



Standard Operating Procedures for Mobile Medical Unit

July 2014

This operational guidance is anchored on the principles of universal health care for all persons of concern affected by the Syrian Crisis in Lebanon. This guidance is intended to help all health sector partners in Lebanon to provide uniformed basic minimum primary health care services through Mobile Medical Units (MMU) targeting to most vulnerable persons of concern residing in remote locations with difficult or no access to static health facilities such as Primary Healthcare Centres (PHC) and Dispensaries.

1. Establishment of MMU team

- An MMU team should include at least one medical doctor, one nurse, and / or one health educator or counsellor.
- The Organization running the MMU should be registered with the MoPH.
- MMU team could either operate in the local facilities (e.g. MOSA centres, Social Development Centres, Community Centres and municipalities etc.) or in collective sites (CS).
- In selecting a location, MMU teams should make every effort to preserve privacy and confidentiality for patients undergoing examination and treatment.

2. Targeted beneficiaries

- The MMU will provide services to anyone seeking care. Beneficiaries are expected to include vulnerable host families, vulnerable Syrian and non-Syrian refugees, registered and not-registered with UNHCR.

3. Coordination

- MMU will operate in those places where beneficiaries have difficulties in reaching PHC centres ie more than 5 to 10 kilometres from the nearest PHC centres*.
- MMU teams will carefully determine the target locations and routes in coordination among all MMU partners operating in the same geographical locations and UNHCR field offices, to meet the gaps and needs. Hence, all MMU partners are requested to attend relevant field Inter-Agency Health Coordination meetings in their respective field locations.

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- Each MMU team must develop schedules on a monthly basis and share with the field Inter-Agency Health Working Group. These schedules and MMU activities should also be distributed to relevant Collective Site Management and Coordination (CSMC) networks and beneficiaries in CS.
- Any change in schedule should be coordinated with the field Inter-Agency Health Working Group in order that gaps and/or overlaps in geographical coverage are avoided.
- All organizations wishing to launch new MMU services must respect the coordination mechanisms and align their locations with existing services.
- Inter-Agency Health Working Groups will coordinate with all MMU partners for mapping of MMU services, identifying gaps in geographical coverage and services and future activity plans. MMU partners will regularly update their activities in health matrix.
- MMUs should be prepared to redirect their schedules to respond to emerging health situation as requested by Inter-Agency coordination and/or MoPH authorities
- UNHCR will include information of all MMU partners and their visiting schedules in its health information brochures and will distribute them to refugees nationwide.
- MMU should have a close link with a PHC facility and the Cada Health Officer, where staff can collect vaccines, medications and medical consumable materials etc and for efficient referrals.
- MMUs should utilize Inter-Agency field Health Offices to refer concerns relating to WASH, CSCM and/or protection issues.

4. Provision of basic minimum health services

4.1 MMU shall aim to provide the following basic minimum primary health care services free of charge.

- Vaccination of under 5 years old children. Ensure that the vaccination cards are provided to track for follow-up doses. (Next vaccination due dates will be recorded in the vaccination cards).
- Ante-natal care for pregnant women and referral of *all* pregnancies, especially women at high risk for complication, to the nearest PHCs for specialist cares, laboratory investigations and ultrasounds. Provide information of supported hospitals for delivery in order to make delivery plans by the pregnant women.
- Family planning services (contraceptives and condoms) and referral to PHCs for IUD insertion. MMU staff will counsel the women in reproductive age on various modern contraceptive methods for them to make an informed choice of family planning methods.
- Growth monitoring among under 5 years old children and record in the growth monitoring chart. The standardised MOPH growth monitoring chart will be used.

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- Nutritional screening by measuring MUAC among under 5 years old children. Malnourished cases identified in MMU will be referred to designated PHCs supported by IOCC for detailed nutritional assessment (weight for height, weight for age and height for age etc.) and treatment by trained health personnel. Pregnant and lactating women should also be assessed.
- Medical consultation for common acute illnesses and dispensing acute medications free of charge. Treatment of uncomplicated infectious diseases (ARIs, watery diarrhoea, dysentery and STI etc.)
- The activities and treatment approaches of MMUs should be guided by widely accepted protocols, including but not limited to the Lebanese MoPH, World Health Organization (WHO) and the Centres for Disease Control (CDC).
- Stabilisation services of emergency health conditions (e.g. severe diarrhoea with dehydration, suspected pneumonia, injuries, bleeding, high fever, convulsions and severe hypertension etc.) and immediate referrals to nearest PHCs or hospitals after stabilisation.
- Dispensing of ORS sachets to parents / care givers with explanation on dissolving, usage and storage.
- Identification of potentials of communicable disease outbreaks and report immediately on alerts of communicable diseases to the MoPH and Inter-Agency field health office and WASH officers and their implementing partners.
- Provision of health education / health awareness sessions and distribution of IEC materials (personal hygiene, immunization, ante-natal and post-natal cares, breast feeding, infant and young child feeding, family planning, communicable diseases (ARI, Diarrhoea, TB, STI, Leishmaniasis, scabies etc), nutrition, food safety and mental health and SGBV etc.).
- Health promotion on health services available in the supported PHCs and hospitals.
- Liaise with CSMC agencies which can be used as potential sources to spread information and sensitising the population on health issues and campaigns.
- **Establish referral mechanism:**
 - Referral to the supported PHC for more comprehensive care, lab investigations and follow-up for chronic diseases and chronic medications.
 - Identification of patients in need of secondary health care and referral to supported hospitals.
 - Set up the referral procedures – use the standard and uniformed medical referral forms and means of transportation (e.g. in collaboration with Lebanese Red Cross (LRC) for ambulance and other transportation options).

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4.2 The MMU team could include the following additional health services

- Medical consultation for chronic diseases, including initial treatment if available, chronic disease educations and referral to PHCs for any laboratory investigations, collection of chronic medications and or regular follow-up.
- Screening for hypertension and referral of those with high blood pressure to the nearest PHC facility.
- Mental Health and Psychosocial Support (MHPSS) services: MHPSS awareness sessions, identification of persons who need mental health services, individual psychosocial counselling and/or group counselling and referral linkages for MH case management by MH care providers (RRSTART centres, IMC, MDM, MSF-Ch etc.).
- Provision of WASH commodities including; distribution of Water filters, aquatabs, soap and distribution of water vouchers in case of diarrhoea, hepatitis A, typhoid outbreak; basic Hygiene promotion sessions; Include capacity to respond to scabies (insecticide for treatment of tents/mattresses/clothes + medical treatment).

5. Reporting

- Health sector partners will contribute the knowledge of health needs, health access and other health information on target groups. Reporting will include to the PHC, the MMU is referring to (for the MOPH) and to the inter-agency HIS reporting mechanisms by ensuring at least weekly reporting of health data as per the minimum MoPH health information system requirements.
- Mandatory reporting of communicable diseases will be executed to district level MoPH directly or through contracted PHC centres as per MOPH EWARN requirements.
- Partners will comply with any additional reporting requirements of the MOPH

**5 Kilometres will be applied for mountainous areas where there are no means of transport*

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