Challenges in Accessing Health Services in Adado District

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Summary

- Although health facilities in Adado remain operational, reductions in external support since 2025 have significantly reduced the capacity of health services to meet community needs, particularly through medicine shortages, staffing constraints, and reduced service availability.
- The shift from donor-supported healthcare to increased reliance on patient fees has placed a growing financial burden on households, with the greatest impact on low-income families, internally displaced persons, and communities living furthest from health facilities.
- Adado General Hospital remains the principal referral facility for communities across the Galgaduud and Mudug regions, meaning that impacts of changes in service availability extend well beyond the district's resident population.
- The transition from externally supported healthcare to locally sustained service delivery highlights the need for stronger governance arrangements, sustainable financing mechanisms, and long-term investment to ensure reliable and equitable access to essential health services.

About Somali Public Agenda

Somali Public Agenda is a nonprofit public policy and administration research organization based in Mogadishu. Its aim is to advance understanding and improvement of public administration and public services in Somalia through evidence-based research and analysis.

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Introduction

Since 2025, health service delivery in Adado District, Galmudug State, has sharply declined in ways that residents, local government officials, and health service providers describe with considerable consistency, although each group provides different levels of detail in their accounts.

Adado General Hospital - previously supported by Save the Children in partnership with UNICEF and the Galmudug State Ministry of Health under the Essential Package of Health Services (EPHS) - had provided consultations, maternity care, and medicines, largely free of charge, to residents, internally displaced persons, and surrounding communities across Galmudug.

Following a reduction in that support, linked to a wider contraction in external assistance since 2025, the hospital and the district's network of Mother and Child Health (MCH) centres and health posts remain physically in place. However, respondents describe noticeable changes in staffing, medicine supplies, and the cost of accessing care.

This brief examines the state of health service access and quality in Adado District following the reduction in external support. It also assesses the local government's response to emerging gaps in health service delivery. Finally, the brief offers policy recommendations to support the Adado District Government, health providers, and the broader community.

The primary data for this paper were collected through ten key informant interviews conducted remotely between 2 and 13 June 2026. Participants included four community members, one traditional community leader, three district council and local government officials, one representative from the Galmudug State Ministry of Health, and one former implementing partner staff member in Adado District.

Impact of Aid Reductions on Health Services Access in Adado

Respondents consistently linked changes in health service delivery to reductions in external support that began in 2025. Across interviews with community members, government officials, and health sector representatives, respondents described a shift from a donor-supported system that provided

largely free healthcare to one in which households increasingly shoulder the financial burden of accessing services.

As described by many interlocutors, Adado's health system remains generally operational but is no longer functioning at the level communities previously experienced under the Essential Package of Health Services (EPHS), a donor-funded programme implemented by Save the Children in partnership with UNICEF and the Galmudug State Ministry of Health. Under the EPHS, residents received free consultations, medicines, and maternal healthcare through Adado General Hospital.

Before the reduction in support, consultations, maternity care, medicines, and other services delivered under the EPHS were provided largely free of charge. Community respondents explained that many of these services now require payment, forcing households to consider whether they can afford treatment before seeking care.

Local government officials noted that Adado continues to be served by one referral hospital (Adado General Hospital), three Mother and Child Health (MCH) centres, one tuberculosis centre, and six health posts. In addition, Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and maternal and newborn health services remain available. Government officials and health providers viewed the continued operation of these facilities as evidence that health services remain available.

Continued support from Save Somali Women and Children (SSWC) and the Somali Red Crescent Society (SRCS) to two of the district's main Mother and Child Health (MCH) centres has also helped sustain parts of the district's primary healthcare system. However, respondents generally viewed these interventions as insufficient to offset the wider reductions in service availability. Although health facilities continue to operate across the district, with Adado General Hospital still managed by Save the Children in partnership with the Galmudug State Ministry of Health, respondents explained that the Ministry lacks sufficient resources to operate the hospital independently and now relies on patient fees alongside partner support to maintain operations.

Respondents therefore argued that access to healthcare has become increasingly constrained, not because of the physical absence of facilities, but because of reduced service capacity and the growing financial burden imposed by patient fees.

Furthermore, community members assessed accessibility differently, describing it in terms of whether facilities could provide timely treatment, qualified health workers, medicines, and essential medical supplies. They indicated that reductions in external support have contributed to medicine shortages, fewer health workers, reduced availability of several health services, and higher out-of-pocket expenditures. Moreover, general outpatient consultations and nutrition services were reported to have been scaled back.

Respondents further explained that the financial burden extends beyond consultation fees. Residents from outlying settlements and internally displaced communities stated that they must also cover transport costs, medicines, and other medical supplies, placing additional pressure on households already facing limited incomes. Healthcare expenses increasingly compete with other essential household needs, including food and shelter, leading some families to delay or forgo treatment altogether.

These changes were perceived to affect all residents but were described as having the greatest impact on low-income households, internally displaced persons, women, and communities living furthest from health facilities.

Adado District officials and community respondents also highlighted that Adado General Hospital serves communities beyond the district itself. They described the hospital as the principal referral facility for communities across the Galgaduud and Mudug regions, suggesting that impacts of changes in service availability extend beyond Adado's resident population and affect a much wider catchment area.

Healthcare Quality Following Reductions in External Support

Although Adado's health facilities remain operational, respondents consistently reported a decline in the quality and reliability of healthcare

services following the reduction in external support. Government officials and health sector respondents similarly noted that, while essential services continue to operate, their capacity to deliver comprehensive and high-quality care has been weakened.

A key concern raised by respondents was the health workforce. They indicated that reductions in external funding have made it increasingly difficult to retain qualified health workers, with some doctors and other skilled personnel becoming less willing to work under reduced or irregular salaries. This has contributed to staffing shortages, increased workloads for the remaining personnel, and longer waiting times for patients. Respondents also reported that some specialised services are no longer consistently available, reducing the scope and continuity of care.

The quality of care has further deteriorated due to shortages of medicines, medical supplies, and diagnostic resources. Health workers reported that these constraints limit their ability to provide complete treatment within health facilities and, in some cases, require patients to purchase medicines and medical supplies from private pharmacies.

Local Government's Response to Reduced Access to Healthcare

Government respondents, including the district council member, the Director of Planning, and the Director of Finance, acknowledged the challenges affecting health service access and quality. However, they emphasised that responsibility for financing and delivering health services, particularly at the hospital level, rests with the Galmudug State Ministry of Health rather than the district administration. Given this division of responsibilities, they argued that the district's primary role is to coordinate and advocate by raising the visibility of the funding gap with the Ministry of Health and engaging international NGOs and other development partners to help sustain service provision in the interim.

Adado District Government interviewees outlined existing coordination mechanisms involving the Ministry of Health, district authorities, and implementing partners, including regular meetings to coordinate health interventions. Community respondents, although familiar with the local government and involved in broader community discussions, said they had little awareness of formal coordination processes related to the health sector. Instead, they described relying primarily on elders, camp committees, and women's and youth groups to communicate concerns about healthcare access.

These differing perspectives do not necessarily indicate a lack of coordination but rather reflect differences in how governance processes are experienced by institutions and communities. Government respondents described existing administrative structures and coordination arrangements as functional, whereas community respondents placed greater emphasis on whether these processes produced visible improvements in healthcare services. For many respondents, the effectiveness of governance was judged less by the existence of coordination meetings than by tangible improvements in the availability, affordability, and quality of health services.

Despite the limitations of its mandate, government respondents noted that the district has made efforts to strengthen domestic revenue mobilisation and maintain essential health infrastructure in response to reduced external support. However, Adado continues to face significant challenges in raising sufficient revenue. Even if domestic revenue collection reached its full potential—estimated at around USD 50,000 per month—it would still fall short of covering the gap left by declining external assistance. Consequently, the Adado District Government viewed domestic revenue mobilisation as a long-term strategy rather than an immediate solution for sustaining health service delivery.

Officials also identified broader structural barriers to domestic revenue mobilisation, including limited public understanding of taxation, religious misconceptions regarding the legitimacy of government taxation, low levels of public trust in local authorities, and insecurity associated with clan conflict. They argued that strengthening local financing requires not only more effective revenue collection systems but also greater public confidence that revenues are translated into visible improvements in services within the district's mandate. Such improvements, they noted, would

also strengthen the district's credibility when advocating to the Galmudug State Government and external partners for additional health financing.

Conclusion

The findings show that the main challenge facing healthcare in Adado is no longer the availability of health facilities but their ability to consistently provide affordable, high-quality services. Reduced external support, rising out-of-pocket costs, shortages of medicines and qualified health workers, and limited local government resources have weakened access to essential healthcare, particularly for vulnerable communities. Addressing these challenges will require strengthening local governance, improving public trust and domestic revenue mobilisation, and establishing sustainable financing mechanisms to ensure reliable and equitable health service delivery over the long term.

Policy Considerations

This brief presents the following policy considerations to support sustainable and equitable health service delivery in Adado District:

1. **Strengthen collaboration on health financing**: The Galmudug State Ministry of Health, Adado District Council, and development partners should strengthen collaboration to identify sustainable financing options that can support the continued delivery of essential health services and reduce vulnerabilities arising from fluctuations in external assistance.
2. **Protect access to essential healthcare services**: Relevant authorities and development partners should prioritise the continuity of essential health services, particularly maternal and newborn care, outpatient consultations, and emergency referrals, while exploring mechanisms to reduce the financial burden on low-income households and internally displaced communities.
3. **Support the sustainability of Adado General Hospital**: Given its role as the principal referral facility for communities across the Galgaduud and Mudug regions, stakeholders should work collectively to ensure the long-term operational sustainability of Adado General Hospital through coordinated planning and resource mobilisation.
4. **Strengthen the quality and reliability of healthcare services**: The Ministry of Health and its partners should prioritise investments in qualified health personnel, medicines, diagnostic capacity, and essential medical supplies to improve the quality, reliability, and continuity of healthcare services.
5. **Enhance communication and community engagement**: District authorities and health sector actors should establish regular channels of communication with community representatives, including elders, women's groups, youth groups, and camp committees, to strengthen community participation and improve responsiveness to local health concerns.
6. **Promote transparency and public confidence in local resource mobilisation**: Efforts to strengthen domestic resource mobilisation should be accompanied by greater transparency regarding local revenue collection and expenditure, alongside continued engagement with community and religious leaders to address prevailing misconceptions about taxation and build public trust.

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This governance brief is the twelfth 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.