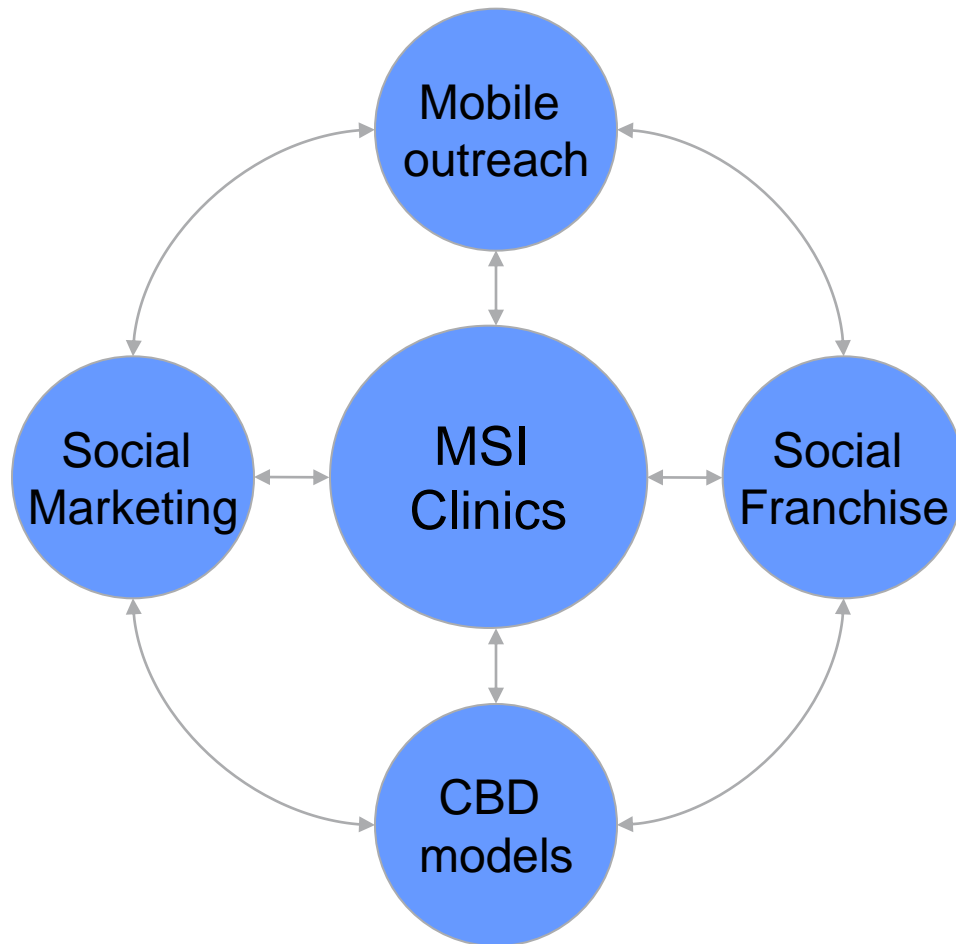


Mobile outreach services: increasing access to long acting and permanent methods (LAPM).



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MSI's Business Model



Integrated reproductive health services

- ⑩ **Family planning**
- ⑩ **Ante/post natal care**
- ⑩ **Obstetrics & safe delivery**
- ⑩ **Comprehensive safe abortion services (where legally permitted)**
- ⑩ **Post abortion care**
- ⑩ **HIV prevention services.**
- ⑩ **Cervical cancer screening.**
- ⑩ **Childhood illnesses/immunizations**
- ⑩ **Communicable diseases**
- ⑩ **General healthcare +/- lab services**

MSI's service channels



MSI's 3 main outreach models

- The MSI mobile service delivery team; 4 person team by outreach vehicle equipped for a mobile clinic.
- The MSI mobile quality improvement team approach whereby MSI team members work with government health facilities and district health offices to improve the government's delivery of sexual reproductive health services.
- The MSI mobile community outreach worker approach, whereby one or two female health workers provide sexual reproductive health services in the community.



Strengths of MSI's Mobile outreach services



- **Access**; providing high quality FP services in remote areas where unmet need is high.
- **Choice**; providing choices in methods that would otherwise be unavailable.
- **Supporting**; national health systems to provide access to services and reduce unmet need.
- Offering **highly acceptable** services to men and women that would otherwise be unavailable.

Mobile services challenges

- **Logistics**; working in remote areas transporting personnel , commodities and equipment.
- **Raising awareness** of family planning and informing the population of the services.
- **Infrastructure & quality**; bringing quality to working in poor conditions with no electricity ,no running water and poor transport & communications.
- **Working remotely** ; setting up a follow up system that is sufficient to deal with side effects and complications.



Mobile outreach services at Marie Stopes Tanzania

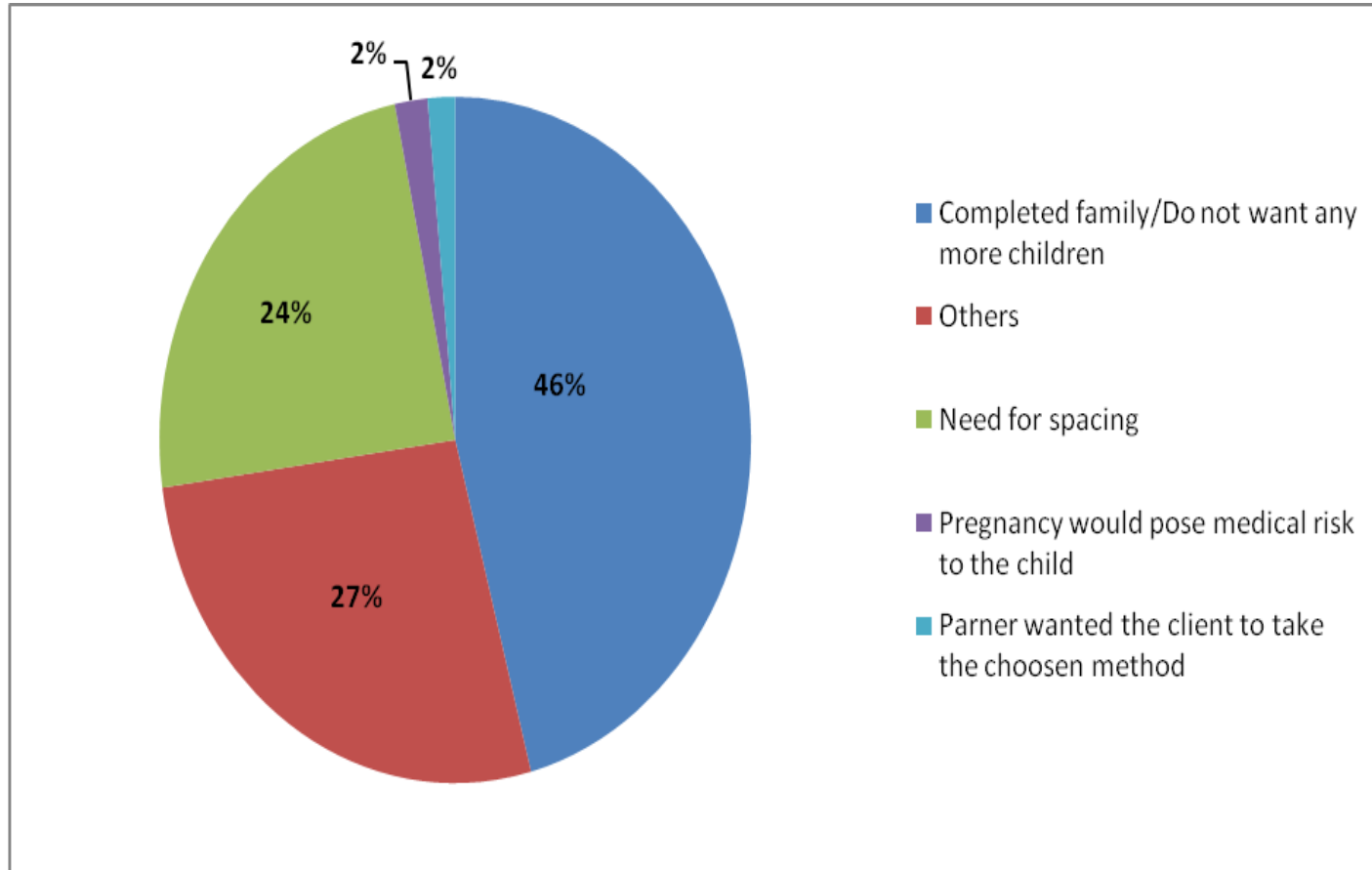
- Marie Stopes Tanzania (MST) delivers long-acting and permanent methods of family planning (LAPM) through rural government dispensaries in Tanzania using mobile teams.
- In 2010 to 2011 MST assessed service safety and efficacy in the Tanzanian setting.

Assessment Objectives:

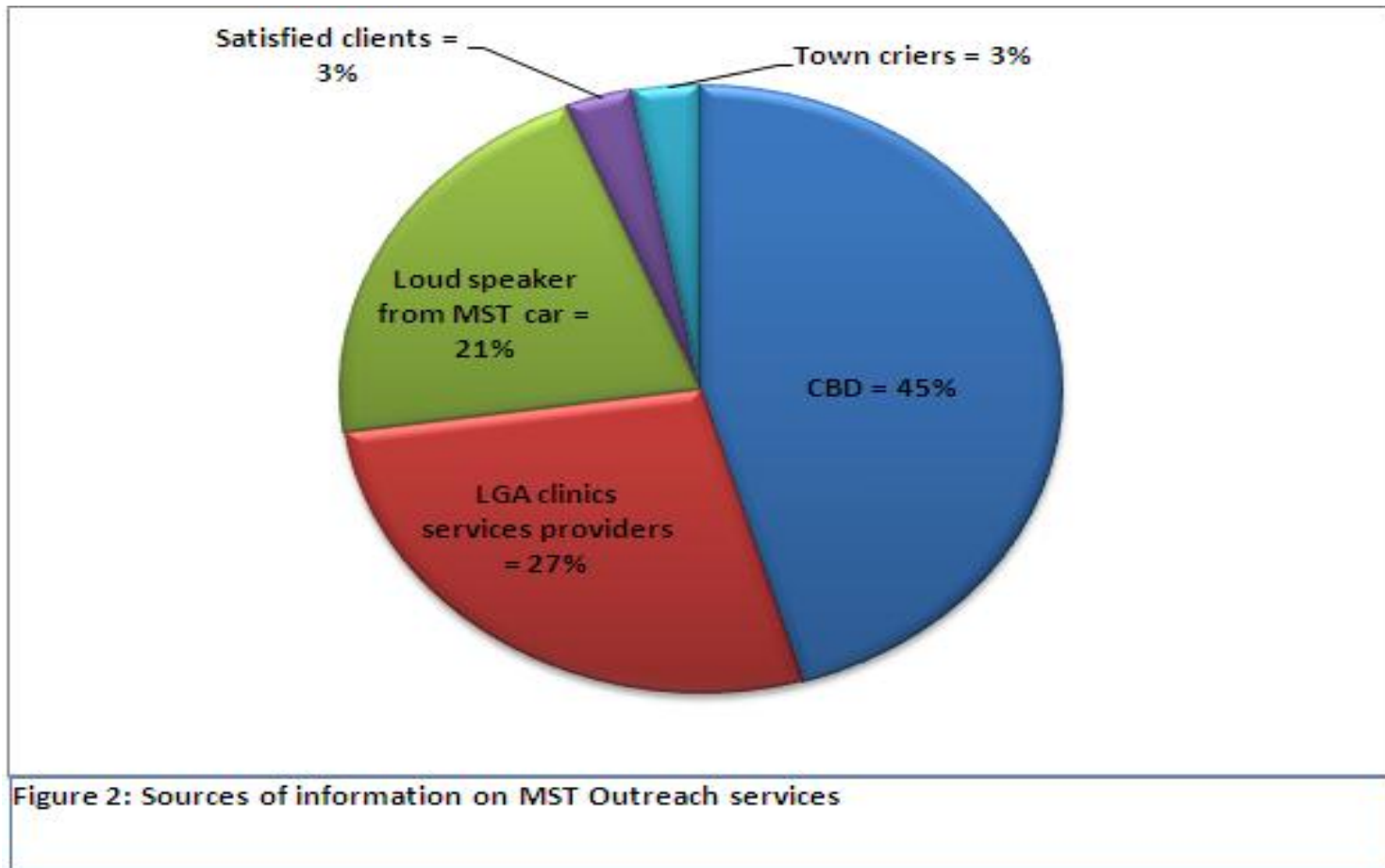
- Quantify complication, discontinuation and satisfaction rates of Implants, Intrauterine Devices (IUD) and Bilateral Tubal Ligations (BTL) clients at 1 & 15 days
- Quantify discontinuation and satisfaction rates for Implant and IUD clients 90 days after procedure
- Assess health seeking behaviour if complications arose.



Reasons for choosing LAPM



How clients heard about services



Quality and satisfaction

Results complication rates:

- **15 days: 2.9% BTL, 2.8% IUDs, and 0.53% implants**
- **98% of women had resumed work by Day 15.**
- **At 90 days from the long acting methods of contraception the discontinuation rate was only 2%.**

High rates of client satisfaction:

- **15 day follow up: 94% were satisfied**
- **98% would recommend MST mobile outreach services**



Conclusions

- Mobile services can offer specialist LAPM services that would otherwise be unavailable at some rural health or over subscribed urban sites.
- Servicing high numbers of clients for the specialist services is highly cost efficient.
- Mobile service provision is highly acceptable to the clients it serves.
- Mobile services can supply long acting and permanent methods of family planning for hard to reach communities adding to the basket of methods and choices available for men and women.
- Mobile services by NGO's can support and fill gaps in national service provision in public private partnerships.