

Summary of the evaluation of MAP's project "Contributing to Bedouin Communities Access to Essential Health Services in the Jordan Valley"

October 2018

Background

MAP collaborates with Islah Charitable Society (ICS) to support the running of a mobile health clinic that targets 27 Bedouin communities in the Jordan valley. The project's main goal is to improve the health status of the Bedouin communities in the Jordan Valley by providing access to the mobile health clinic which provides primary health care and women and child health care services.

The evaluation of the project was conducted by General Consulting and Training (GCT) in order to assess the project's relevance, effectiveness, matching needs, internal coherence, gender mainstreaming, lessons learned, synergies impact and sustainability for the period 1 October 2016 – 30 September 2018.

Methodology

A sample of seven communities was selected for the evaluation study representing the 27 communities served by the project. The size, location and access to central cities were the criteria used for selection of evaluation sites.

1. **Literature review** of project documents and reports: project agreement, donor reports, mobile clinic records, ICS assessments, mobile health clinic fund assessment, health cluster documents, periodic quarterly reports, and project log-frame.
2. **Qualitative:** Individual interviews with community representatives and key stakeholders including the Palestinian Ministry of Health (MoH), UNRWA, WHO and health cluster members and 13 focus group discussions with Bedouin women beneficiaries (164 women) and 2 with Bedouin men beneficiaries (17 men).
3. **Quantitative:** Quality survey for assessing satisfaction with services was completed by 85 respondents, and knowledge test for examining awareness as a result of the health education program was completed by 56 respondents.

Results

- ICS is seen as a **credible**, hard-working and dedicated organisation willing to serve those in need.
- The intervention is mainly successful in targeting the most **vulnerable in the communities** being impoverished refugee women and children who comprise 79% of the total population of the targeted communities.
 - *"if it was not for ICS clinic, we would have no one to look after our children and women"*, - Community leader in Khan-Ahmar area.
 - *"We have seen improved women's health and lower experience with complicated pregnancies and miscarriages during the lifetime of the mobile clinic"*, Ms. Wafa Qadi - ICS Chairperson.
- 90% of clinic users expressed **high satisfaction** with the delivered services including appropriate waiting time and reasonable time for examination.
 - *"The waiting time is not long, we come and register as we arrive and then get the service"*, a Bedouin woman from Treifat reported.

- *“As I cannot wait for long, they understand my condition and get me the service quickly”,* an old Bedouin woman from Treifat said.
- A diverse **package of services** is provided through the mobile clinic namely treatment, education, first aid training, hygiene supplies and social support.
 - *“Household supplies provided by the project helped us a lot. We could have not afforded to buy them in the market. Baby napkins helped us keep our children clean”,* a Bedouin woman at Dawaheek community said.
- **Health education** is achieving good coverage but could be improved by addressing chronic diseases, self-care and danger signs in pregnancy and child birth. It could also be improved by making the learning more action oriented rather than theoretical.
 - *“Health education is good, the mobile clinic team meets with women and educate them. Our women got information on how to care for the children and for themselves”,* a community leader at Abu Falah community said.
- The **quality of care** provided by the clinic is highly rated by service users and local stakeholders. This forms a good basis for further improvements in terms of the package of services, waiting times and referral pathways.
- Senior stakeholders at the MoH and other international agencies see this intervention as highly **relevant** to respond to needs.
 - *“It is of most importance to reach isolated communities with services, given that MAP-UK targeted communities that are threatened by displacement, and are surrounded and affected by settlements. It is a national priority to preserve their right to health through practical modalities”,* Dr. Ayman Shuaibi, CARE International said during his interview.
- The delivery of care appeared to be **well coordinated** with other providers and a referral scheme is in place with MOH and UNRWA which forms a good basis for sustainability and scale up of services.
 - *“There is a good field level coordination of mobile clinic services in the region among the following agencies: Health work committees, healthcare committees, UNRWA (with supply of medications to our locations), Red Crescent, PMRS and ICS. This coordination mechanism is facilitated by the district MOH and we achieved a good harmony in serving all Bedouin communities”,* – Sumaya Asmat, project coordinator at ICS.
- ICS has an opportunity for growth and **improvement** as an organisation and a healthcare provider. Significant effort for organisational strengthening, human resource management and resource mobilisation is required to achieve the organisation’s goals.

Recommendations

- Ensuring **immediate response** to critical issues through increasing the coverage and frequency of visits.
- Expanding the health education programme to include **behaviour-oriented and action-oriented education**.
- Defining health issues that require **specialised care** such as disabilities, children with learning difficulties and cancer.
- There is a need to improve the detection, treatment and referral of **Gender Based Violence (GBV)** survivors to ensure that they can access specialised protection services.
- Developing **capacity building** efforts for ICS staff in order to achieve growth goals.
- Setting a **long-term service delivery plan** including a coordinated **health insurance scheme**.

Adapting the project design

There are various areas where the project can be improved. Therefore, the impact of this project is dependent on the continuation of the project's activities and an improvement in the quality of future interventions. The key findings from the evaluation which informed the design of a new phase of the project for 2019 – 2020 were:

- The intervention is mainly successful in targeting the most vulnerable in the communities, such as impoverished displaced women and children, through focusing our services around maternal and child health needs and awareness raising sessions. It has been shown that women tend to need the healthcare services more than men, especially given their reproductive health needs. However, a male Community Health Worker will be included in the new phase of the project to improve access for men in the community.
- Since the health sector is often the first and sometimes only point of access for GBV survivors, there is a need to improve the detection, treatment and referral of GBV survivors to ensure that they can access specialised protection services. MAP will enhance these skills within our mobile clinic teams.
- MAP's support to the mobile clinic will improve routine disease data collection in the targeted communities (identifying current and future priorities) as well as enhancing child/vulnerable adult safeguarding processes.