Save the Children

HEALTH CLUSTER

Mobile Clinic Planning and Decision-Making Tool Flow Chart

To determine whether a mobile clinic is relevant and feasible for humanitarian contexts

To complete the steps in this tool, **you will need data** from humanitarian needs assessments. These may be available from sources such as general humanitarian updates (e.g., from OCHA or local authorities), HeRAMS or other health facility assessments, rapid health needs assessments and barrier analyses. Also use insights from discussions with various segments of the affected community (e.g., women, older people, adolescents and people with disabilities).

Request data from MoH, health, nutrition, protection or other clusters, as well as other health partners or any local initiatives for data pooling (e.g., area-based coordination) etc.

If data are limited or unavailable, rely on your best judgement to respond to the questions. You can repeat the Mobile Clinic Planning and Decision-Making Tool questionnaire once additional data become available.

STEP 1 Analysis of humanitarian context and general health service availability (district level)

This analysis focuses on identifying the following key elements:

1. **Type of humanitarian emergency**, based on the nature and timing of the crisis.
2. **Total population size** in the crisis-affected area.
3. **Population density** of the crisis-affected area.
4. **Availability of PHC service delivery points** in the crisis-affected area, including those used by the population prior to the crisis (regardless of current functionality). Efforts should be made to exclude facilities that have been non-functional and unused for many years. Examples of PHC service delivery points include PHC units (without inpatient care, BEmONC), mobile clinics, health posts etc.
5. **Gaps in PHC service delivery point coverage.**
6. **Referral systems and availability of community health workers** in the crisis-affected area.

STEP 2 Availability gap and barrier analysis

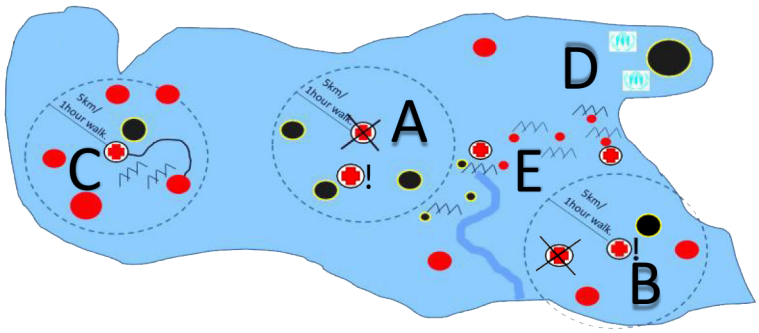
This analysis examines **availability** gap(s) and/or **access** and/or **acceptance** barrier(s) for a **SINGLE** PHC service delivery point **(fixed or mobile)** in the crisis-affected area. **Multiple scenario combinations (A–E) may apply.**

Availability gap scenario:

- **A** A PHC service delivery point is **available** but partially or non-functional due to the crisis.
- **B** A PHC service delivery point is available but **partially functional or non-functional due to pre-existing (pre-crisis) gaps.**
- **C** A PHC service delivery point is available but **overwhelmed and unable to meet increased demand** resulting from the crisis.
- **D** **No PHC service delivery point** is available in the affected area.

Acceptable access barrier scenario:

- **E** A PHC service delivery point is **available**, but **acceptable access is significantly hindered**, with **less than 80%** of the affected population able to **access** services, as per SPHERE standards.



Note: This map is not to scale.

- Crisis-affected population of 10,000 people
- Crisis-affected population of 2,500 people
- Crisis-affected population of 1,500–1,000 people
- Non-affected population of 5,000 people
- Non-affected population of 2,500 people
- Non-affected population of 1,500–1,000 people
- PHC facility
- Non-functional PHC facility
- Partially functional PHC facility
- Refugee camp population size 10,000 people
- Mountainous
- Road detour (> travel time and distance)
- River

STEP 2 Availability gap and barrier analysis

Gap and barrier analysis based on Tanahashi Framework for Health Service Coverage

E

Scenarios of crisis or pre-crisis access and/or acceptability barriers

Access barrier analysis:
Can people physically reach the services?

Hard-to-reach/scattered: distance, transportation time, availability and affordability, insecurity, road block(s), terrain, weather, financial

Acceptance barrier analysis:
Are the services trusted, culturally appropriate and non-discriminatory?

Scenarios of crisis or pre-crisis availability gap(s)

A **B** **C**

Availability gap analysis:
Are the required resources—staff, supplies, (infra)structure and essential services—available and ready to deliver safe and quality care in line with (inter)national guidelines?

D

Supplies

Structures (infrastructures)

Surge and readiness analysis

Service package and quality

Staff (human resources)

Mobile clinic exit strategy evaluation

Access barrier analysis:
Does the mobile clinic have an exit strategy? YES or NO. Analysis of key considerations.

STEP 3 Intervention option matrix

The intervention option matrix identifies the most suitable intervention(s) for a given humanitarian context by incorporating all gathered data and the considerations outlined in **steps 1 and 2**.

Each option includes specific guidance on:

- **Key planning considerations**
- **Exit strategy**
- **Timeline**
- **Cost implications**

A total of **10 intervention options** are available to address access and acceptability barriers, as well as availability gaps. These can be implemented individually or in combination, depending on the context and the identified needs. Intervention **options 1 to 8** include mobile clinic-specific guidance.

Intervention options for a mixed PHC and/or mobile service delivery point	Targeted gaps/barriers		
	Access barriers	Acceptability barriers	Availability gaps
1 Address crisis or pre-crisis access barrier(s)	x		
2 Address crisis or pre-crisis acceptability barrier(s)		x	
3 Deploy standalone mobile clinic	x		x
4 Deploy mobile clinic fixed in existing building	x		x
5 Address supply gap(s)			x
6 Address staffing gap(s)			x
7 Address (infra)structural gap(s)			x
8 Address service gap(s)			x
9 Strengthen referral capacity	x	x	x
10 Strengthen CHW coverage	x	x	x