



Philippines, 2013

Migration Health Assistance for Crisis-Affected Populations

Mobile Clinics, Transitional &amp; Temporary Health Facilities

## IOM Mobile Clinics, Transitional and Temporary Health Facilities

Natural disasters, sudden onset or protracted conflict, climate change-induced and other crisis events expose populations particularly the most vulnerable to heightened health risks. Life-saving and emergency primary health care and referral interventions are needed that reduce excess mortality, morbidity and disability amongst others, internally displaced persons (IDPs) refugees, returnees, migrants caught in crisis situations and resource-challenged third country nationals (TCNs) who often lack critical assets for resilience before, during and after emergency events. Humanitarian emergencies frequently result in disrupted and overstretched public health care services and often overwhelm pre-existing fragility of health systems. Primary health centers may be completely destroyed, only partially functional or inaccessible, providing limited services in the aftermath of a crisis. Secondary or tertiary health care facilities are likely filled to capacity and unable to deliver urgent or specialty care. Health personnel may have lost their lives, displaced or are unable to report to work. Affected communities may have relocated to settlements where no health services are available. Establishing mobile clinics, temporary health posts or transitional health facilities as interim solutions to meet urgent health care needs of crisis affected people are necessary until pre-existing health structures and staffing can be re-established, displaced communities are able to return to their original or more permanent locations while supporting efforts towards early recovery of the national health care system.

Health Support is one of IOM's sectors of assistance within the Migration Crisis Operational Framework, particularly in natural disasters where IOM is the Camp Coordination and Camp Management (CCCM) Cluster lead. Through its Migration Health Division (MHD), IOM's humanitarian health actions respond to evidence-based urgent and life saving health needs, address gaps in prevention, diagnosis and treatment services through short to medium term interventions such as mobile clinics and outreach services for existing primary health care centers via transitional health clinics and temporary health posts to increase affected communities' access to health care until more permanent solutions are established.

Framed within the 2008 World Health Assembly Resolution (WHA61.17) on Health of Migrants operational pillars and as an active member of the global and health cluster mechanisms, IOM works with health authorities and cluster coordination bodies namely, CCCM, Water, Sanitation and Hygiene (WASH), Protection, Early Recovery and the IASC Mental Health and Psychosocial Support Working Group (MHPSS) and with IDPs, migrants and NGO partners to ensure integrated health response programming.

### Scope of Activities

1. Improve access to emergency life saving and primary health care services including medicines and medical supplies.
2. Improve existing health care referral mechanisms, or initiate them in coordination with health authorities.
3. Provide operational relief to the additional strain on functional primary health care facilities in crisis events and support efforts towards local health system recovery.



## Mobile Health Clinics



South Sudan, 2011

Mobile health clinics serve as triage spots and are usually the **first points of intervention** to provide life-saving health care services for hard-to-reach or vulnerable populations such as children, women, older people, injured and those with chronic health conditions in the immediate aftermath of a crisis. Affected communities rely on mobile health teams during flooding, earthquakes, when roads are impassable or

security reasons may delay the establishment of temporary, transitional health facilities or until local health systems are re-established. Mobile clinics support disease outbreak and surveillance activities as well help facilitate patient transportation to secondary or tertiary health facilities through existing or newly established health referral systems.



Myanmar, 2008

## Temporary Health Posts



South Sudan, 2014

During times of crisis, temporary health posts are **constructed based on the health needs of crisis affected populations who have been displaced** or may have had to relocate in areas where no health infrastructure previously existed. These temporary health posts are meant to be short to medium term structures. In coordination with local health authorities, services provided by

these temporary health posts are phased down, removed or re-purposed once the health care needs of these affected populations have been met and the existing health system is capable of providing primary health care for affected as well as host communities.



Ethiopia, 2011

## Transitional Health Clinics



Indonesia, 2005

When a humanitarian crisis damages or destroys existing primary health infrastructures, transitional health clinics may be established to provide health services while the pre-existing health facilities are repaired. Built near the existing primary health care structures, transitional health clinics aim to **fill health service role and gaps** that were delivered by the

previous primary health facility prior to the crisis event. Transitional health clinics provide services that are made accessible for affected populations and surrounding host communities. As the pre-existing health center is re-established and the operational strain on local health services declines, transitional health clinics are phased out or re-purposed.



Philippines, 2012



## Framework of Action

IOM's mobile and outreach services aim to reduce mortality, morbidity, and disability by strengthening and supporting national public health infrastructure, existing systems and health care providers and is always held accountable to the local, provincial, and national health authorities. In coordination with local health system and health cluster partners, all health activities are consistent with national protocols and regulations. Culturally responsive, language appropriate, and rights-based health service delivery is a priority in all operations. Adequately trained national health personnel and community health workers are essential members of the response team. As part of its exit strategy, building of capacities and linkages with local networks helps improve the pre-existing health systems as IOM downphases or hands over its emergency health response operations to local health authorities.

### Strengthening Local Health Care Capacity

Efforts to re-establish the existing local primary health care facilities are done in close cooperation with national health authorities to avoid creating parallel systems. IOM conducts **assessments of health structures, medicines, equipment, supplies, and staffing** to ascertain the level of damage immediately after a crisis and then the progress of development during program implementation. Qualitative determinations of **community awareness of and access to health care** are key components of improving health services offered. Surveys of community attitudes and practices are also done to guide the development of health educational programs.



### Repair and Rehabilitation of Health Facilities

Sites of reconstruction are prioritized based on the severity of damage and health needs of the displaced and host populations. Consultations with local health authorities are done to ensure that the structures will have a significant positive impact on the displaced populations and will not duplicate any services already functioning.

### Health Education and Promotion

Improving community health education and awareness is an important aspect of IOM's health interventions. Empowering communities with the necessary knowledge to care for the health and hygiene of their families can help prevent the spread of water-borne and communicable diseases, in addition to improving the overall health of an affected population.



### Capacity Building

The rebuilding of health care systems does not end with the restoration of infrastructure. Capacity building activities are carried out for local health professionals and community health workers, so quality care can continue to be delivered after the IOM facilities are phased out.

# Country Experiences

## Myanmar, 2008

When Cyclone Nargis struck, 138,366 people were killed and 2.5 million affected. The existing health infrastructure was not sufficient to address the health needs of the population in the aftermath of the cyclone. Mobile health clinics provided by IOM served as a temporary solution in filling the health service gaps. IOM successfully operated 8 mobile clinics and reached nearly 160,000 people.



## Sri Lanka, 2010

As years of internal conflict in Sri Lanka ended, IOM supported national health authorities to provide health care services to nearly 200,000 internally displaced persons through construction of temporary health posts. IOM constructed, equipped and supplied 13 temporary primary health centers made of large canvas tents or transitional shelter materials.



## Philippines, 2012

IOM provided assistance to communities in southern Philippines after the 2011 Typhoon Bopha left many barangay health stations (BHS) inoperable. Mobile teams and transitional health clinics staffed by IOM doctors and nurses served over 18,000 patients. IOM facilitated the repair of 4 village health units that served vulnerable communities and provided essential medical and laboratory equipment to all refurbished health units.



## Kenya, 2010

When cholera outbreaks began to strike in the Turkana districts of Kenya, IOM deployed mobile rapid response teams to affected and highrisk -areas to assist in the diagnosis, referral, and treatment of 500 suspected cases. IOM team also helped ensure stocks of essential drugs, oral rehydration salts, and potable water were sufficient, in addition to educating the local communities about hygiene and safe drinking water.



## Pakistan, 2011

IOM operated five fixed and mobile clinics throughout affected areas in Pakistan after heavy rains and flash floods left thousands of people stranded or displaced. Close to 95,000 patients were treated by IOM clinics and referred to nearest health facilities. Nearly 25,000 people attended health education sessions.



## Yemen, 2013

In Abyan Governorate, IOM operates 3 mobile health clinics and supports fixed health clinics to provide emergency & primary health care and referral services. IOM supports 14 outpatient treatment programme teams for acute malnutrition management. In 2013, IOM cared for over 117,000 persons including nearly 4,400 children with acute malnutrition.



More information at [IOM Migration Health Division \(MHD\)](#)

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