



*Pop-Up Health Stations*

# Clinic in a Backpack.

*Packing smart for outreach in low-resource settings.*

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**MONICA ROJAS, MD**

30-minute workshop · INMED - HHC 2026



# Disclosure of Relevant Financial Relationships

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Speaker

**Monica Rojas, MD**

*No relevant financial relationships with ineligible companies to disclose.*

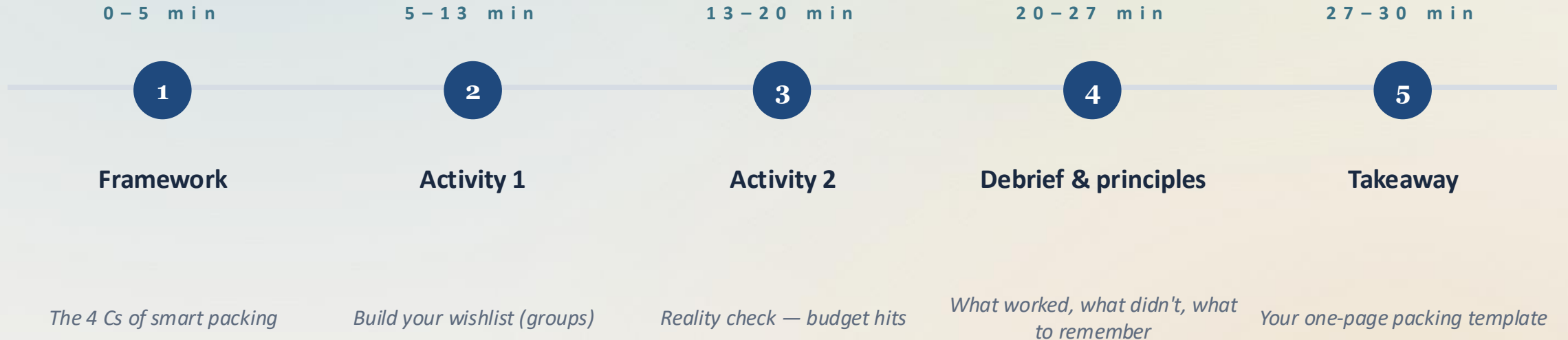
# Learning Objectives

*By the end of this workshop, you will be able to:*

- 1 Design a functional layout for a pop-up clinic.
- 2 Implement safe, efficient patient workflows.
- 3 Use bilingual tools to enhance communication.
- 4 Apply counseling with teach-back methods.
- 5 Collect and track quality metrics for improvement.

OUR 30 MINUTES TOGETHER

# Today's flow



# The 4 Cs

*Before you pack a single item, ask:*

C



## Context

Where are you going? Who lives there? How do you get in — and out?

C



## Capacity

What weight, container type, and team size can you actually move?

C



## Care goals

Screening? Treatment? Education? You can't do all three well in one trip.

C



## Continuity

What stays when you leave? Referrals, data, supplies, relationships.

# Build your wishlist.

*8 minutes · Groups of 4–6 · One scenario per group*

- 1 Read your scenario card** Each group has a different setting, population, and access constraint.
- 2 Dream big — list everything** Meds, supplies, equipment, education materials. Pretend money grows on trees.
- 3 Don't hold back** We'll add the constraints in Activity 2. For now: what would you take if you could?

# Choose your mission.



## THE HIKE

*3-hour hike · Backpack only*

POPULATION ~80 elderly with HTN, DM, chronic pain

CONSTRAINT *No electricity. No running water.*



## THE DRIVE

*Pickup truck · Pelican cases OK*

POPULATION ~150 children — growth, deworming, vaccines

CONSTRAINT *Small school. Limited shade. Day trip only.*



## THE SHELTER

*Urban shelter · Anything goes*

POPULATION Displaced families — mixed acute + chronic

CONSTRAINT *Near a hospital. Multi-day. Many languages.*



## THE BOAT

*Dugout canoe · Weight-restricted*

POPULATION Riverside community in malaria zone

CONSTRAINT *Damp, hot. No refrigeration. Limited radio.*

# Think in five buckets.



**M E D I C A T I O N S** Chronic disease meds, acute symptom relief, ORS, antimalarials, antibiotics. What's the 80/20?



**M E D I C A L   S U P P L I E S** Gloves, gauze, sharps container, biohazard bag, BP cuff, glucometer + strips, pulse ox, thermometer.



**E D U C A T I O N** Bilingual handouts, visuals, teach-back cards. Lower literacy = more pictures.



**A D M I N** Intake forms, referral slips, ID list, consent, data log, pens, clipboard.



**P E R S O N A L   &   S A F E T Y** Water, snacks, headlamp, batteries, sunscreen, repellent, your own meds. Pack for yourself too.

# Reality check.

*Take the handout. Add up real prices. Don't go over budget.*

*7 minutes · Same groups · Same scenarios · Real consequences.*

W H Y   M O N E Y   —   N O T   W E I G H T   —   I S   U S U A L L Y   T H E   R E A L   L I M I T

*Most outreach budgets are smaller than you think. The cheapest item isn't always the best value — ask: how many patients does this serve per dollar? A \$28 BP cuff that screens 100 patients is better than \$28 of single-use bandages.*

# Here's what your scenario can spend.

*Match these to your scenario card. Numbers reflect realistic mission budgets.*



THE HIKE

**\$300**

*Weight already limits you. Small but mighty.*



THE DRIVE

**\$600**

*150 kids = volume. Buy in bulk.*



THE SHELTER

**\$1,000**

*Multi-day, mixed needs. Hospital nearby.*



THE BOAT

**\$450**

*Weight-restricted but malaria zone is specific.*

# Keep it. Cut it. Borrow it.

## KEEP

- Saves a life or prevents serious harm
- Multi-use (BP cuff serves 100 patients)
- Can't be sourced locally
- Required for your top diagnosis

## CUT

- Treats <5% of expected patients
- Expensive + single-use
- Duplicates something else you packed
- “Nice to have” but not core

## BORROW

- Locally available (water, fuel, chairs, tables)
- Host site can provide (electricity, shade)
- Partner org already has it
- Patient can bring (own bottle, glasses)





# What did you learn?

**1** *What was your single most important item — the one you would never cut?*

**2** *What did you almost forget?*

**3** *What surprised you when you had to cut weight in half?*

# Right container, right trip.

CONTAINER	WEIGHT		BEST FOR
BACKPACK	5–15 kg		<i>Hiking, motorbike, single provider, screening-only</i>
DUFFEL	10–25 kg		<i>Vehicle access, soft contents, larger team</i>
PELICAN CASE	8–30 kg		<i>Fragile equipment, water near, air travel, repeated trips</i>
ACTION PACKER	20–40 kg		<i>Stationary clinic, longer mission, bulk supplies</i>

# Pack like a pro.



## Multi-use beats single-use

One BP cuff serves a hundred patients. One blister pack treats one. Choose tools that scale.



## The 80/20 outreach pharmacy

80% of needs are met by ~15 medications. Build that core list first; specialty meds come last.



## Don't forget the boring stuff

Headlamp. Batteries. Ziplocks. Duct tape. Sharps container. Soap. These save more trips than any med.



## Pack twice — once on paper, once in real life

Build a checklist first. Then weigh, label, and photograph every kit. Future-you will thank you.

T A K E A W A Y

# Your one-page packing template.

*A reusable framework — adapt it for any trip, any team, any setting.*

## C L I N I C - I N - A - B A C K P A C K · P A C K I N G T E M P L A T E

**Mission name & date:**

---

**Population & estimated #:**

---

**Access route:**

---

**Weight limit (per person):**

---

**Medications (core 80%):**

---

**Supplies & equipment:**

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**Safety & personal kit:**

---

**Team size:**

---

**Top 3 expected diagnoses:**

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**Container(s) chosen:**

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**Power / water available?:**

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**Education materials (lang):**

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**Referral pathway:**

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**Quality metrics to capture:**

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CLINIC IN A BACKPACK

**Pack light.**

**Pack smart.**

***Pack with purpose.***

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*Every gram you carry should serve someone you came to help.*

T H A N K   Y O U

# Questions

## Monica Rojas, MD

*Director of International Medicine and Cultural Education, ARCOM*

### What you'll take home today:

- The 4 Cs framework for packing decisions
- Keep / Cut / Borrow rubric for hard choices
- Container selection matrix (backpack → Action Packer)
- One-page reusable packing template