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.

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.
## Mobile and Outreach Services

### Scope of Activities

- Drawing from IOM’s emergency health response and lessons learned in various countries, the mobile 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 essential health services;
  - Focus on the special needs of especially vulnerable groups (children, pregnant or post partum women, newborns, the elderly, the critically injured);
  - Facilitate medical referrals and transfer of patients (family escort) through ambulance 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 public 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).

### Logistics Timeline

**PLANNING**

- Engage in consultative meetings with government health authorities, community leaders, UN agencies, and NGOs;
- Conduct 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.

**INITIATION**

- Mobilize national and international IOM emergency health response staff;
- Organize first health 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;
- Communication; Staff coordination;
- Logisticians/operations coordinator;
- National doctors and nurses; on-call medical escorts;
- Drivers;
- Interpreters;

**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 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 (including psychological care) with the clinic to ensure that minimum guidelines are met;
  - 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 disbursements 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, main symptoms, weight, temperature and nutritional status.

### Aviation

- **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 UN/OSG 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.

---

**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 UN/OSG 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.