Markers of Quality for Mobile Clinics and Quality Optimization Guidance

Angela Ponce / Save the Children

The World Health Organization (WHO) outlines seven domains of quality of care. For each domain, **specific factors influencing the quality of care in mobile clinics** have been identified. These factors centred around human resources, organization and setup, supplies, logistics, technical supervision, infrastructure, service package scope, patient privacy, and infection prevention and control, can be leveraged to optimize care quality. Below is a breakdown of each domain, including mobile clinic-specific quality markers, key factors impacting quality, and selected mitigation interventions. For comprehensive guidance on planning, coordinating, implementing, and evaluating mobile clinic interventions with optimized quality of care, refer to the Mobile Clinic Practical Guidance.

Contents

DOMAIN 1: PEOPLE-CENTRED ... 2
DOMAIN 2: SAFE ... 4
DOMAIN 3: EQUITABLE ... 7
DOMAIN 4: EFFECTIVE ... 9
DOMAIN 5: INTEGRATED ... 11
DOMAIN 6: TIMELY ... 13
DOMAIN 7: EFFICIENT ... 15

DOMAIN 1: PEOPLE-CENTRED

Provides care that responds to individual preferences, needs and values.

1. **The Corresponding Markers:**

- Marker 1.1: **Target groups** for the Mobile Clinic must be **clearly defined**, **understood by all stakeholders**, and **involved in planning, evaluation, continuation, and phase-out** to enhance **acceptance, ownership, and health-seeking behaviour**.
- Marker 1.2: **A strong, ideally independent and responsive feedback mechanism with multiple tool options must be established to improve patient and provider satisfaction and support health-seeking behaviour.**
- Marker 1.3: **Feedback systems** must include tools that **capture the perspectives** of individuals from the **target population who have not accessed Mobile Clinic services**.

2. **Factors Influencing People-centred care**

Urgent deployment: Mobile clinics are frequently deployed in areas with significant healthcare needs and limited access to services, where the urgency to respond can limit efforts to establish robust community engagement with affected populations.

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Limited health-seeking behaviour: In regions lacking pre-existing healthcare infrastructure, health-seeking behaviour is often minimal or absent, requiring intensive community outreach to foster trust and participation.

Hiwot Mekonnen/Save the Children

Cultural barriers: In conservative areas, services such as vaccinations or family planning may conflict with cultural perceptions, amplifying the need for tailored community engagement strategies.

Prioritization challenges: Focusing on life-saving interventions over relationship-building can delay the establishment of people-centred care, potentially causing unintended harm and eroding community trust.

Shona Hamilton / Save the Children

3. Interventions to Enhance People-Centred Care in Mobile Clinics

Delivering people-centred care hinges on understanding the needs and expectations of the community. Robust tools and methods for community engagement and feedback are critical to fostering trust and responsiveness. Early planning and implementation of the following strategies are essential, as building relationships and trust requires time and sustained effort.

Relationship and Trust Building

- Engage the community in decision-making and design processes from the initial rapid needs assessment through to the mobile clinic's exit. Ensure diverse representation in decisions about service delivery days, hours, security coordination, community leadership support (e.g., public communication, crowd control), and supply storage.

Feedback Mechanisms

- Design responsive feedback systems tailored to the mobile clinic's mobility, local phone network availability, and cultural sensitivities. Use multiple methods to triangulate and validate feedback.
- Ensure feedback mechanisms are accessible after clinic hours and known to the target population, including non-users of the clinic.
- Assign dedicated staff to review and analyse feedback.
- Where feasible, recruit service providers from the target community to enhance trust and cultural alignment.

Service Delivery Point Selection

- Plan service delivery points to balance travel distance and time, as longer travel reduces service delivery time.
- Account for staff well-being in planning, particularly for long or challenging travel over rough or insecure terrain, which can affect care quality.
- Establish a hub, sub-office, or secure guesthouse central to service delivery points to minimize travel time and maximize patient consultation time.
- Consider multi-day or week-long service at high-caseload locations to optimize access.
- Maintain a consistent schedule or reliable communication method for the clinic's schedule to build community trust, where security permits.
- In IDP or refugee contexts, include host communities in the target population to ensure equitable access, and inform all key stakeholders.
- Clearly define the target population (e.g., specific villages, host/IDP/refugee communities, or scattered populations) for planning, coordination, sensitization, and follow-up. Align with SPHERE Standards, which include communities within a one-hour walk of the service delivery point.
- Communicate to stakeholders that patients from outside the defined target population will also be supported.
- Assess ground conditions to ensure safe access for the target population, evaluating:
  - Conflict-related access barriers
  - Ethnicity-based barriers
  - Road damage or infrastructure challenges
  - Travel time for the mobile clinic (round trip)
  - Communication options
  - Availability of WASH facilities and shelter
  - Space to accommodate all patients

DOMAIN 2: SAFE

Avoids harm to the people for whom the care is intended and for the people providing care.

1. **The Corresponding Markers:**

- **Marker 2.1**: **All components of patient safety** must be upheld, with **regular sensitization and training for all staff**.
- **Marker 2.2**: **WASH and infrastructure** must support **core IPC measures**.
- **Marker 2.3**: **Outsourced infectious waste management** must follow **strict SOPs for handling and transport**, with **close monitoring and support** of the treatment sites.
- **Marker 2.4**: For setups in **public or communal buildings**, **robust decontamination SOPs** must be in place.
- **Marker 2.5**: **Visual and audio privacy** must be ensured through **effective crowd control**, **space allocation**, and **adequate shelter**.
- **Marker 2.6**: Mobile Clinics should **advocate for broader community WASH support** and **integration with public health activities**.

2. **Factors Influencing Safe care**

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Non-traditional settings: Operating in open-air environments or temporary venues (e.g., under trees, in schools, mosques, or community leaders' homes) hinders maintaining privacy and confidentiality during consultations and physical examinations.

Fayyaa Integrated Development Organisation (FIDO) Ethiopia

Crowd management and safety: Open settings complicate managing large patient groups, ensuring safety for patients and staff, and minimizing distractions for healthcare providers.

Save the Children Somalia

Environmental challenges: Weather conditions (e.g., wind, rain, snow, sunlight, dust) disrupt consultations and compromise safe infection prevention and control (IPC) practices.

Sacha Myers / Save the Children

Resource constraints: Limited time, space, equipment, and access to water or electricity impede effective waste management and equipment sterilization. Transporting reusable equipment and medical waste to disposal or sterilization facilities increases transmission risks.

Save the Children

Community transmission risks: Using community buildings temporarily for healthcare delivery may elevate transmission risks if proper decontamination protocols are not followed.

Emadudin Mohammed/ Save the Children

Perception and systems: The temporary nature of mobile clinics may lead to perceptions of informality, often resulting in the absence of structured incident reporting systems.

3. Interventions to Enhance Safe Care in Mobile Clinics

Delivering safe care in mobile clinics requires addressing environmental, operational, and systemic challenges to protect patients and staff while maintaining high standards of care. Robust strategies for error prevention, infrastructure optimization, and IPC are critical to ensuring safety. Early planning and consistent implementation of the following interventions are essential to mitigate risks and enhance safe care delivery.

Medical Error Prevention

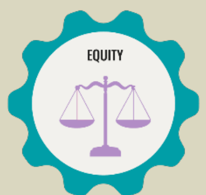
- Include breaks for service providers, even during high caseloads, to reduce fatigue-related errors and maintain care quality.
- Implement close monitoring, mentoring, and supervision to build service provider confidence and minimize errors.
- Foster a “no blame” culture through continuous open discussions to address challenges and gaps reported by service providers.
- Establish a rigorous, accessible incident management system for staff and patients to report concerns, prioritizing patient safety and enabling organizational and individual learning.
- Provide ongoing training and education for all staff on patient safety specific to the mobile clinic context.

Infrastructure Optimization

- Select service delivery points and design waiting areas with sufficient distance from consultation areas to ensure audio privacy.
- Utilize existing shelters (e.g., trees, canopies, gazebos, communal structures) for waiting areas. Where unavailable, negotiate with community leaders to construct simple waiting areas using local materials, fostering community ownership. Include budget provisions for materials and labour.
- Provide sufficient seating with adequate spacing in waiting areas, accounting for surge capacity to accommodate patient volumes.
- Integrate an isolation or holding area for reportable diseases, aligned with the local Early Warning Alert & Response System (EWARS).

Infection Prevention and Control

- If outsourcing waste treatment (e.g., incineration, pit burning), evaluate the appropriateness and functionality of waste treatment devices (e.g., incinerators, glass crushers) and ensure availability of safety equipment like PPE. Support rehabilitation of waste management sites to meet national or international standards, reserving funds for such activities.
- Develop clear Standard Operating Procedures (SOPs) for the safe transport of infectious waste from mobile clinics to treatment sites.
- Establish SOPs for environmental cleaning of service delivery points, with specific protocols for public or private buildings used as temporary clinics.
- Include dedicated WASH personnel with defined Terms of Reference, potentially covering multiple mobile clinics to ensure consistent IPC standards.
- Adhere to SPHERE Standards for outpatient WASH requirements, ensuring access to safe water and toilets with a minimum 48-hour water supply and storage. Allocate 1 litre per patient per day for infrequent visits and 5 litres per patient per day for frequent visits.
- Engage community volunteers to transport water to support service delivery, enhancing operational efficiency.



DOMAIN 3: EQUITABLE

Provides care that does not vary in quality on account of age, sex, race, ethnicity, geographical location, religion, socioeconomic status, linguistics or political affiliation.

1. <u>The Corresponding Markers:</u>

- **Marker 3.1**: **Service delivery point selection** must be based on **context-specific healthcare access gap analyses** to **prioritize vulnerable populations** and **identify additional unmet needs**.
- **Marker 3.2**: All stakeholders must understand the **target population**, **selection criteria**, and **procedures for escalating communities without access to care**.
- **Marker 3.3**: **Systems must be in place** to **identify and assist individuals** unable to access the Mobile Clinic, including **people with disabilities**.

Factors Influencing Equitable Care

Enhanced accessibility: Mobile clinics significantly improve healthcare access for remote, scattered, or marginalized communities, bridging gaps and promoting equitable care through their mobility.

Geographical limitations: The need to return to base daily restricts the distance mobile clinics can cover, potentially underserving remote communities.

Operational efficiency vs. equity: Mobile Clinics located closer to their base save time, resources, and costs but may prioritize convenience overreaching distant populations, exacerbating inequities.

Access barriers for vulnerable groups: Remote communities, including people with disabilities or health challenges, face difficulties reaching mobile clinics and may lack information about schedules and services.

Inclusion of host communities: Mobile clinics serving IDPs or refugees may overlook the needs of local host communities, leading to inequities in access.

Influence of property owners: When clinics operate on private property or in community buildings, property owners may control access, resulting in unequal service distribution.

Hugh Kinsella Cunningham / Save the Children

Hugh Kinsella Cunningham / Save the Children

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2. Interventions to Enhance Equitable Care in Mobile Clinics

Delivering equitable care in mobile clinics requires ensuring access for all target populations, particularly remote, marginalized, or vulnerable groups, through inclusive planning and stakeholder engagement. The interventions below focus on strategic service delivery point selection and robust stakeholder collaboration to address access barriers, promote inclusivity, and ensure equitable healthcare delivery for diverse communities.

Planning

- Utilize pre-existing health facilities, if structurally safe, to establish mobile clinic operations, leveraging community familiarity to enhance acceptance. If unsafe, set up adjacent to the facility.
- In areas without facilities, select well-known, central service delivery points (e.g., near marketplaces, schools, or public buildings) to maximize accessibility.
- Ensure accessibility for the entire target population, considering geographic barriers (e.g., road conditions, damaged bridges, mountains/hills) and disability needs.
- Verify availability of water to support operations.
- Ensure sufficient and appropriate space for all mobile clinic components, including surge capacity for waiting areas and consultation rooms, aligning with safety standards.
- Select secure, debris-free service delivery points, clear of hazards like waste, water pools, or ditches, ensuring child-friendliness and safety.
- Assess safety and security, ensuring the service delivery point and access routes are free from active conflict or unpredictable risks, allowing safe access for the target population without crossing hostile environments.
- Address ethnic conflicts by establishing separate service delivery points, if needed, to ensure equitable access for all community groups.

Stakeholder Engagement

- Conduct consultative service delivery point selection with health authorities (district, provincial, national), response coordinators, community leaders from all targeted communities, and donors.
- Support existing community health worker programs to identify individuals with disabilities or mobility constraints, facilitating access to the mobile clinic or arranging home visits.
- Collect data on disability at mobile clinics to assess the reach of service delivery points.
- Ensure all stakeholders, including community leaders, health authorities, and camp management (for IDP/refugee contexts), understand the target population selection criteria.
- Train mobile clinic staff on target population criteria and procedures for managing cases from outside the catchment area, encouraging escalation of missed communities.
- Communicate clearly to the entire target population about the mobile clinic's target population, frequency, hours, and service package.
- Monitor access by the entire target population, using focus group discussions (FGDs) to engage non-users and identify barriers to service access.
- In sudden-onset emergencies, frequently reassess the target population due to potential shifts or relocations, emphasizing awareness among mobile clinic leadership and field teams.
- Integrate community health workers into mobile clinic operations to actively identify individuals unable to access services (e.g., due to disability) and arrange transport to the clinic or home visits.
- At the coordination level, advocate for IDP site selection or relocation near areas where mobile clinic partners operate or can easily establish operations.

DOMAIN 4: EFFECTIVE

Provides evidence-based health care services to people who need them.

1. **The Corresponding Markers:**

- **Marker 4.1**: Mobile Clinics must **maintain sufficient quantities and types of quality-assured medical supplies** aligned with the **service package** throughout the project duration.
- **Marker 4.2**: **Evidence-based triage protocols** must be in place, preferably **conducted by trained community members** before Mobile Clinic arrival.
- **Marker 4.3**: Mobile Clinics must **communicate clearly which services are available**, **manage expectations**, and **advocate with partners for uncovered health needs**.

2. **Factors Influencing Effective Care**

Dependence on International Emergency Health Kits (IEHK): Mobile clinics rely on IEHKs for high-quality drugs and equipment. However, these kits are not tailored for mobile clinics or designed for re-supply, limiting the range of treatments available and potentially reducing patient satisfaction.

Kristiana Marton / Save the Children

Need for systematic organization: Effective service delivery requires pre-visit patient triage and organization, ideally led by a trained community member, to manage setup and operations at each location.

Fayyaa Integrated Development Organisation (FIDO) Ethiopia

Service delivery limitations: Certain services, such as laboratory diagnostics, planned deliveries, observational or monitoring care, and after-hours emergency referrals, are challenging to provide through mobile clinics, constraining effective care.

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3. Interventions to Enhance Effective Care in Mobile Clinics

Delivering effective care in mobile clinics requires streamlined service delivery through clear community communication, reliable supply chains, and efficient triage systems. The interventions below focus on aligning community expectations, securing adequate supplies, and prioritizing patient triage to ensure high-quality, effective healthcare in mobile clinic settings.

Community Perception and Expectation Management

- Manage community expectations before mobile clinic operations begin and throughout implementation, clearly communicating available services, eligibility criteria for support and referrals, and malnutrition treatment protocols.
- Provide health education and sensitization on the service package, including appropriate use of pharmaceuticals and nutrition supplements.
- Identify active sectors and partners near service delivery points to facilitate referrals for non-medical needs or unavailable services.

Supplies and Kits

- Evaluate the content, purpose, and limitations of IEHKs, avoiding their use for resupplying mobile clinics.
- Incorporate alternative supply chain options into mobile clinic project proposals to ensure consistent availability of resources.
- Preposition virtual stocks and establish framework agreements with qualified suppliers to maintain supply continuity.
- Maintain sufficient buffer stocks to accommodate unpredictable patient loads, particularly during the early stages of a response.
- Monitor consumption and track stock levels from the first day of mobile clinic operations to prevent shortages.
- Request timely support from partners through centralized coordination to address supply needs.

Strengthen Triage

- Conduct appropriate triage by CHWs or trained volunteers before the mobile clinic opens and for new arrivals during operating hours.
- Recruit or identify CHWs at each service delivery point and train them on screening and triage SOPs.
- Develop systems, such as a card system with active CHW follow-up, to prioritize patients unable to secure consultations.

DOMAIN 5: INTEGRATED

Provides care that is coordinated across levels and providers and makes available the full range of health services through the life course.

1. **The Corresponding Markers:**

- **Marker 5.1**: All partners must **jointly plan and support a coordinated referral system** covering **logistics, financial costs, and follow-up** during and beyond Mobile Clinic hours.
- **Marker 5.2**: Mobile Clinics must **strengthen CHW systems** to support **referrals**, especially during times when the **Mobile Clinic is not operating**.
- **Marker 5.3**: Given their **direct community presence**, Mobile Clinics must **advocate for unmet needs beyond health** such as **WASH, food security, and protection**.

Shaima Al-Obaidi / Save the Children

Sacha Myers / Save the Children

Eve Matheson / Save the Children

2. **Factors Influencing Integrated Care**

Limited referral access: Mobile clinics improve referral pathways to higher levels of care during operational hours, but communities often face challenges accessing primary healthcare and emergency services after clinics close.

Holistic community insights: By operating directly within communities, mobile clinics identify broader issues such as public health risks, food security, and human rights concerns, enabling advocacy for multisectoral support.

Risk of service duplication: Particularly during early response stages, mobile clinics may overlap with other mobile units or fixed facilities due to poor coordination, inadequate healthcare coverage mapping, delayed funding, or conflicting organizational goals.

3. Interventions to Enhance Integrated Care in Mobile Clinics

Delivering integrated care in mobile clinics requires seamless coordination of referral systems and multisectoral planning to address the diverse needs of communities holistically. The interventions below focus on establishing robust referral pathways and integrating CHW programs with broader health and sectoral coordination to ensure comprehensive, cohesive care delivery.

Referral

- Develop a strategy to ensure access to curative and emergency services after mobile clinic hours, including clear referral criteria and financial coverage for transportation and ambulance support to the nearest referral facility.
- Integrate CHWs into mobile clinic operations to support referrals, providing training, supervision, and, where feasible, transportation means for emergency cases.
- Explore options to financially and logistically support Community Committees in managing referrals.
- Build strong relationships with the nearest referral facility, supporting it through surge capacity, capacity-building activities, or assistance with referral logistics (e.g., vehicle support, ambulance fuel, or financial aid).
- Identify referral pathways for medical and integrated needs, clearly communicating eligibility criteria, focal point contact details, and referral and transportation protocols to service providers and communities.
- Ensure all referrals are fully financially covered, from referral to return home, to eliminate financial barriers. Include referral coverage in mobile clinic project proposals.

Coordination and Planning

- Incorporate public health, WASH, food security and livelihoods (FSL), and protection needs into assessments of mobile clinic service delivery points.
- Communicate integrated community needs through the Health Cluster to relevant stakeholders.
- Inform sector partners, clusters, and donors about integrated needs to foster collaborative support.
- Integrate a CHW component into mobile clinic operations, aligning with in-country practices and community health programs. Include referral, first aid, education, training, sensitization, and surveillance activities, leveraging CHWs' 24/7 presence and potential for exit strategy through capacity building and referral network development.

DOMAIN 6: TIMELY

Reduces waiting times and sometimes harmful delays for the people who receive and the people who give care.

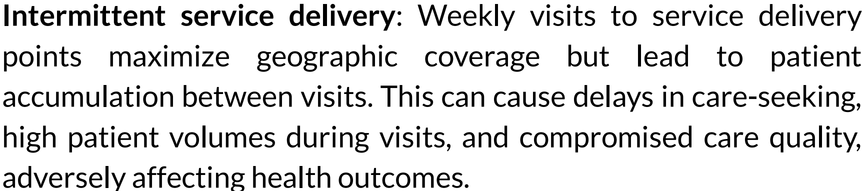
1. **The Corresponding Markers:**

- **Marker 6.1**: Mobile Clinics must **optimize visit frequency and operational hours** to improve **care quality and access**.
- **Marker 6.2**: **Travel, setup, and takedown time** must be **minimized** to **maximize patient consultation time**.
- **Marker 6.3:** Mobile Clinics must establish **effective crowd control and patient flow systems** to maximize **operational efficiency and consultation time**.
- **Marker 6.4**: **Mechanisms must be in place** to **manage patients who are not seen** during operational hours.

2. **Factors Influencing Timely Care**

Rapid deployment for access: Mobile clinics can be swiftly deployed in emergencies to provide vulnerable populations with essential healthcare and referrals to secondary care, enhancing timely access to services.

Kristiana Marton / Save the Children



Intermittent service delivery: Weekly visits to service delivery points maximize geographic coverage but lead to patient accumulation between visits. This can cause delays in care-seeking, high patient volumes during visits, and compromised care quality, adversely affecting health outcomes.

Carla Di Pardo / Save the Children

Short operational hours: Long-distance travel over difficult terrain, curfew compliance, and daily setup requirements significantly reduce consultation time. These constraints limit services such as assisted deliveries, laboratory testing, continuous monitoring, and after-hours emergency referrals.

Staff overburdening: Intermittent schedules and short operational hours create pressure to manage high patient volumes in limited time, often less than eight hours. Combined with travel and setup demands, this increases staff fatigue, raising the risk of errors and compromising effective and safe care.

Léonard Pongo / Save the Children

3. Interventions to Enhance Timely Care in Mobile Clinics

Delivering timely care in mobile clinics requires addressing operational constraints to ensure prompt service delivery and effective patient follow-up. The interventions below focus on optimizing staff workload and streamlining patient flow and follow-up processes to enhance timely access to healthcare in mobile clinic settings.

Workload

- Plan mobile clinic staffing with a realistic number of service providers to manage unpredictable high caseloads, recognizing that high visit frequencies increase patient accumulation and require more staff than a 24/7 or 5-day outpatient department (OPD) fixed facility.
- Reduce travel time where possible by establishing a base or sub-office near service delivery points or securing overnight accommodation for staff to maximize consultation time.
- Include CHWs and volunteers in the team to systematically arrange and triage patients before the mobile clinic arrives.
- Implement appointment systems, where feasible, particularly for patients who missed previous consultations.
- Distribute workload efficiently among available staff cadres, with clear Terms of Reference for all roles.
- Include a dedicated dispenser to reduce clinicians' workload, as many mobile clinics lack this role, increasing pressure on clinical staff.
- Adapt staffing to context-specific needs, such as adding psychological expertise for traumatized populations, infectious disease or WASH/IPC specialists for outbreak or poor public health settings, or nutrition specialists and additional nurses for food-insecure areas.

Patient Follow-Up

- Provide guidance on organizing patient flow (e.g., triage, crowd control) and designate a team member to manage patient queues, ensuring organized flow, managed expectations, and reduced waiting times.
- Integrate CHWs into mobile clinics to support patient follow-up outside operating hours.
- Equip CHWs with communication tools to coordinate follow-up with service providers.
- Train CHWs on conducting follow-up visits and recognizing danger signs.
- Develop systems, such as a card system with active CHW follow-up, to prioritize patients who missed consultations.

DOMAIN 7: EFFICIENT

Provides care that is coordinated across levels and providers and makes available the full range of health services through the life course.

1. **The Corresponding Markers:**

- **Marker 7.1:** Mobile Clinics must **anticipate and plan staffing and supply types and quantities** for **unpredictable high caseloads**, especially when operating with **low visit frequency and limited hours**.
- **Marker 7.2:** Mobile Clinics should use **service utilization and operational data** to **continually refine resource allocation**, **identify bottlenecks**, and **minimize waste**.

2. **Factors Influencing Efficient Care**

Key efficiency drivers: The quality of care in mobile clinics is influenced by several efficiency-related factors, including streamlined supply chains, appropriate staffing levels and skill mixes, robust infrastructure, and optimized setup and breakdown times for mobile clinic operations.

Mosaab Hassouna / Save the Children

Service scheduling: The frequency and operational hours of mobile services significantly affect care efficiency, balancing coverage with resource constraints.

Collaborative opportunities: Despite inherent limitations, mobile clinics can enhance efficiency through individual optimization and partnerships with other mobile clinic providers, as observed in other care domains.

3. Interventions to Enhance Efficient Care in Mobile Clinics

Delivering efficient care in mobile clinics requires streamlined coordination and strategic planning to optimize resources and service delivery. The interventions below focus on fostering collaboration among partners and proactive planning to ensure effective resource use, minimize waste, and maximize operational efficiency in mobile clinic settings.

Coordination

- Provide early guidance on service packages, team composition, and operational details to ensure alignment across mobile clinic operations.
- Coordinate and share resources among mobile clinic partners, including human resources (specialists and health staff), technical resources (SOPs, tools, and guidance), and operational resources (logistics, stock management, and referrals).
- Advocate with donors and government authorities for additional resources, such as buffer stock and prepositioned supplies, and a supportive operating environment, including streamlined importation processes.
- Collaborate with other health actors to share resources and avoid wastage, enhancing overall efficiency.
- Integrate additional roles and responsibilities that require minimal time or do not necessitate full-time staff into existing job descriptions where feasible.

Planning

- Plan and budget for additional supplies and staff to accommodate unexpected high caseloads.
- Plan and budget for more frequent visits to the same service delivery points to improve access and continuity of care, where feasible.
- Plan and budget for a base located closer to service delivery points to reduce travel time and increase operational hours.