IOM Past Experiences

Myanmar

The Cyclone Nargis that struck Myanmar on 2 May 2008 killed an estimated 138,366 people and affected nearly 2.5 million more according to the International Disaster Database. 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 where primary or rural health centers had been destroyed. IOM worked with communities, government authorities and humanitarian agencies to implement mobile medical clinics in 8 sites, which provided direct health services to an estimated 80,000 to 160,000 people affected by the cyclone.

MYANMAR : Zodiac rubber inflatable boats allow IOM medical teams to reach and provide aid to outlying settlements desperately in need of help, 2008.

Zimbabwe

As a result of a series of natural and man-made disasters over many years that have affected the health of thousands of Zimbabweans, IOM has since 2010 deployed mobile medical clinics to Harare, Manicaland, Midlands, Masvingo, and Mashonaland West provinces to contribute towards meeting the emergency and early recovery needs of internally displaced persons and other vulnerable groups. In collaboration with Ministry of Health counterparts, and health partner agencies, IOM's mobile clinic outreach projects aim to provide primary and emergency health care services in IDP and host communities through the disbursement of essential medicines and reproductive health kits and the dissemination of health and hygiene education.

ZiIMBABWE: A young girl waits in queue outside a mobile health clinic in Caldonia, 2009.

Kenya

IOM utilized its mobile health clinic approach to reduce morbidity and mortality associated with cholera outbreaks in Turkana districts in the Northern Rift Valley province of Kenya. In 2010 IOM deployed mobile rapid response teams (MRRT) to cholera-affected and high-risk sites to engage in the diagnosis, referral, and treatment of 500 suspected cases. Teams worked in collaboration with the Provincial and District Medical teams, WHO, UNICEF, and other identified implementing partners on the ground. IOM also supported affected district health teams in stocking cholera treatment centers with essential drugs, infusions, and ORS and in providing potable water to communities through water treatment with chlorine tablets in the selected areas. By accessing large number of communities through its mobile medical teams, IOM was well positioned to alert partners and the National Disease Surveillance System of any new potential outbreaks.

KENYA : IOM staff giving health education messages to school children in Kakuma Muslim School , 2010.

Sudan

IOM participated in a joint humanitarian agencies mission to Ezo, Sudan in October 2009 in collaboration with UNHCR, WFP, World Vision, and INTERSOS. As part of this mission, two IOM mobile clinics with one IOM medical doctor, one IOM midwife, and one Ministry of Health nurse assisted 413 patients including 179 children under the age of 5. The most common diseases treated were malaria, respiratory infections, and diarrhea. During this time the IOM medical team also conducted health education sessions on topics including modes of HIV transmission, personal hygiene, diarrheal disease, child nutrition, and water borne diseases.

SUDAN: IOM midwife informs pregnant woman about breast feeding and immunization, 2010.

IOM - Mobile Medical Clinics

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IOM Mobile Clinics and Outreach Services for Crisis Affected Populations

Natural disasters, sudden onset or protracted conflict, climate change and other crisis situations expose populations, particularly the most vulnerable, to heightened health risks. Life-saving and primary health care interventions are needed that reduce excess mortality and morbidity including amongst others internally displaced person (IDPs), refugees, migrants and other resource-challenged third country nationals and mobile persons who often lack critical assets for resilience in crisis situations.

INDONESIA : Doctor treats a patient during the Tsunami Emergency Response Program, 2005.

Health is an integrated component of the IOM's overall humanitarian response, particularly in natural disasters where IOM is the Camp Coordination Camp Management Cluster lead. As an active member of the Global Health Cluster and through its *Crisis Affected Populations Unit* of the Migration Health Department (MHD), IOM engages with the in-country Health Cluster team, partner agencies, and national health authorities at planning and implementation levels. IOM coordinates closely with other trans-cluster coordination bodies such as the WASH (Water, Sanitation & Hygiene), Protection, Early Recovery, and IASC Mental Health and Psychosocial Support Working Group, as well as migrant communities and community based organizations to ensure integrated health response programming.

Within the framework of the *61st World Health Assembly Resolution on the Health of Migrants* (WHA 61.17 adopted in May 2008), IOM's Migration Health Department focuses on enhancing the capacity of existing national health systems and takes into account social health determinants in addressing the health needs of vulnerable groups in a broader health, human security, and development perspective.

Based on experiences in previous crisis situations and guided by the principle that humanitarian health action in emergencies should respond to verified urgent needs and gaps and aim at early recovery and strengthening of the local health system, MHD provides health services in situations where the local health infrastructure is non-existent or unable to meet the demands of the displaced persons and their surrounding host communities. In such situations transitional and temporary health posts and mobile medical clinics for outreach services can serve as a mechanism for increasing communities' access to health care until medium term to permanent solutions are established.

This guidance note specifically refers to Mobile Outreach Health Services.

Transitional Health Posts. Crisis events frequently result in disrupted and tremendously overstretched public health care services, exacerbating in low-income and developing countries an often pre-existing fragile health system. Primary health centers may be completely destroyed, partially functional, or not accessible, and can only provide limited services. Secondary or tertiary health care facilities are filled to capacity and are unable to provide urgent medical or surgical management and specialty care. The health personnel may be among the displaced, have relocated elsewhere, and may not yet be ready to resume work. In these situations there might be a need for the establishment and the running of a transitional health facility until the pre-exiting one is rehabilitated, refurbished and made fully functional.

Temporary Health Posts. In other situations, people might have relocated to areas where no health services are available and a new structure needs to be established, either until the displaced return to their areas of origin or until a new permanent post is built, as in the case where displacement translates into a permanent, stable resettlement (e.g. displacement in the context of permanent climate changes induced flooding).

Mobile Clinics and Outreach Services. In the immediate aftermath of a crisis event or because flooding, impassable roads, or security reasons might have delayed the establishment of transitional or temporary health facilities, communities might be reached only through mobile clinics. Amongst displaced and crisis affected populations, the weakened, the abandoned, and the marginalized might be hampered in accessing functioning health care and might require outreach services.

IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

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Mobile and Outreach Services

Scope of Activities

Drawing from IOM's emergency health response and lessons learned in various countries, the transitional and temporary health posts and IOM mobile clinic and outreach services seek to:

- Provide life saving interventions through medical triage and referral of critical cases to functioning nearby health facilities or hospitals, including transportation of patients by local means, where possible;
- Provide adequate environment for urgent medical consultations and delivery of regular primary health care services for displaced as well as host communities;
- Provide early detection, diagnosis, and treatment of emergency and/or life threatening injuries and other health conditions such as diarrhea, fever, respiratory infections, among others;
- Facilitate access to expanded vaccination;
- Focus on the special needs of especially vulnerable groups (children, pregnant or post partum women, newborns, the elderly, and the critically injured);
- Facilitate medical referrals and transfer of patients (with family escort) through ambulance and or other transportation services to secondary or tertiary health facility as needed.

Framework for Action

- Mobile and outreach services are meant to strengthen and support national public health infrastructure, systems and health care providers in order to reduce avoidable mortality, morbidity, and disability.
- Accountable to the local district, provincial and national health authorities, all health activities including reporting mechanisms must be coordinated and consistent with national protocols and regulations.
- Adequately trained national health personnel and community health workers are essential team members to ensure culturally responsive, language appropriate and rights-based health services delivery for affected and host communities.
- Building capacities and linkages with community based networks are strongly encouraged.

Expected Outcomes

- Improved access to emergency health care and services for displaced persons particularly critically ill, women, children, elderly, other vulnerable persons at risk of communicable disease, persons with special medical needs, as well as for host communities;
- Improved access to secondary level medical care at functioning district, provincial or temporary field hospitals following referral of patients by medical staff working for the project or from partner agencies;
- Operational relief to the current strain on functional primary health care facilities in crisis or emergency affected areas;
- Improved working conditions for primary health center staff;
- Better access to medicines and essential drugs for displaced patients and those with special medical and/or treatment needs (for acute and chronic medical conditions).

Coordination of Activities

Logistics Timeline

PLANNING

- Engage in consultative meetings with government health authorities, community leaders, UN agencies, and NGOs;
- Conduct health needs assessments consistent with the Health Cluster framework;
- Develop an exit strategy with government health authorities and other humanitarian agency partners;
- Facilitate identification of health facility sites;
- Initiate site-preparation activities, including securing electricity, clean water, fuel, transportation, and communication.
- Ensure safety and security measures for project staff

INITIATION

- Mobilize national and international IOM emergency health response staff;
- Organize health project coordination unit;
- Conduct training of staff and identify additional project support staff as needed;
- Initiate procurement process for clinic materials;
- Cooperate with procurement and logistics unit(s) for purchase and transportation of supplies to project sites.

CONTINUATION

- Offer on-going technical and project management support to health authorities and emergency health care operations;
- Ongoing coordination with local health authorities, Health Cluster and other Cluster (CCCM, Protection) partners, IDP communities and NGO network partners;
- Facilitate medical referrals and transportation of patients.

EXIT STRATEGY

- Continue support to other emergency relief operations as per developments on the ground;
- Support other IASC Cluster and NGO partners in their health related interventions;
- Support national authorities in medium to longer term service provision.

Resources

Human resources:

- Health team leader
- Nurse coordinator
- National project coordinator
- Medical field coordinators
- Pharmacist or pharmacy aide
- Administrative and Financial coordinator
- Water/sanitation coordinator
- Logisticians/operations staff
- National doctors and nurses; on-call medical escorts
- Drivers
- Interpreters

Structural materials:

- Medium- and large-size tents
- Examining beds
- Emergency lamps

Basic medical equipment:

- BP apparatus
- Stethoscopes
- Adult/infant weighing scales
- Minor surgical and wound-dressing sets
- First aid kits
- Emergency health kits
- Essential drugs and medical supplies

Hygiene and sanitation:

- Continuous clean water source
- Soap, hand sanitizers
- Latrines (availability or proximity to)

Others:

- Transportation service
- Communications (phone, internet)
- Fuel
- Power generators

Monitoring and Evaluation

Throughout the project implementation, the Health Team Leader in collaboration with the Health Operations Coordinator will conduct regular monitoring to ensure that project activities continue to meet the stated objectives. In emergency contexts appropriate standards are guided by the Global Health Cluster Guide and Sphere Humanitarian Charter and Minimum Standards in Disaster Response. IOM requires that staff apply the Code of Conduct and technical standards as well as know and understand the guidelines.

Information management, monitoring, and evaluation activities will include:

- Baseline demographic information gathering from existing external sources;
- Revision of planned versus actual activities through physical checks, spot checks, field visits, etc;
- Regular review of health statistics;
- Review of outputs against objectives as set out in project document and donor's contract;
- Review of the quality of activities through regular meetings with project stakeholders. Feedback will be requested from stakeholders at the conclusion of the project;
- Close monitoring of financial aspects of the project including monitoring of expenses versus budget, assistance in budget revision and financial reports;
- Final evaluation to ensure sustainability after duration of the project.

Reporting

- Weekly coordination between field medical teams and Health Project Unit to update on any developments and ensure submission of reports;
- Daily stock consumption reports from medical team leaders to medical logisticians and compilation of data for monthly stock allocation and consumption reports
- Monthly consolidation of the gathered statistical information (including baseline compared to ongoing data collection) to be presented in progress reports at 3 and 6 months;
- Weekly review of health statistical reports:
  - Weekly Morbidity and Mortality Report coordinated with Health Cluster and MOH data;
  - Number of medical/case referrals;
  - Number of patients seen, examined and given treatment;
  - Patient registration forms providing information including location of the clinic, name of the patient, age, sex, place of origin, current address (camp/other), main symptom, weight, temperature and nutritional status.

MYANMAR : A family comes in for a medical consultation in an IOM clinic at Nga Kwat village, 2008.

MYANMAR : IOM staff provides medical assistance to victims of Cyclone Nargis in Bogale Township, 2008.

Southern Sudan : IOM medical staff assisting Mbororo vulnerable community members in a mobile clinic, 2007.

Other Considerations

Government Coordination and Support

To ensure this coordinating partnership is maintained, both parties will agree upon mutually beneficial information sharing and coordination mechanisms, while taking into consideration confidentiality of medical information where appropriate.

Partner Coordination and Support

Ongoing coordination among all UN and NGO partners is integral to the project. Consequently, IOM will be a regular attendee at Health Cluster meetings so that IOM activities are placed within the broader humanitarian response.

Human Resources

IOM has a roster and additional backup list of personnel to ensure a sufficient number of staff to implement the project. Regular staff feedback informs implementation and ongoing training is available to ensure newly deployed staff members have appropriate skills. As part of the UN Country Team, all IOM staff and consultants are aware and updated by the UN Department of Safety and Security alerts are taken into account in specified sections of UN security planning.

Operations

IOM will manage any disruptions to the ongoing supply of drugs and medical equipment by developing a comprehensive system to ensure an accurate inventory of supplies, and orders placed well ahead of time.

Communications

Communications among the IOM main office, field coordination units, local health authorities and other partners although difficult are necessary and crucial. IOM will work to ensure that information exchange is continually disseminated to government coordinators at national, regional, and provincial levels, to Health Cluster team partners, and within IOM departments.

Security

IOM considers issues of staff safety and security, given the reliance on UNDSS security advisories and considerations on land, sea, air travel and other associated risks in working in crisis-affected areas. Risks will be monitored during implementation and reviewed as circumstances change.