I. The Importance of Mobile Outreach Service Delivery

Around the world, in many rural and urban areas, women and men are struggling to access quality family planning services. Mobile outreach service delivery can effectively meet the unmet need for a variety of contraceptive methods including long acting/permanent methods (LA/PMs) by providing a full range of FP services to underserved communities.

II. What is Mobile Outreach Service Delivery

Mobile outreach service delivery is defined as "FP services provided by a mobile team of trained providers, from a higher-level health facility to a lower-level facility, in an area with limited or no FP or health services[1].

Mobile outreach services can be provided at lower-level health facilities or locally available community facilities that are not used for clinical services, such as schools, health posts, or other community structures. The services can also sometimes be provided in the mobile unit itself."

Mobile outreach has been successful in a number of settings and often makes a significant contribution to national FP programs. **Marie Stopes International (MSI)**[2] uses this approach in 18 countries; as a result, in 2008, 73 percent of 1.1 million LA/PMs services provided by MSI in these countries were delivered by mobile outreach service delivery. In the first year of the ACQUIRE Tanzania project,[3] 60 percent (994,264) of the clients served received services via outreach. In Madagascar, **CARE**[4] brought FP education and services to six remote communes. A partnership was created with MSI to offer intrauterine devices (IUDs) and surgical sterilization. **International Planned Parenthood Western Region**[5] have used mobile units to provide FP services, education, and supplies to the most vulnerable and isolated communities. From communities displaced by guerrilla activities in Colombia to the isolated Mayan rainforest of Guatemala, staff from International Planned Parenthood Federation member associations set out in vans, canoes, and even small planes to provide FP services. The mobile units are unique in that they reach the poorest of the poor, a goal that eludes many social organizations because of sustainability concerns, inexperience, or the lack of tools and resources.

III. Planning

If you are trying to determine whether mobile outreach service

delivery will be a beneficial strategy, your project should conduct a needs assessment, which identifies underserved populations in your program area and where these populations are located. This needs assessment should also look at barriers to accessing FP, especially LA/PMs, and whether there is knowledge and demand for the methods and a lack of trained providers that offer LA/PMs.

Your project should also identify what resources are available and which ones will be needed to implement this strategy, such as site selection, transportation, methods and commodities, trained staff, job aids and material, guidelines and policies, funding.

A cost analysis can also help you determine whether this approach is feasible. Costs for such items as clinical staff time, transportation: vehicle, fuel, driver; commodities, supplies and equipment; upgrading lower-level health facilities; training lower-level health workers; compensating community health workers—if they are paid; planning meeting; and developing, printing, and potentially broadcasting FP messages and materials.

It is essential that you build partnerships at the national, district-, and community-level partners to build the ownership and sustainability of the mobile outreach services. Hold planning meetings with key partners to discuss specific details of implementation with stakeholders and develop memoranda of understanding (MOU) with key partners who will play a role in planning, monitoring, or providing services.

The last key step before implementing mobile outreach service delivery is to develop an action plan. The following should be included in an action plan:

- Location of mobile outreach services
- Frequency of mobile outreach services
- Composition of mobile outreach services delivery team
- Type and number of training activities
- Supply of FP methods
- Ways to promote FP in the community an build demand for the mobile service
- Follow-up and continuity of care activities
- Funding program costs
- Role and responsibilities of partners and stakeholders.

IV. Implementation

Once your action plan is complete, you are ready to begin implementing your mobile outreach strategy.

Schedule Services. This includes setting up locations, dates, and staff for each visit. It is essential that community mobilization activities happen weeks before the mobile team visit to create enough demand for the service.

Prepare Sites for Service Delivery. Ensure that you will have what you need at each location, whether at a health facility or another location in the community. This means securing enough equipment, staff, and infection prevention measures.

This may also mean hiring and training providers in the provision of long-acting FP methods. Pathfinder International's brief, *Service Delivery-based Training for Long-acting Family Planning Methods*[6] provides an overview of the type of training that providers need for long-acting permanent methods, along with examples of community mobilization activities that build knowledge of and interest in LA/PMs in Ethiopia.

Inform Client Base. This is an essential step in implementation. Creating interest and demand will help inform clients of what type of services will be available and when they will be available. Community mobilization and information activities can occur in the form of a mass media campaign, posters, brochures, or convening community meetings and interpersonal communication between community-based distributors and clients.

Create a Monitoring Plan. Mobile teams must have a form to complete during each visit, which collects data on the number of clients, demographics, and the FP methods chosen and provided. This data should be

shared with key stakeholders, such as district and national-level staff. The collection of data will allow programs to monitor key indicators, such as the number of clients serviced by location and by method, which will allow programs to monitor couple years protection (CYP) or contraceptive prevalence rate (CPR) in a given area.

Plan for Follow Up. Set up systems for follow up and continuity of care. This may be challenging, as qualified providers may only be available on an intermittent basis. Marie Stopes International advises clients to return to the site where they received the services, if they experience specific symptoms or complications.

Ensure the Quality of Services. If you go into a community and the quality of your service is poor, you may not be welcomed back. It is essential that whatever services you offer are safe, effective, and carried out with the client's best interest in mind.

Hold Regular Progress Meetings with Partners. These meetings will ensure the smooth implementation of the project, discuss and address any problems or challenges, and provide refresher trainings and updates.

V. Challenges

As with any strategy, many challenges may arise—such as transport difficulties, financial constraints, inadequate demand, follow-up care and support, commodity logistics, and breaks in services at mobile team's home clinic.

A number of preventative measures can be taken to avoid such challenges as scheduling outreach visits during the non-rainy season, looking for cost-sharing equipment arrangements with partners and with other programs, advertising services to create demand and awareness, asking community health workers to provide follow-up care, partnering with the government to provide contraceptive methods, and involving providers from adequately staffed clinics so the home clinic is able to function without some of their staff.

IV. Scale Up

If initial efforts were successful, you might want to consider expanding the services to more sites, provided that there is a need and you have the resources.

Scale up will require good data and partnerships. The data will be used to highlight the inputs and costs of implementing mobile outreach, while partnerships will be needed to implement this strategy at a district or national level.

If you wish to receive the monthly Community-Based FP Technical Updates, please join the Community-Based FP listserv by contacting Mia Foreman at Mia.Foreman@macrointernational.com.

Resources

[1] Solo, J. *Expanding Contraceptive Choice to the Underserved through Mobile Outreach Service Delivery: A Handbook for Program Planners.* 2010. Available at *http://www.flexfund.org/resources/grantee_tools/MobileOutreach_HiRez2010.pdf*.

[2] Marie Stopes International. 2009. *Long-Acting and Permanent Methods: MSI's Global Impact.* United Kingdom. Available at *http://www.mariestopes.org/documents/long-acting%20methods%20factsheet%20FINAL%20lo-res.pdf*.

[3] ACQUIRE. 2008. *The ACQUIRE Tanzania Project Annual Report, October 2007-September 2008.*

[4] Toth, Catherine. *"Voices from the Village: Improving Lives Through CARE's Sexual and Reproductive Health Programs. Going the Extra Mile to Provide and Sustain Family Planning Services in Remote Madagascar"*. February 2008. *http://www.care.org/careswork/whatwedo/health/downloads/SRH_madagascar.pdf?s_src=170760770000*

[5] International Planned Parenthood Federation/Western Hemisphere Region. 2005. *Facilitating Access to Reproductive Health Services Through Mobile Health Units in Bolivia: Spotlight on Access.* Available at *http://www.ippfwhr.org/files/Access_Spot_Bolivia_EN.pdf*.

[6] Pathfinder International. 2007. *Service Delivery-based Training for Long-acting Family Planning Methods.* Available at *http://www.pathfind.org/site/DocServer/LAFP_final2__2_.pdf?docID=11302*.