering four major hospitals, the National Medical Warehouse, and five IDP camps in the Deyniile and Kaxda districts.

EXECUTIVE SUMMARY

Maternal mortality, defined by the WHO as deaths related to pregnancy or its management within 42 days of termination (excluding accidental causes), remains a major public health issue in Somalia. With current data as at June 2023 confirming Maternal Mortality Ratio (MMR) of 563 per 100,000 live births, Somali women face one of the highest risks of death during pregnancy and childbirth globally. This performance audit by the Office of the Auditor General of the Federal Republic of Somalia (OAGS) provides an independent assessment of the impact and effectiveness of efforts led by the Federal Ministry of Health and Human Services (MoH&HS) to reduce maternal mortality, in line with the national target of 400 deaths per 100,000 live births by 2024, as part of its broader commitment to achieving Sustainable Development Goal (SDG) Target 3.1 by 2030.

The audit covered the period from January 2020 to December 2024. The audit methodology involved document reviews, interviews, and physical verification of health facilities and Internally Displaced Persons (IDP) camps in the Banadir Region.

Key findings from the audit are:

Failure to Meet CEmONC Targets: The MoH&HS committed to establishing at least one fully functional Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility in each of Somalia's 18 regions. The audit found that 7 regions still lack these life-saving facilities. Furthermore, resources are heavily concentrated in the Banadir Region (Mogadishu), creating a referral gap for rural women facing fatal complications.

Ineffective Institutional Arrangements between Stakeholders: The audit found that national coordination platforms are irregular and lack effective oversight, resulting in a fragmented distribution of health services. Furthermore, the exclusion of the Ministry of Women and Human Rights Development from strategic planning processes prevents the health system from addressing the social determinants of maternal mortality, most notably Female Genital Mutilation (FGM) and early marriage. Information flows mainly top-down, leading to operational inefficiencies, such as expired medical supplies due to poor planning.

Vulnerable and Hard-to-Reach Women were not Identified or Targeted: The MoH&HS has not established a systematic process to identify, plan for, or allocate resources to the most vulnerable women, such as those in Internally Displaced Persons (IDPs) camps and nomadic communities, these populations face severe physical and financial barriers to care, which remain largely uncaptured in national health planning.

Budgetary Constraints and Shortage of Qualified Staff: The delivery of maternal healthcare is crippled by a dual crisis of resources. Government investment in health is profoundly insufficient, at an average rate of 5.46% of the national budget, over the last five years falling far short of the 15% commitment made in the Abuja Declaration. This is compounded by an acute shortage and severe maldistribution of qualified midwives, with the vast majority concentrated in urban centers, leaving rural and remote populations without access to skilled care during childbirth. MoH&HS failed to meet its own target of increasing Skilled Birth Attendant (SBA) coverage to 55% by 2024, as the audit noted a 32% coverage resulting in inadequate service delivery. There many factors involved in terms of retention, deployment.

Inadequate Health Information Systems: Health Management Information System (HMIS/DHIS2) is unreliable, with incomplete reporting from hard-to-reach areas and the private sector. Furthermore, the Maternal Death Surveillance and Response (MDSR) system is non-functional; maternal deaths are not systematically reviewed to prevent future occurrences, as a result maternal mortality data are not effectively utilized in the planning and decision making.

In conclusion, Somalia has made notable progress, evidenced by a gradual decline in the maternal mortality ratio and the implementation efforts regarding the HSSP III and RMNCAH frameworks. The MoH&HS set a national target to reduce maternal mortality from a baseline of 732 deaths per 100,000 live births in 2020 to

400 by 2024; however, current trends indicate that the MMR is 563 and as a result this target has not yet been achieved. Furthermore, the country remains at considerable distance from its national 2030 target of 332.

The audit recommends that MoH&HS should	
No.	Recommendation
1	Develop a roadmap to ensure every region has at least one functional CEmONC center to increase access for lifesaving health services in the most needed places across the 18 regions of the country.
2	The Ministry of Health should improve a multi-sectoral coordination framework that mandates regular oversight meetings, ensures stakeholder input in strategic planning for maternal mortality issues.
3	Develop a national framework to identify and map vulnerable populations and require that all future maternal health programs include specific, budgeted interventions to address their needs.
4	Finalize a multi-year health financing and Human Resources for Health (HRH) strategy in partnership with the Ministry of Finance (MoF) and partners to increase domestic budget allocation for health and implement a national plan with targeted incentives to deploy and retain midwives in underserved areas.
5	Strengthen the National HMIS and improve HMIS data quality and urgently implement the planned revitalization of the MDSR system to ensure every maternal death is counted, reviewed, and used to prevent similar outcomes.



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