

Mobile Clinic Quality of Care Toolkit for Humanitarian Settings

Launch Event March 2026



Credit: Sacha Myers, Save the Children



HEALTH
CLUSTER



Save the Children



Agenda

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Background



Why Quality of Care in Humanitarian Context Matters

Quality of Care in humanitarian context is often **deprioritized** to the status of 'not now', rather priority is given to simply providing **access** to care.

This approach is misguided!

Access to care that is **unsafe, ineffective** and **not trusted** by the communities it serves risks significantly **worsening health outcomes** and **increasing vulnerability** to further public health emergencies and is a **missed opportunity to build back better**.

Additionally, it represents a **poor use of limited health funding**. Therefore, action to promote **high-quality care is arguably even more important in humanitarian settings** than in more stable settings, given the significant health needs of the target populations.

Impact Figures

01

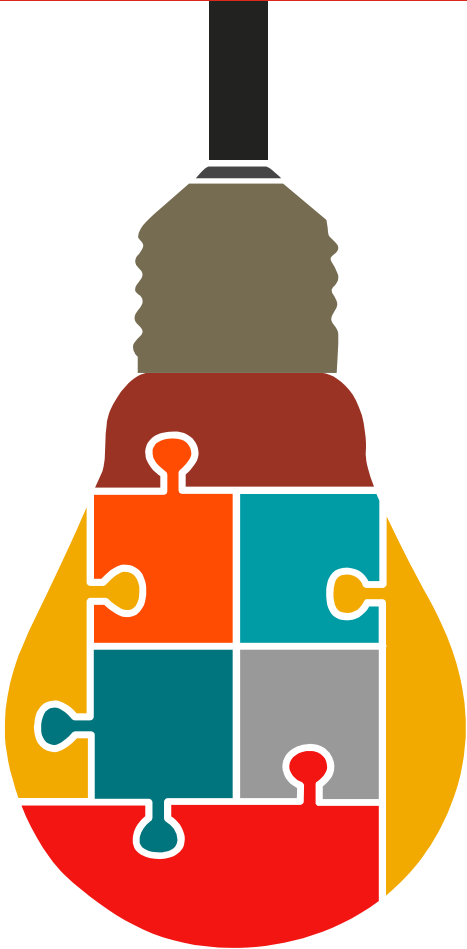
Between **5.7 and 8.4 million deaths** are attributed to poor quality care each year in low- and middle-income countries (LMICs), which represents up to 15% of overall deaths in these countries.

02

60% of deaths from conditions requiring health care in LMICs occur due to poor quality care, whereas the remaining deaths result from **non-utilization** of the health system.

03

In high-income countries, **1 in 10 patients** is harmed while receiving hospital care, and **7%** of hospitalized patients can expect to acquire a health care-associated infection.



04

An estimated **1.8 billion people**, or **24%** of the world's population, live in fragile contexts that are challenged in delivering quality essential health services. A large proportion of preventable maternal, childhood and neonatal deaths occur in these settings.

05

Globally, the essential structures for achieving quality care are inadequate: **1 in 8** health care facilities has no water service, **1 in 5** has no sanitation service, and **1 in 6** has no hand hygiene facilities at the points of care.

06

Inadequate quality of care imposes costs of **1.4-1.6 trillion \$** each year in lost productivity in LMICs.

WHO 2025: <https://www.who.int/news-room/fact-sheets/detail/quality-health-services>

Existing Quality of Care Work & The Gap

Core Humanitarian
STANDARD



Quality of Care in
Humanitarian Settings



Global Health Cluster
Quality Improvement Task Team
June 2020



QUALITY OF CARE IN FRAGILE,
CONFLICT-AFFECTED AND
VULNERABLE SETTINGS
TAKING ACTION

Linking the Toolkit

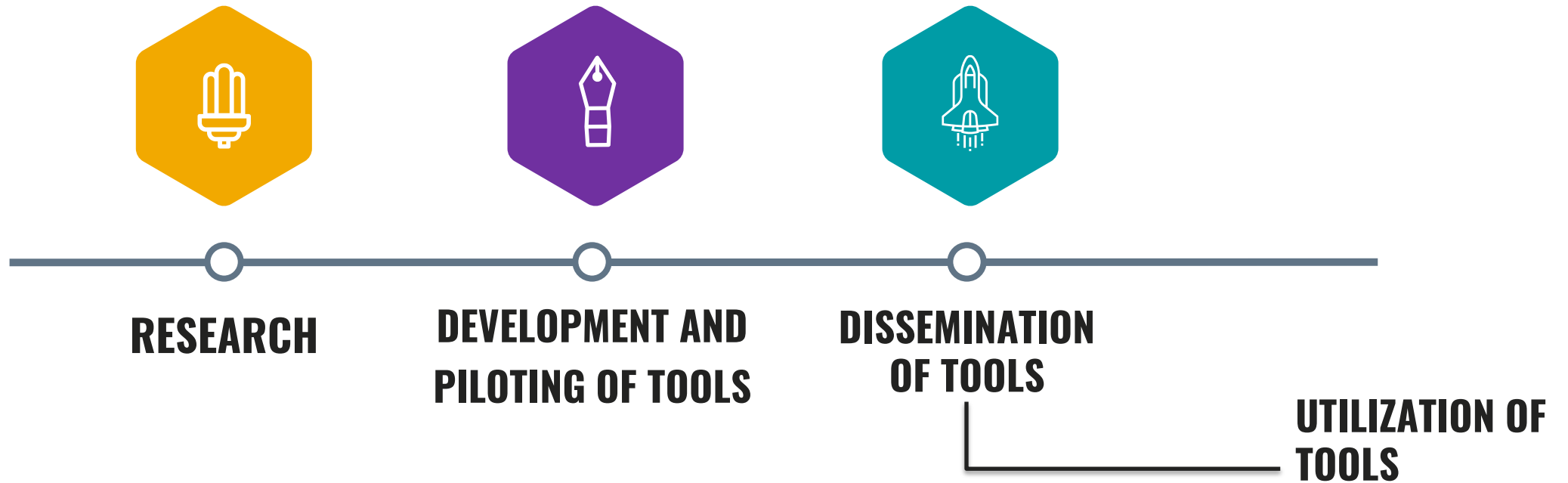
WHO/GHC defines Quality of Care as:
“the extent to which health care services provided to individuals and patient populations improve desired health outcomes”.

7 interrelated Domains for Quality of Care



The Process (2021 – end of 2025)

THREE PHASES



- **Funded by** USAID/BHA and Private donor
- **Implemented for** the Global Health Cluster
- **Supported by a Technical Advisory Group:** BHA/Americares/FIDO/GREDO/IRC/JHPEIGO/JHU/LSHTM/MSF/MTI/ Samaritans purse/UNICEF/GHC/WHO/UNHCR/BRAC
- **Pilot Partners:** Goal, FIDO, Save the Children, MCMDO, Medair, WASDA



Quality of Care in Mobile Clinics

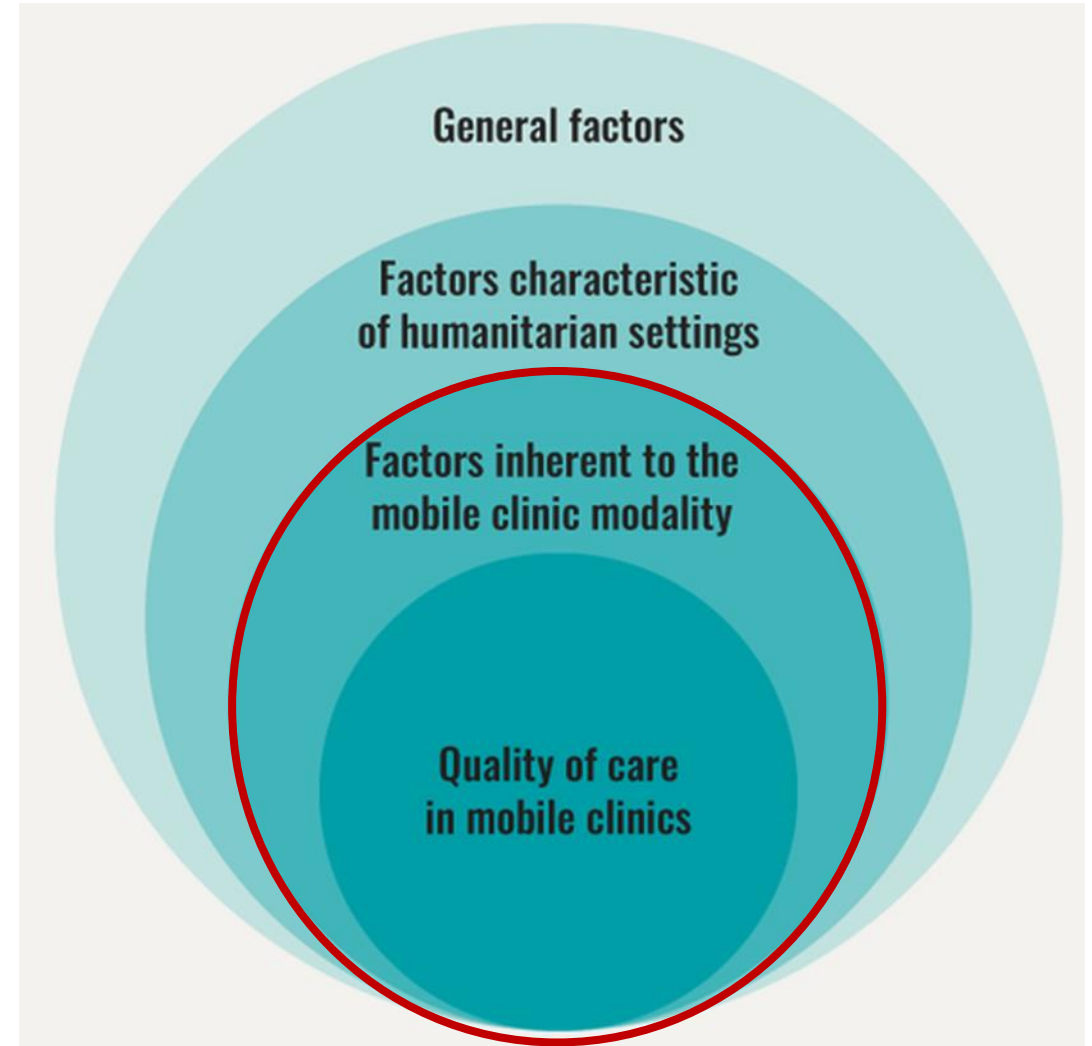


Factors Influencing Quality of Care in Mobile Clinics

Many factors work against successful delivery of quality health services in mobile clinics:

- 1. General factors** applicable in all health settings regardless the context
- 2. Factors characteristic of humanitarian settings**, such as insecurity, damaged infrastructure and rapidly changing healthcare needs
- 3. Mobile clinic specific factors**, such as intermittent service delivery, short operational hours and space constraints.

The Toolkit focus is only on mobile clinic specific factors

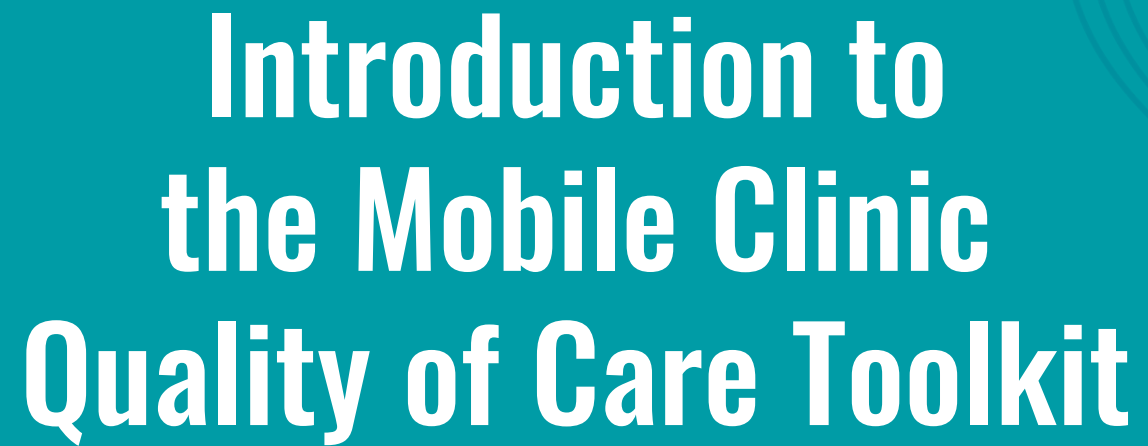


Mobile Clinics: Description and Definition

A Mobile Clinic is defined as:

a **moving** service delivery platform that is **self-sufficient** (standalone) but can operate from a fixed facility.

Mobile Clinics provide **temporary, intermittent**, preventative, and curative **primary healthcare** services delivered by a **multidisciplinary** team of **trained health workers** at **multiple service delivery points** during **daylight hours** in accordance with local guidance.



Introduction to the Mobile Clinic Quality of Care Toolkit

The Mobile Clinic Quality of Care Toolkit

Decision Making and Evaluation

Quality Monitoring and Optimization Cycle

Planning and Decision-Making Tool

List of services for Mobile Clinic

Quality Monitoring Tool

Quality of Care Guidance

Quality Improvement Planning Template

- Key definition
- 24 markers
- E-LEARNING

The Kaya page

Foundations



> Overview

Expand all

> Key Definitions and Terminology



> E-learning: Mobile Clinics and Quality of Care in Humanitarian Settings



> The 24 Markers of Quality of Care in Mobile Clinic

The tools



> Planning and Decision-Making Tool



> List of Services for Mobile Clinics



> Quality of Care Guidance for Humanitarian Settings



> Quality Monitoring Tool



> Quality Improvement Planning Template

Where do access the tools



Register for a free account on the Kaya Platform
<https://kayaconnect.org/course/view.php?id=11951>



Global Health Cluster Website
<https://healthcluster.who.int/our-work/task-teams/quality-improvement-task-team/mobile-clinics-toolkit>

Thanks!

Organizations who participated in the research:

- The Health and Nutrition Clusters in Afghanistan and Ethiopia
- The Syria Health Cluster and Northeast Syria Health Technical Working Group
- The Global Health Cluster, UNHCR, and the Ministry of Health in Ethiopia.
- BHA, DEC, ECHO, FIDO, GOAL, IMC, INTERSOS, IRC, JACK, MDM, MEDAIR, OPHM, Relief International, Save the Children, UNICEF, WHO, and WVI

Organizations and individuals who contributed to the development :

There were over 100 of you!!! We are unable to list everyone on this slide; all contributors and their respective organizations are recognized in the toolkit.

Organizations who participated in the pilot:

- Ministry of Health in Ethiopia, Ministry of Health in Somalia
- Goal, FIDO, Save the Children (Ethiopia, Somalia), MCMDO, GREDO, MEDAIR, WASDA
- The Health Cluster in Ethiopia, Somalia

People who reviewed translations of the tools:

- Arabic: Dr Khaldoun Al Amire (IRC), Dr Shihab Ibrahim, Dr Nancy Ibrahim and Dr Rabab Bennis (SCI)
- French: Janet Mayers, Virginie Jouanicot (SCI)

QUESTION?

