Mobile Outreach Services
Multi-Country Study and Findings from Tanzania

Managing Partner: EngenderHealth; Associated Partners: Gicatelli Associates Inc.; Family Health International; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Presentation Outline

- Information about the RESPOND multi-country study
- Findings of the Tanzania study
- Lessons Learned for Remaining Country Studies
Multiple Countries

- Tanzania
- Nepal
- Mali or Ethiopia
To add to the general body of knowledge about mobile outreach services:
- Rationale
- Organization
- Characteristics
- Cost

To produce practical analyses of the models and their efficiency and effectiveness that decision makers can use to plan for expansion and replication of different mobile service models.
Illustrative Issues to be Included in Case Studies

- Management and Oversight
- Funding and Revenue Sources
- Human Resources
- Logistics
- Services
- Quality of Care
- Reporting and Information Management
- Community Engagement
Tanzania is first country where study has been conducted
Methodology

- Literature review
- Discussions and interviews with key stakeholders
- Review of records
- Site visits and observation
- Provider and client interviews
Health sector context

- **High fertility:**
  - Mainland Urban: 3.7 TFR
  - Mainland Rural: 6.1 TFR
  - Zanzibar: 5.1 TFR

- **High unmet need for FP: 22%**
  - Almost one-fourth of women reported that their last pregnancy was unwanted or mistimed
  - More than two-thirds of women wanted to delay their next birth or stop childbearing altogether.

Sources: Preliminary TDHS 2010 and TDHS 2004-2005
Health sector context

- Shortage of health staff in government facilities was 65% in 2006.

- Disparities in distribution of health personnel ranging from:
  - 0.3 health workers per 1,000 inhabitants in a rural district to
  - 12.3 health workers per 1,000 inhabitants in an urban district

- Majority of the population lives within 10 kms of a health facility.
Organizations Included in the Study

Public Sector

- Ministry of Health and Social Welfare (MOHSW) supported by
  - ACQUIRE Tanzania Project (ATP) and USAID

Private Sector

- Marie Stopes Tanzania (MST)
Model Similarities: Provider Teams Travel to MOHSW Health Centers and Dispensaries
Clients are put on waiting list, i.e., “registered” and notified when outreach date is scheduled

Health talks given at start of the day as a way to inform all clients

Very little national promotion of FP for a decade

Some basic IEC/BCC materials available
Similarities: Other Services Continue During Outreach
<table>
<thead>
<tr>
<th>MOHSW:</th>
<th>MST:</th>
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<tbody>
<tr>
<td>Outreach services are provided in MOH Health Centers and Dispensaries</td>
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<tr>
<td>Teams of trained providers travel to the HCs and Dispensaries</td>
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<tr>
<td>DMOs communicate with HCs and Dispensaries re: outreach schedule and</td>
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<tr>
<td># of expected clients communicated to DMO and in turn to ATP</td>
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<tr>
<td>Client counseling done by HC &amp; Disp staff in advance of outreach</td>
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<tr>
<td>MOH provides commodities, expendable supplies</td>
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<tr>
<td>No charge for services</td>
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<tr>
<td>MOHSW and ATP</td>
<td>MST</td>
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<td><strong>Objectives</strong></td>
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<td>&gt; Increase use of modern contraceptive methods</td>
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<td>&gt; Strengthen the capacity of the MOH to provide LA/PMs</td>
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<td>- On-the-Job Training</td>
<td>- MST staff provide all FP services unless client volume too great.</td>
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<td>- Supervision</td>
<td>- Team coverage: 14 outreach teams* cover 6-9 districts and are continuously on the move, i.e., 18-20 days/month</td>
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<td><strong>Team coverage</strong></td>
<td>- Mobile outreach in 94 districts</td>
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<td>Teams work within their own district and are away from normal duty station for either 1 day (mobile outreach) or 5 days (FP week)</td>
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<td>Mobile outreach in &gt; 90 districts of the country</td>
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Mobile Outreach Approach: Differences

- **MOHSW: 2 models**
  - Team(s) of providers from district hospital travels to lower level facilities then returns to regular assignment at district hospital
  - Outreach: 1 team/1 site/1 day
  - FP Week: multiples teams/multiple sites/multiple days

- **MST: 1 model**
  - Teams of providers work FP on outreach traveling throughout the month to different lower level facilities
  - Outreach: 1 team/1 site
Mobile Outreach Approach: Differences (cont)

**MOHSW**
- Providers are employees of MOH assigned to higher level MOH facility, i.e., District Hospital
- Teams vary somewhat depending on whether HC or Disp has providers trained for LAs
- MOH standards & protocols, client record forms used
- Client consent for PMs
- Outreach focused on LA/PMs but all methods are provided

**MST**
- Providers are employees of MST assigned full-time to mobile outreach team
- Teams include surgeon, 2 nurses, driver
- MST standards & protocols *
- MOH client record forms used *
- Client consent for all LA/PMs *
- Outreach offers all FP methods
Change in Proportion of LAPM Service by Delivery Mechanism

Percent of Services Provided through Each Mechanism

- **2008/9**
  - Outreach: 36%
  - Service Day: 10%
  - Routine: 54%

- **2009/10**
  - Outreach: 53%
  - Service Day: 10%
  - Routine: 37%
Change in Total LAPM Use

Change in Total Method Provision between 2008/9 and 2009/10

- NSV
- IUD
- Implant
- ML/LA

2008/9:
- 67,430
- 34,310
- 100,360
- 347

2009/10:
- 73,984
- 46,698
- 99,521
- 0

2008-2009:
- 245
- 100,360
- 67,430

2009-2010:
- 347
- 99,521
- 73,984
Challenges

- Shortages of contraceptives (especially injectables and implants)
- Shortages of expendable supplies
- Shortages of instruments and equipment (MOHSW)
- Overlapping coverage areas
- Limited national IEC and BCC activities for past decade
Challenges (cont)

- Infrastructure & Space, Lack of Privacy
Integrated services mean lots of people waiting
Theory versus reality

Standards and guidelines for mobile outreach have not yet been developed by MOHSW

MIS not set up to track service statistics by service delivery mechanism

Data may not be organized in ways that are easily accessible for the purpose of the study

Organizations may be hesitant to collaborate and provide information