Improving access to and quality of reproductive and child health care to marginal peoples: Bedouin in Jordan and Syria

Final Report Summary - BEDOUIN HEALTH (Improving access to and quality of reproductive and child health care to marginal peoples: Bedouin in Jordan and Lebanon)

Basic health care provision for pastoral peoples in the Middle East has been difficult to provide due to their remoteness and mobility. Government services are designed for fixed, permanently domiciled populations. In the arena of health care, these marginal mobile or recently settled populations have had limited access to government health care provision. Jordan and Lebanon have pursued different models of governmental health care; Jordan has set up health care centres where Bedouin have settled, whereas Lebanon has maintained general health services for its rural population. The BEDOUIN HEALTH project aimed to:

- assess the current health status, health seeking behaviour and practices of marginal pastoral peoples in relation to reproductive and child health;
- assess the scope of current health care delivery and the views of stakeholders-policy makers, health personnel and Bedouin themselves about it;
- develop in partnership with local providers, model interventions to improve access to and quality of reproductive and child health care;
- evaluate and disseminate the interventions locally, nationally and regionally.

The study took place in the north eastern desert region of Jordan and the Beqaa Valley in Lebanon. The study sites within each study area include mobile and recently settled Bedouin. In the first year a needs assessment was carried out using quantitative and qualitative data collection on health service utilisation and resourcing, health seeking behaviour, as well as participatory learning and action techniques designed to generate an understanding of reproductive and child health care needs, provision and delivery. The research teams and partners in the Ministry of Health and local communities were developing model pilot interventions during the third and fourth year with ongoing evaluation. These would be disseminated using innovative techniques at the local, national and regional levels to all stakeholders during the fourth year.
The project was originally planned to take place in Syria and Jordan but owing to insuperable problems, took place in Jordan and Lebanon.

The project pursued the following objectives, forming respective work packages:

- Objective 1 (Work package 1) 0-12 months
  1) to access and procure equipment, train teams, develop the study protocol, set up national advisory groups, hold a launch meeting.

- Objectives 2 and 3 (Work package 2) 3-22 months
  2) an audit of health care provision and utilisation in an area of the Northern Badia in both Jordan and Lebanon based on an data available on local manpower resources, size of the Bedouin and rural population, as well as interviews with policymakers and providers.
  3) a mapping of the existing preventive and curative care provision for mobile and settled Bedouin women and children, and rural women together with a needs assessment through participatory techniques and qualitative research of health care seeking behaviour and utilisation. This will identify barriers to access at the different levels (policy makers, providers and community).

Objective 4 (Work package 3 and 4 )
4) development, implementation and evaluation of model interventions developed in partnership with a range of providers for improving access and quality of health care.

Objective 5 (Work package 5)
5) dissemination locally, nationally, regionally and internationally) to communities, practitioners, policymakers and academics.

Based on the meetings’ proceedings, the following suggestions and findings were concluded:

Policy makers suggestions from the dissemination meetings
- Decentralisation formaintenance of equipment and purchasing procedures.
- Address the lack of incentives for government employees working in rural areas and explore interest of clinic staff in moving their families to rural areas.
- Lack of transport.
- Lack of clarity about immunisation coverage.
- Communication skills and attitudes of health providers.
- Informing community about access to free care.
- Midwives to be allowed to insert IUDs.
- CHCs not equipped currently for childbirth.
- Support health surveillance data collection on childbirth in the areas of Azraq, Ruweishid and Safawi for one year.

Providers’ suggestions from the dissemination meetings
- More training and provision of internet and library services.
- Use of video-conferencing to address isolation.
- Increase midwifery and childbirth care.
- Have purchasing done locally.
- Improve transport.
- Promote staff morale through financial incentives and training.
- Equalise incentives for staff in clinics and hospitals.
- Address misdistribution of staff using health surveillance data.
- Address communication problems with hospital staff in Zarqa and Mafraq.
- Training needed for newly employed staff in the Badia.
- Computerise health records in clinics.
- Close village health centres.
- Change afternoon payment system.
- Do more health promotion.
- Have user committees at clinics.
Community suggestions from the dissemination meetings
- Improve communication and attitudes of staff with input from the community.
- Provision of specialists.
- Better information on when doctors are available.
- Change afternoon payment system.
- Abolish the fee when attending a clinic where one is not registered owing to moving about.
- Close village health centres owing to poor provision at this level.
- Improve water quality.
- Have deliveries at comprehensive health centres.
- Have Bedouin girls as nurses.
- More mental health and disability services.
- Have training in first aid for youth groups.
- Improve dental health provision.

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