

**POLIO** GLOBAL  
ERADICATION  
INITIATIVE

**unicef**   
for every child

# REACHING THE UNREACHABLE TO END POLIO

A Social Behavior Change Study in Somalia



## Background

Somalia successfully ended wild poliovirus transmission in 2014. However, along with a handful of other countries, it continues to battle circulating variant poliovirus type 2 (cVDPV2). With low routine immunization coverage and many children living in remote or conflict areas, the country remains high-risk for polio. In 2024, seven cases were confirmed while in 2025 two cases, were identified in addition to 13 environmental samples of cVDPV2.

In 2025, the Ministry of Health, with support from UNICEF and its partners in the Global Polio Eradication Initiative, launched campaigns to vaccinate 2.7 million children and strengthen immunity against ongoing transmission. Strategic interventions leading up to and during the campaigns focused on empowering communities, leveraging data, and forging diverse partnerships, resulting in significant success despite operating in one of the world's most challenging environments.

**1.5**

children  
zero-dose

**17%**

targeted children live in  
inaccessible areas

Less than

**50%**

of families live  
within 10 km  
of health facility

Approximately 1.5 million children under five have never received any routine vaccinations, specifically DTP1 by the end of the first year of life, and are designated 'zero-dose'. This situation is mainly due to insecurity, weak health systems, inaccessibility, and, for some, a nomadic lifestyle. In addition, the country is badly affected by recurring droughts, flooding and famines due to climate change.

Around 17 per cent or 470,000 under 5s live in inaccessible areas in south-central Somalia. Less than half of the population lives within 10 kilometres of a vaccination facility. (Frontiers 2025). While not all health facilities provide immunization, only 56 per cent of public hospitals, 68 per cent of health centres, and 19 per cent of primary health units provide this service. While 16 per cent of specialty private hospitals and 13 per cent of private clinics offer any childhood immunization services. Outbreaks of measles, cholera, diphtheria, whooping cough and neonatal tetanus further strain the health system.

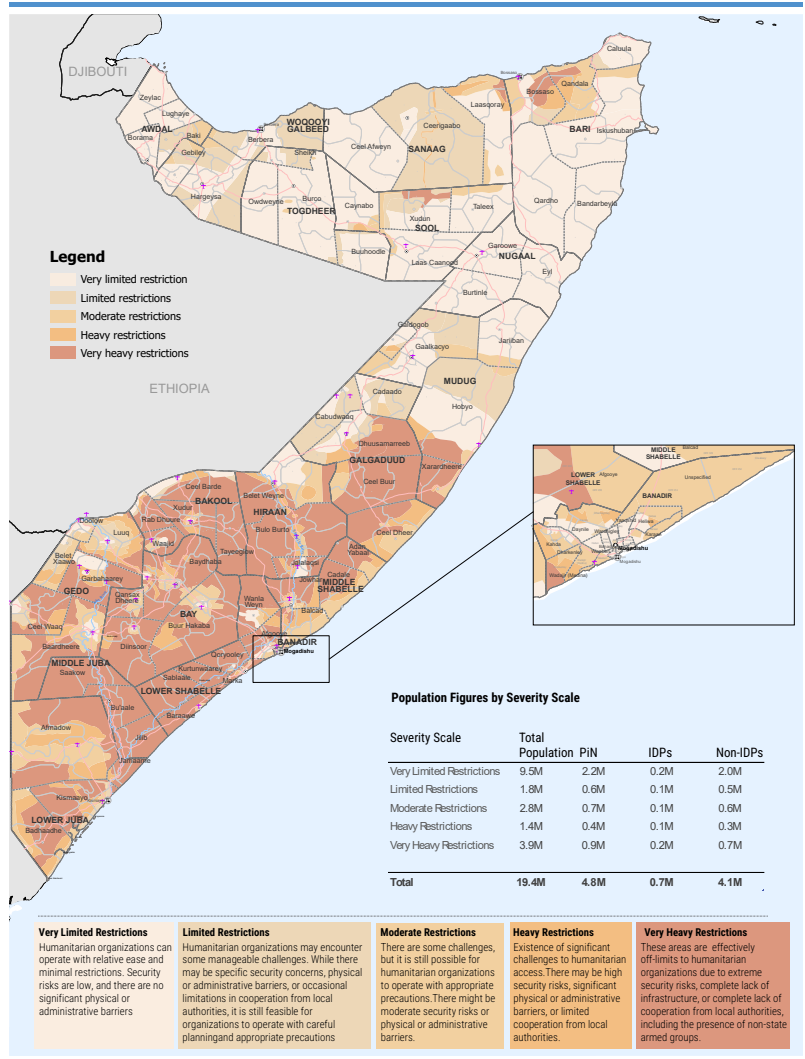


Somalia has experienced decades of civil unrest, today much of the country is still considered high risk. Virtually every district faces some level of conflict or insecurity, with some areas almost completely inaccessible to services for over 17 years. The central government controls only part of the country. Federal states and semi-autonomous regions require replication of efforts across seven administrative levels.

There are also high nomadic and returnee populations, as well as porous borders (Kenya, Ethiopia, Djibouti), and refugees from Yemen and Syria, which means the strategy must include extensive cross-border collaboration.

At the community level, caregivers/ mothers are often unaware of vaccination schedules or remain hesitant to vaccinate their children due to a lack of information. Although overall awareness of polio is high at 87 per cent, there are pronounced regional disparities ranging from 65–99 per cent (LQAS Analysis (July 2025)). Mothers also face gender-related constraints on mobility and decision-making.

Independent monitoring noted persistent challenges: some teams did not mark visited houses, missed children were not always recorded, and maps were absent. While the December 2025 round found teams lacking microplans, social mobilizers, and even vaccinators who were unfamiliar with the households.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
Creation date: 02 Dec 2025 Source: Humanitarian partners Feedback: www.unocha.org www.humanitarianresponse.info www.response.reliefweb.int/Somalia



## Strategic Approach



# of under 5s vaccinated during four polio immunization rounds in



In the past, eradication strategies usually took a standalone approach – focusing solely on polio immunization. Although this has been effective in many countries, repeated rounds of polio campaigns have led to community fatigue, hesitancy and missed opportunities to address other health issues, especially in countries that continue to battle the virus.

Somalia's 2025 polio campaigns relied on trained frontline vaccinators and social mobilization networks. These campaigns involved thousands of vaccinators, and volunteers/influencers who also played a key role in reaching every child with vaccination awareness in newly liberated districts.

**“The integrated approach in Somalia is a game changer in reaching children missing vaccination. Linking polio outbreak response activities with routine immunization, zero-dose tracing, and other child survival interventions is helping improve vaccine coverage and strengthening the overall health system.”**

*Ahmed Abdikadir, Demand Generation Lead,  
Federal Ministry of Health*

**The Big Catch-Up (BCU)** aimed to intensify routine immunization, including polio, by offering zero-dose children at least 4-5 contacts with vaccinators so they can be fully immunized. This was supported through data reviews and tracking missed children. BCU also coordinated with nutrition and other health services to target zero-dose children and defaulters.

BCU reached 828,394 zero-dose children, 77 per cent of the estimated 1.05 million national target. Country-wide mass vaccination drives for polio were also integrated with responses to other outbreaks, such as measles, PCV, cholera, and diphtheria.

Community participation helped ensure high turnout during vaccination campaigns and supported household-level sensitization. Polio was often integrated by giving children OPV during measles campaigns and through the social mobilizers polio network.

**The Influential Leaders Project** was launched in 2023 to accelerate activities by linking hard-to-reach children to routine immunization efforts, integrating supply chain improvements, and strengthening community ownership. The participants included clan elders, women leaders and youth representatives. The project is a collaborative initiative led by Somalia's Federal Ministry of Health, state ministries, UNICEF and the Gates Foundation.



1,090

influential leaders trained



60 HCD

sessions held



6,000

mobilisers trained



83,253

IDPs reached



77,958

Nomadic populations reached





The project used a Human Centered Design Approach (HCD) to support community ownership, shared accountability, sustainability and empowerment. Communities identified their own influential leaders, usually elders, women, and youth, through needs assessments, focus groups, and surveys. They worked with UNICEF to co-create, plan and implement the project. The majority of these influential leaders are not incentivised financially beyond initial training support.

Data is at the core of the strategy and was used to identify 17 high-risk districts based on low routine immunization, high cases of missed children and vulnerable populations. The project complimented current polio activities and identified areas with major gaps based on data.

The leaders were also equipped with Interactive Voice Response(IVR) tools on their mobile phones, which provided real-time tracking data. While mapping exercises matched families to the nearest health facility and flagged zero-dose children.

The Social Mobilization Network (SOMNET), which has been used for more than a decade, was integrated into the programme with approximately 6,000 mobilizers going door-to-door. The SOMNET used to be purely polio-focused but is now integrated into broader routine immunization and service delivery. The National Islamic Advisory Group (NIAG), composed of influential religious leaders, utilised platforms such as prayer calls and mosque announcements for community mobilization, and also support the SOMNET to resolve refusals.

These existing networks are intertwined with the new influential leaders, creating a combined, strengthened system for referrals and addressing refusals.

# SUCCESS STORY

Zero-dose and defaulter children traced/vaccinated



## Influential Leaders Project

(Sept.-Dec. 2025)

**39,144** zero-dose and defaulters traced

**38,319** (97.9%) vaccinated



## Routine House-to-House

(50 GAVI districts)

(Jan.-Dec. 2025)

**15,597** Zero dose and defaulter traced

**15,135** Vaccinated



## Polio Campaigns

**25,917** Zero-dose vaccinated

Total

**80,658** Zero-dose traced

**79,371** Vaccinated

“Because even if it’s a conflict area, you have your community. We have all their data. We have their phone numbers, and we can send them messages on WhatsApp. Real-time data means we can trace these missed children as soon as possible.”

*Lorraine Shamalla, SBC Specialist, UNICEF Somalia*

The UNICEF polio team knew they had a problem. How to reach the unreachable. Due to political and cultural sensitivity, they knew we were not always targeting the right groups. So they went back to the drawing board and reviewed the data to identify the gaps. Team members took responsibility to oversee different areas in the 17 high-risk districts. The team also identified 1,090 influential leaders who received training through 60 human-centred design sessions to cocreate defaulter tracking tools and messaging.

By September 2025, the Influential Leaders Project had been rolled out. In the last four months of the year, outreach teams and leaders identified 39,144 children, an almost equal number of girls and boys, who were zero-dose or defaulters.

Leader involvement alone led to 97.9 per cent of children being vaccinated. Only three per cent of traced children required further follow up, often due to migration, insecurity or vaccine hesitancy. This compares to just 15,000 children tracked in all of 2025 by regular BCU efforts.

In addition, the service delivery component of the project supported 100 health facilities, reopening 38 and reaching 138 villages with routine services for the first time.

The integrated implementation of the BCU, Influential Leaders initiative, and polio vaccination campaigns generated added value by establishing a coherent and complementary system for reaching missed children across both campaign and routine immunization platforms.



**“With this community-based approach, the people understand the plan, and they are part of the implementation. And they are happy now because they feel a sense of ownership.”**

*Dr. Mohamed Alin, SBC officer,  
UNICEF Somalia*



## Partnerships

A multi-partner approach allows for outreach in areas inaccessible to traditional services. Integrating programmes like nutrition, birth registration, routine immunization, child protection components, Water and Sanitation, and vitamin A supplementation improves outcomes. UNICEF works with a number of partners to integrate polio vaccinations with existing programs, including:

- WFP (World Food Programme): Partnering at nutrition sites to disseminate immunization information and facilitate vaccinations.
- WHO (World Health Organisation): technical support, surveillance, planning and monitoring.
- FAO (Food and Agriculture Organisation): Collaborating to track nomadic populations' movements based on water sources and livelihood activities.
- CDC (Centers for Disease Control and Prevention): Providing heat maps to track population movement, especially nomadic groups, to strategically place mobile immunization sites.
- Gates Foundation and Gavi: Major Funding and technical support
- Telecommunication Companies: Leveraging corporate social responsibility for free messaging to communities.

## Lessons Learned

- Community ownership is pivotal. Engaging elders, women and youth leaders from the beginning creates trusted messengers who could address misinformation and advocate for vaccination.
- In hard-to-reach areas, mobilisers partner with nomadic elders, women's groups and NIAG scholars to dispel rumours. This support enabled them to maintain high coverage.
- Ongoing training and stronger engagement at the community level are needed when gaps are identified.
- Trust is critical in Somalia because years of conflict and neglect have eroded confidence in public services. Trust allows people to act without needing all the technical details. Campaigns in 2025 deliberately engaged communities to build trust and address concerns.
- The role of the Federal Ministry of Health is crucial. It provided overall national leadership, strategic direction, policy guidance, partner coordination, and high-level accountability. State Ministries of Health led microplanning, coordinated district implementation, supervised field teams, and monitored performance.
- Human centred design delivers relevant solutions that led to high uptake, accountability, ownership and sustainability.

- Defaulter tracing and digital tools enhance efficiency by helping to identify and follow up on missed children. Using Open Data Kit (ODK) for data collection enables rapid analysis, monitoring of programme movement, targeted follow up.
- Data helps assess campaign quality and coverage, analyse reasons for non-vaccination and refusals, evaluate information channels and district performance.
- Integrated service delivery strengthens routine immunization. Bundling polio and other antigens during outreach reduced drop outs and leveraged resources.
- Re-operationalising health facilities expanded RI access in previously underserved areas.
- Shared accountability fosters sustainability. Clear delineation of roles, supervision and support groups built accountability across community leaders, health workers and government. When leaders were engaged, two thirds of cases were resolved.
- Secure sustainable financing. Advocate with donors, including the Gates Foundation and Gavi, to maintain funding for polio and RI, including expanding the Influential Leaders Project in order to mitigate the risk of programme disruption.
- Combine implementation of the BCU, influential leaders initiative, and polio vaccination campaigns to create a complementary system to identify and vaccinate missed children across both campaign and RI platforms.
- Integrate with other health services. Build on the platform to provide maternal, newborn and child health interventions (e.g., nutrition, antenatal care).
- Strengthen collaboration with private health facilities to improve referral linkages, expand access to underserved populations, support continuity of immunization, and enhance community demand through coordinated outreach and communication.
- Institutionalise digital tools. Embed ODK based registries and dashboards within the Federal Ministry of Health systems to ensure continuity and data driven decision making; provide training and mentorship to district staff.
- Monitor and document outcomes. Continue collecting quantitative and qualitative data on vaccination coverage, dropout rates, community perceptions, and cost-effectiveness.
- Document lessons to inform broader Demand generation and Cold Chain Logistics (CCL) and Vaccine Management (VM) programming.

## Recommendations

- Analyse reasons for missed vaccinations. Conduct qualitative studies to understand why the three per cent of traced children remain unvaccinated and design targeted responses (e.g., addressing nomadic movement, caregiver awareness or security barriers).
- Scale up the Influential Leaders Project in 56 new districts and strengthen cross-border collaboration. Expand the project to high risk districts not yet covered and work with countries at border points to harmonise tracing and vaccination strategies.

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