

Mobile Clinics Working Group Update



2 August 2021

Background and Objectives

- Main objectives of the working group (WG):
 - Maximise access for vulnerable communities in the West Bank, primarily in Area C, Israeli-controlled parts of Hebron city (H2), and closed areas behind the Barrier (the Seam Zone)
 - Strengthen mobile clinics coordination
 - Establish minimum standards of care
 - Share knowledge and training on successful practices, and improve health information management.
- Established in 2018

Mobile Clinics Minimum Quality Standards Package

L2 Primary healthcare - basic life-saving remedial and preventive primary healthcare services including the following:

- General practice care
- Child healthcare
- Home visits
- Sexual and reproductive health, including family planning, maternal health, and sexually transmitted infections
- Gender based violence detection and referral, including for sexual violence
- Disability detection and referral
- Health awareness (including first aid management)
- Basic lab tests e.g. rapid diagnostics tests

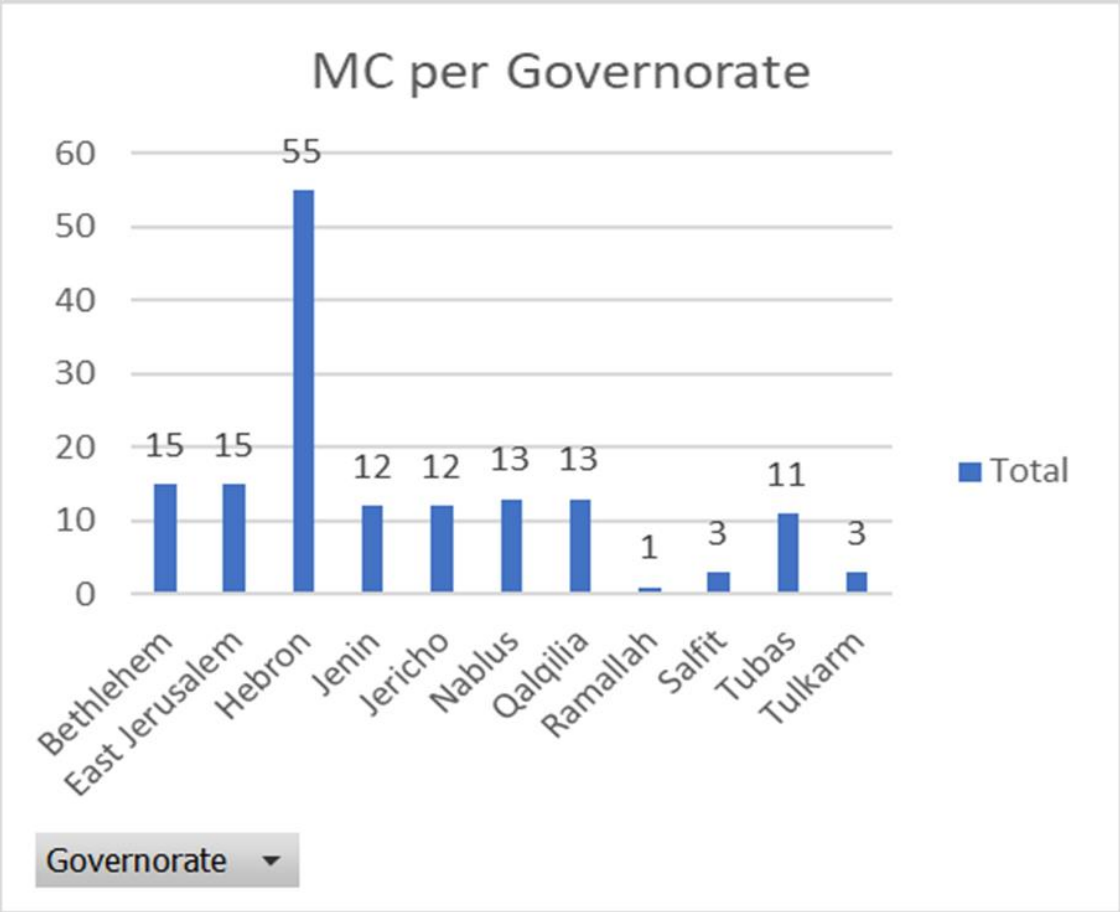
Criteria to be a mobile clinic community

Vulnerability criteria of community:

- It takes over 30 minutes to reach the closest primary health care.
- There is no public transport available.
- Ambulance faces delays at checkpoint and barriers in accessing the community.

Coverage

Implementer/Provider	Locations
PMRS	90
HWC	28
MAP UK	6
UNRWA	6
MSF Spain	4
MoH	??



New mobile clinic services and lessons learned

- Adolescent and youth health awareness and consultations through youth friendly health services
- Social workers for MHPSS services and referrals
- Midwives to provide family planning and other SRH services
- Working on introducing Community Advisory Committees to improve accountability to affected populations (AAP)

WG Key Task - Coordination

- Regular meeting (monthly) for information sharing and mutual referrals
- Mapping of mobile clinic services (4Ws matrix) to:
 - Analyse and organize the geographical and population coverage
 - Identify and fill the gaps
 - Ensure there is no duplication
- Identify, discuss, and decide upon different issues such as cost of clinic services for beneficiaries and minimum package of services to ensure standardization



WG Key Task - Data management, assessments, planning and reporting

- Support in coordinating needs assessments to identify needs and priorities
- Provide analysis of data submitted by partners and follow-up with them to assure quality of services and maximising coverage of vulnerable communities
- Encourage members to actively participate in the Health Resources and Services Availability Monitoring System (HeRAMS) (after launch in 2021)

WG Key Task - Capacity building

- Prioritize the protocols of intervention to be developed and / or updated based on available data and experience of the members and international recommendations
- Consolidate standards and best practices fitting with the context of West Bank and promote its adoption/implementation by members
- Coordinate and facilitate the implementation of trainings to ensure good quality of services. Examples:
 - GBV detection and referral trainings
 - MHPSS trainings
 - Minimum Initial Service Package for Reproductive Health in Emergencies (MISP) training

WG Key Task - Advocacy

- Advocacy for addressing gaps in mobile health care services to be considered in humanitarian processes (i.e. the Humanitarian Programme Cycle) and funding opportunities (i.e. OCHA Country Based Pooled Funds).

Main Gaps and Challenges

- Active participation of local community / weak representation of vulnerable groups e.g. women, young people, persons with disabilities
- Field coordination / complementarity needs improvement
- Multi sectorial collaboration inter-cluster coordination and collaboration
- SRH services, GBV, and MHPSS
- Mainstreaming disability
- Movement restrictions