From Donor Dependence to Local Ownership: Jowhar's Health Sector at a Crossroads

by **Liban Mohamed Hussein**

Governance Brief 42 | December 2025

Summary

- Jowhar's health system relies heavily on donor-funded hospitals, with its key facilities commonly known by NGO names ("INTERSOS" and "IMC" Hospitals) rather than public institutions, which highlights the city's dependence on external aid.
- Recent cuts in donor funding, including an 80% reduction from the U.S. Government, have led to severe staff shortages, disrupted essential services such as medical supplies, and even caused preventable deaths.
- The local municipality and Hirshabelle Ministry of Health have limited capacity to run the hospitals, resulting in fragmented management, inconsistent services, and a reliance on emergency fixes rather than long-term solutions.
- Building a sustainable health system requires community contributions, clearer roles for local and state authorities, smarter donor investment in infrastructure, and stronger collaboration with community committees and private partners.

About the Author

Liban Mohamed Hussein is a researcher and a humanitarian aid worker.

www.somalipublicagenda.org

Introduction

Jowhar, the administrative capital of Hirshabelle State, serves as the primary medical hub for the Middle Shabelle region. The city's two main health facilities, Jowhar Regional Hospital and Jowhar Maternity Unit, provide essential health care not only for Jowhar residents but also for surrounding towns, including Adale, Adan Yabaal, Ruun-Nirgood, Mahadaay, and Gambole, extending even to Buulaburte and Moqokori in the Hiiraan region. These institutions' local names are commonly referred to as "INTERSOS Hospital" and "IMC Hospital" (International Medical Corps), respectively. For over a decade, external donors have covered almost all operational costs, from staff salaries to utility bills. This total dependency on aid has created a health system that functions only as long as donor funding is available.

According to OCHA (2025), humanitarian funding cuts have led to significant disruptions across Hirshabelle, with over 64 facilities nationwide facing closure in 2025. In Jowhar, the funding cuts have reduced staffing, disrupted programs, and forced patients to pay out of pocket for basic care. The withdrawal of support, including a reported 80% cut from the U.S. Government (Reuters, 2025), has triggered a severe crisis.

Henceforth, this governance brief examines the immediate impact of recent funding cuts/reductions on these services. This brief draws on 11 key informant interviews with health workers, hospital administrators, community members, and local officials in Jowhar. Most interviews were conducted via mobile phone and WhatsApp due to logistical constraints. The brief also draws on publicly available humanitarian updates.

Historical Context of Jowhar's Health System

The Jowhar Regional Hospital began its full operations as a medical hospital in 1993, when the international NGO INTERSOS took over its management and support. The hospital building was originally constructed in 1980 for Jowhar local administration but was repurposed as a hospital following the outbreak of civil war and the increased need for health facilities, according to a resident and health worker in Jowhar.

Over the past twenty-five years, INTERSOS has delivered one of the longest uninterrupted humanitarian health interventions in the Middle Shabelle region, providing inpatient and outpatient care in a 93-bed, three-storey facility; emergency and surgical services; treatment for chronic illnesses such as asthma and diabetes; as well as care for malnutrition, respiratory infections, and cholera. Services extended up to 60 kilometers through mobile clinics and ambulance support (INTERSOS, 2018). Although no systematic electronic data tracking was available due to paper-based registration, INTERSOS reported on its website that the hospital served over 350,000 people in 2018 alone, underscoring the critical role of this service in the region (INTERSOS, 2018).

The Jowhar Maternity Unit, a specialized department within the hospital, has a similarly complex operational history. Initially managed by Médecins Sans Frontières (MSF) until their country-wide withdrawal in August 2013 due to security concerns, International Medical Corps (IMC) was then handed responsibility for the Jowhar Maternity Unit, operating a 42-bed

maternity facility. IMC has been providing zero-cost maternal and reproductive health services, including antenatal, delivery, and postnatal care; emergency gynecological and obstetric interventions such as Cesarean sections; laboratory diagnostics; and psychosocial support, funded by donors including the European Commission Humanitarian Aid Office (ECHO) and USAID. In the early months of 2025, IMC faced a temporary reduction in donor funding, leading to a three-month disruption of some services. The funding was restored in September 2025 by the US Department of State; however, uncertainties remain, as argued by a health director in Jowhar, regarding future funding due to donor fatigue.

The Scope of the Crisis

For over a decade, the Somali health system has operated on a donor-funded model. As NGOs paid salaries, supplied medicines, and covered utilities, the system functioned smoothly. A health worker lamented that the reliance became so entrenched that the public rarely referred to the hospitals by their official names. Instead, they were known by the NGOs funding them.

With recent funding cuts/reductions, this structure began to unravel. A Stop Work Order (SWO) issued in early 2025 resulted in the withdrawal of key partners and left the hospitals without the resources needed to remain operational. According to a senior health officer at the Hirshabelle Ministry of Health in Jowhar, the consequences quickly became visible in service delivery, staffing, and community access.

Impact of Reduced Donor Funding on Health Services in Jowhar

Shortages of essential supplies were the most frequently reported issue heavily affected by these funding cuts. Health workers described running out of gloves, sutures, and medicines, forcing patients to buy basic items from private pharmacies. "We ask mothers to bring gloves and surgical thread themselves," one midwife explained. "It's not because we want to. We simply don't have anything left," she continued.

Vaccination services, maternal care, and nutrition programs have all been affected. A senior field officer in Jowhar stated that the maternity hospital managed by IMC received a six-month extension of funding from the U.S. Government but could not predict what would happen afterward. Families from rural areas increasingly struggle to access services, as only the Maternal and Child Health (MCH) funded by the European Commission Humanitarian Aid Office (ECHO) project continues to operate fully.

The cutting and/or withdrawal of donor support has fundamentally altered the scope and accessibility of health services in Jowhar. The most immediate impact has been on human resources. Jowhar Regional Hospital, which previously employed 132 staff members across all departments, now has its paid workforce reduced to fewer than 35, according to a medical health director in Jowhar.

INTERSOS officially withdrew from supporting health services in Jowhar on 31 December 2020, ending nearly three decades of free health services after an internal investigation revealed "systematic fraud" in hospital operations. This withdrawal created significant challenges, including shortages of medical supplies, equipment, fuel, and staff salaries, impacting the continuity of lifesaving services. Multiple humanitarian actors stepped in to fill the gap. Terre Solidali Humanitarian Organization supported hospital management and staff training and capacity building; the International Medical Corps (IMC) maintained oversight of the Jowhar Maternity Unit (JMU); while the World Bank-funded Damal Caafimaad project addressed infrastructure, capacity, and equipment needs. These combined efforts helped stabilize the hospital during a period of transition, as reported by senior staff at the Hirshabelle State Health Ministry.

This resulted in reduced service delivery and complaints by health workers in Jowhar about lack of salary and the stress of covering personal problems rather than focusing on community work. Due to this circumstance, a female nurse in Jowhar expressed that they [health workers] are busy dealing with their daily lives because their families do not have enough to eat, so they cannot take responsibility for others. Those who remain often work without pay. Another female health worker and mother of five children described the desperate reality of the staff: "I have not received any salary for nearly a year. I work every day. I am a mother with five kids and with no other source of income. If I leave this work, I am afraid the funding might resume and I would miss the opportunity, so I work with hope for a better tomorrow."

Because so many staff have left, important services have been disrupted in ways that have even cost lives. Interviewees shared a heartbreaking case of a mother referred from Mahadaay district who arrived in critical condition with severe preeclampsia. That night, there was no doctor available because of the funding cuts and resulting staff shortages. A community representative told us that she was transferred to Mogadishu for emergency care, but the delay was too long; the child did not survive, and the mother was left with serious complications.

Supplies have also vanished. Patients who previously received free care are now frequently asked to pay approximately $10 to buy their own gloves and surgical thread from private pharmacies because hospital shelves are empty. As one community member noted, "The nurses told me to buy the medicine my wife needs because there is a shortage of supplies."

Doctors and nurses have traveled to Mogadishu to seek employment opportunities in health facilities there. A health officer in Jowhar reported that some professionals have opened small private clinics in Jowhar or Balcad. Those who remain describe burnout, low morale, and uncertainty.

Community Readiness and Local Ownership

In reality, the era of completely free services has ceased in Jowhar, and people are paying high fees at private clinics or traveling to Mogadishu when free health care is unavailable. Respondents expressed a strong willingness to contribute small, affordable fees if it would help keep essential services running. "I am willing to pay a small amount for doctor appointments so the staff can continue their work and essential materials can be bought," a Jowhar local resident said.

The fact that residents are already buying basic supplies such as gloves or suturing thread shows that a more organized,

low-cost contribution system would likely be well received. A community member in Jowhar anticipated that, with proper coordination between community committees, the diaspora, and local authorities, such a system could help build true community ownership and support the retention of essential staff, including specialists such as surgeons and pediatricians, in Jowhar.

Role of Local Administration

The response from local authorities reveals a disconnect between mandate and capacity. The Jowhar local government and the Hirshabelle Ministry of Health are responsible for district health facilities, yet neither has the budget to assume operational costs.

When the Stop Work Order (SWO) was issued and the hospitals faced challenges related to electricity and water bills, the municipality stepped in to pay these costs. While this intervention demonstrated responsiveness, interviewees characterized it as a temporary fix rather than a solution. A medical health director admitted that while the Ministry brings some supplies and takes responsibility for placing the hospital under the administration of the Ministry, what they provide is very limited and cannot cover the hospital's massive needs.

This gap is exacerbated by the fragmentation of the remaining support. Currently, neither Jowhar Regional Hospital nor the Jowhar Maternity Unit is fully managed by the local government. According to a medical health director in Jowhar, following the withdrawal of Alight in September 2024, Jowhar Regional Hospital has not received any further operational funding. Only a small number of staff continue to work without regular salaries, relying on temporary and uncertain arrangements linked to limited projects under the Hirshabelle Ministry of Health. This situation has created a management challenge, as the local administration has almost no control over hospital operations or staffing.

The same director stated that if the local government were to assume operational management—coordinating staff payments, supply procurement, and overall administration—it could potentially create smoother management and stronger accountability. Centralizing oversight under the local administration would allow more strategic allocation of limited resources, ensure consistent supervision of staff, and better integrate community contributions and local revenue streams. However, the director cautioned that without sufficient capacity and funding, taking full control could overburden the local government and compromise service delivery, highlighting the need for careful planning and phased implementation.

Challenges to Sustainable Health Services

Even though the community has shown willingness to support local health services and there is a clear need for local ownership, two major challenges could undermine the long-term sustainability of Jowhar's health system:

1. Limited Financial Capacity at the Local Level

One of the biggest challenges is the gap between the running costs of the hospitals and the local government's financial capacity. Jowhar's municipality relies mainly on limited revenue collection, such as business licenses and registrations, rather than stable and substantial revenue sources. On the other hand, international NGOs have historically covered staff salaries, utilities, and medical expenses. The local government alone cannot fully handle these costs, although it has assumed district-level tax collection authority from the Hirshabelle State Finance Ministry. However, by combining local revenue with community contributions, the administration could cover essential operational costs, purchase critical supplies, and ensure continuity of services, reducing dependence on unpredictable donor funding. Nevertheless, without stronger support and clear fiscal planning from the Hirshabelle State and federal governments, including proper allocation for social services, taking full responsibility for hospital operations remains challenging.

2. Risk of Inequity under Community Contributions

Shifting to a system where the community contributes, though necessary, comes with the risk of creating an additional burden on the poorest households. Many residents in Jowhar are internally displaced persons (IDPs) or come from low-income rural areas and are already struggling to meet basic needs. Without proper safeguards, even small fees could place a double burden on those who cannot afford to contribute, making it harder for them to access care. The intention of community contributions is not to exclude anyone, but if not carefully designed, it could unintentionally deepen existing inequalities in health access and leave the most vulnerable behind.

Conclusion

Jowhar's health system is standing at a dangerous crossroads. Years of dependence on INTERSOS, IMC, and other humanitarian actors have left essential services vulnerable to every external shock. The death of the child from Mahadaay and the many other unreported cases show, in the most painful way, what it means to rely on a system that collapses the moment donor support stops. However, this crisis has also made the way forward unmistakably clear. The local administration can no longer wait and hope for donors to return with full support. Real ownership requires more than covering a month's utility bills or responding only when the situation becomes desperate. It calls for shifting from emergency reactions to long-term, structural solutions.

By formalizing community contributions, strengthening the role of local committees, and negotiating with donors to prioritize durable infrastructure over short-term operating costs, Jowhar has an opportunity to rebuild a health system that can stand on its own feet—a system that continues to function not only when donors are present but can also be sustained when funding is reduced or stopped.

Policy Considerations

To address the collapse of donor-funded health facilities in Jowhar and ensure the continuity of lifesaving services, this governance brief suggests the following recommendations:

- **Formalize Community Co-Financing:** The reality of out-of-pocket payments for supplies—where patients are currently asked to pay around $10 to buy their own gloves, suturing thread, or other basic materials—should be converted into a transparent, regulated

system. Instead of individuals purchasing these items from private pharmacies, the hospital would collect this small fee to cover the cost of gloves and other essential consumables needed for treatment. These funds, collected and managed by the hospital administration, should be used for purchasing critical materials and fuel.

- **Strategic Donor Negotiation for Infrastructure:** Future agreements with partners such as UN Agencies or the World Bank should prioritize capital investment (e.g., solar energy systems to eliminate electricity bills) over temporary salary support. This would ensure that even if a project ends, the facility's operational costs remain low.
- **Local Retention of Specialists:** To prevent the migration of staff to Mogadishu, the Jowhar administration should collaborate with the local business community to subsidize the salaries of critical specialists, specifically a surgeon and a pediatrician. Securing these two roles locally is a cost-effective measure that would directly prevent fatalities such as the Mahadaay case.
- **Clarify Ministry vs. Municipal Roles:** The Hirshabelle Ministry of Health must empower the Jowhar district administration to take the operational lead of the hospitals. This includes the authority to collect and reinvest patient fees, ensuring that the "INTERSOS" and "IMC" hospitals transition into true Jowhar public institutions and are allocated a budget within district revenue to finance hospital operations.
- **Strengthen Community Committees:** The Jowhar local administration should take the lead in empowering community committees to raise awareness and actively participate in supporting the hospitals. These committees can also engage the diaspora to contribute to the district's health services, reducing overreliance on donor funding. Given the strong willingness expressed throughout this brief—such as readiness to pay small, affordable contributions—strengthening these committees is likely to succeed and help build genuine community ownership.
- **Encourage Private Investment in Health and Promote Public–Private Partnerships:** Local and state governments should create incentives for the business community and diaspora to invest in the health sector. Measures such as tax reductions or exemptions for health-related investments could promote the development of private hospitals and clinics in Jowhar, where currently there is no single private hospital. Establishing public–private partnerships (PPP) would also help expand affordable health services for local residents while easing pressure on donor-supported facilities. Increasing private sector participation could further reduce the growing trend of health tourism to Mogadishu and, over time, contribute to higher local government revenue through regulated service provision and business licensing.

References

- *INTERSOS, 2018. Jowhar: 25 years of INTERSOS in Somalia and counting. [Online] Availible at: https://www.intersos.org/en/jowhar-25-years-of-intersos-in-somalia-and-counting/*
- *OCHA, 2025. Somalia: Monthly Humanitarian Update – July 2025. [Online] Available at: https://reliefweb.int/report/somalia/somalia-monthly-humanitarian-update-july-2025#:~:text=Since%20the%20beginning%20of%20the,disease%20prevention%2C%20and%20primary%20healthcare*
- *Reuters, 2025. Trump administration scraps over 80 USAID programs, top diplomat Rubio says. [Online] Available at: https://www.reuters.com/world/us/trump-administration-scraps-over-80-usaid-programs-top-diplomat-rubio-says-2025-03-10/#:~:text=WASHINGTON%2C%20March%2010%20(Reuters),humanitarian%20relief%20efforts%20into%20chaos*

This governance brief is the ninth in a series of District Council-driven research publications under our EU- funded project, Increased Opportunities for Somali Citizens' Scrutiny of Fiscal and Financial Governance, which examines critical issues related to fiscal governance and federalism at the district level. The topics explored in this series are identified through close collaboration with District Council members, and Civil Society Organizations' (CSOs) representatives during workshops held in Bosaso, Adado, and Jowhar on a quarterly basis, ensuring the research remains grounded in local governance realities.

Somali Public Agenda

Mogadishu Somalia

+252(0)85 8358

info@somalipublicagenda.org

<https://www.somalipublicagenda.org>

@somalipubagenda