

# Evaluation of Mobile Clinics by MSF in pastoralist community in Doolo Zone, Somali Region, Ethiopia; a mixed methods approach

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## Introduction

- The Somali region, Ethiopia, suffers from low health service coverage and a history of health emergencies, which disproportionately impact the pastoralist population
- MSF has provided medical assistance in the region since 2007, and in 2019 adopted a strategy of providing primary health care through mobile clinics (MCs)
- This study aimed to evaluate the appropriateness and efficacy of the MC approach, focused on the pastoralist population

## Methods

- A mixed-methods design was applied to evaluate the relevance, appropriateness, effectiveness, connectedness and perceived impact of the mobile clinics
- A descriptive analysis of 24 months of routine mobile clinic data was performed (2019-2021) and a patient satisfaction survey was conducted in 2021
- Community feedback on the MCs was elucidated through four focus group discussions (FGDs) in 2021

## Results

### Relevance:

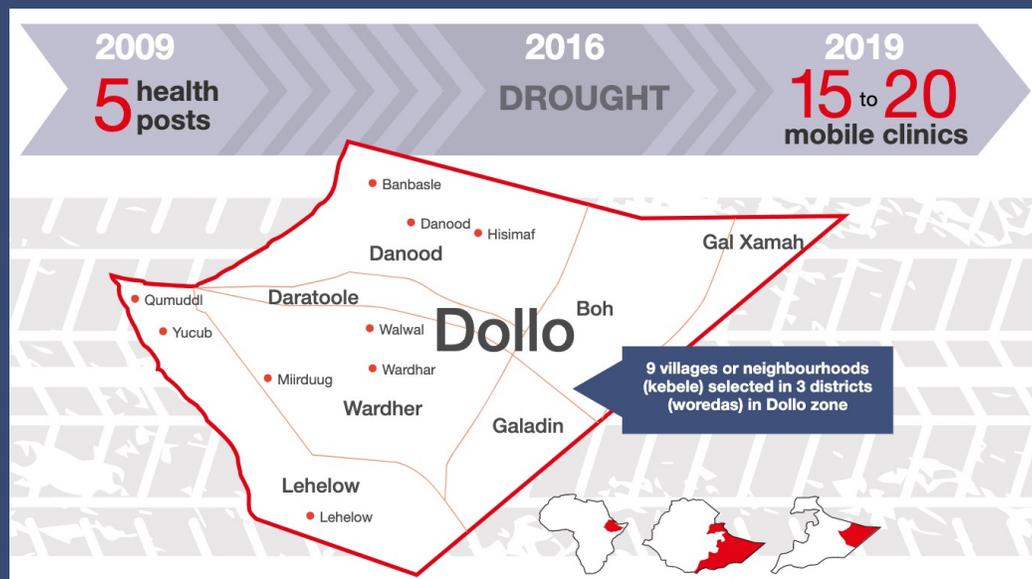
The shift away from secondary health care to focus on primary health care and surveillance from 2019 onwards has also left the population with limited access to high quality secondary care.

### Appropriateness:

Out of 172 respondents, 98.8% of patient satisfaction survey respondents agreed with the statement "Overall, I was satisfied with the care I received." However, over half of respondents found the opening hours of the mobile clinics made them difficult to access. 22% did not find the clinic close enough to access and 32% found it difficult to travel to the mobile clinic. The appropriateness of the MC approach was also questioned by MSF staff in relation to the limited diagnostics available at the MC sites, the referrals policy and the impacts of drug ruptures.

### Effectiveness:

During 2019-2021, 90,542 primary health care consultations were conducted across 28 sites, equating to achieving 82% of expected OPD consultations for that period. 59.7% of ANC and 77% of ATFC expected consultations were achieved. 40.6% of children attending the MCs aged 6 to 59 months were screened for acute malnutrition and thus did not meet the expected 100% target. High patient volumes, staff shortages and long distances between MSF bases and clinic sites were highlighted during staff interviews as challenges in the provision of quality healthcare.



"Sometimes we go to the mobile clinics, and we don't have medication – especially NCD medications, and the patients complain – they say 'why are you coming here without medication?' We know that MSF is a big organization." (MSF Medical Staff Member)

"We request the services to be delivered here if the agency can do so or increase the number of times that the agency comes to 2 days per week." (Community FGD Participant)

"The community asks to get the service every day as MSF MC opens once per week and people ask to increase the number of visits per week." (MSF Staff Interviewee).

"They know at MSF they may get the drugs where at government health facilities they know they will not." (MSF Staff Interviewee)



Mobile clinic structure Danod district, Alibarwayn MC July 2021, Somali region, Ethiopia.

## Results continued...

### Connectedness:

The mobile clinic program is providing access to ambulatory care confined only to areas where there is no health care and does not address the larger health system deficiencies. However, patients seek care in the mobile clinic services, even when public facilities may be nearby. This fills a gap in healthcare provision. The referral policy connects MSF to the formal health system but doesn't address community concerns about quality of care at those sites.

### Perceived impact:

Staff interviews highlighted a harmful impact of the MCs in that they act as a pull factor even in locations with ministry of health facilities, which may further affect the quality of services provided at those sites.

## Discussion

- The limited operating schedule of the clinics impacts the appropriateness and effectiveness of the MC approach to the provision of healthcare
- The consistently high patient volumes indicate a semi-permanent primary health care model may be more appropriate in some settings

## Conclusions

- MSF's mobile clinic strategy is partly effective and partly appropriate to meet the needs of the Doolo zone population
- The strategy does improve access to quality primary health care service to the population. However, further adaptation of the strategy to the needs of the population is required to increase its effectiveness and avoid pulling services away from existing health facilities

## Recommendations

- Strategically transform mobile clinic sites to static public health care centres in selected areas and ensure continuity of care
- Work with community members to advocate for quality improvement at referral sites
- Improve quality of service at mobile clinics through improving working days, operation hours and staff numbers

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