



# IOM Mobile Clinics, Transitional and Temporary Health Facilities

## Introduction

Crisis events frequently result in disrupted and overstretched public health care services, exacerbating an often pre-existing fragile health system. Primary health centres may be completely destroyed, partially functional or not accessible and can only provide limited services. Secondary or tertiary health care facilities can be filled to capacity and unable to provide urgent medical or specialty care. Additional to this, health personnel may be among the displaced. In other situations, people may have had to relocate to areas where no health services are available. In all these circumstances there may be a need to establish and run transitional, temporary or mobile health facilities. These short term solutions provide health care services until pre-existing structures and staffing can be re-established or displaced communities return to their original or more permanent locations.



## Strengthening Local Health Facilities

IOM always aims to strengthen and/or re-establish the local primary health care capacity, avoiding creating parallel systems before establishing a new or additional health mechanism.

To achieve this, the following principles are followed.

Transitional health clinics or temporary health posts should **NOT** be constructed, rehabilitated or repaired without a baseline health needs assessment, ensuring availability of health personnel and integrated capacity building components.

The overall quality of local health services can be improved with the regular supply of essential drugs, the availability of trained staff and transport.

Where a parallel health system must be established, the health programme should be directed by the lead health authority and use the host governments health policies about essential drugs, treatment protocols and its referral systems.

## IOM's Scope of Activities

Through its Mobile, Temporary and Transitional Health facilities, IOM aims to provide the following services:

- Improve access to emergency and primary health care services to displaced persons possible and host communities.
- Improve existing, or initiates health care referral mechanisms.
- Operational relief of the strain on functional primary health care facilities in crisis or emergency affected areas.
- Better access to medicines and essential drugs for displaced patients.



International Organization for Migration (IOM)  
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## Mobile Health Clinics

Mobile clinics are designed as the first point of contact, to provide life-saving interventions for hard to reach and vulnerable populations. In the immediate aftermath of a crisis event or because of flooding, impassable roads or for security reasons, the establishment of transitional or temporary health clinics may be delayed. In these cases, communities might have to rely on mobile clinics for their health services. Mobile clinics are only considered very short term solutions in an emergency phase and can not provide the full health service necessary in transition and early recovery phases.



## Case Studies

### Myanmar 2008

Cyclone Nargis killed an estimated 138,366 people and affected nearly 2.5 million. The existing health infrastructure was insufficient to adequately address the health needs of the population following the cyclone; thus mobile medical clinics provided a temporary solution to fill in the health service gaps. IOM implemented 8 mobile medical clinics providing health services to nearly 160,000 people.

## Transitional Health Facilities



Transitional health clinics are designed to provide health services while pre-existing primary health facilities are repaired and rehabilitated after an event has occurred. Transitional structures are built beside or close to existing structures so that they can fill the health services role that the previous infrastructure played, prior to the crisis. Primary health care services are made accessible for affected populations as well as surrounding host communities.

### Indonesia 2004

After the tsunami devastated Aceh in 2004, virtually all community health care infrastructure was destroyed. IOM in collaboration with the Ministry of Health constructed 38 temporary health posts and helped to rehabilitate three primary health care centers and four community health posts through the provision of medical supplies, equipment, and capacity building.

## Temporary Health Centers

Unlike transitional health clinics, which are built near existing damaged buildings, temporary health posts are constructed in locations based on the needs of the population and are often located in areas where no previous health infrastructure existed (often in areas where populations have had to relocate after an emergency). Temporary health clinics are designed as short to medium-term structures with the intention of being phased down, removed or refurbished once the needs of the crisis-affected population have been met and the existing health system infrastructure is capable of meeting the health needs of affected populations and host communities.



### Sri Lanka 2008

As years of internal conflict in Sri Lanka ended in 2009, IOM worked with the Ministry of Health and other partners to provide health care services to nearly 200,000 Internally Displaced Persons (IDPs) through the construction of temporary health posts. As of April 2010, IOM had constructed, equipped, and supplied 13 Primary Health Centers, from large waterproof canvas tents or transitional shelter materials.