

MOBILE SERVICE DELIVERY

What Is It?

Dispatching a team of trained family planning service providers, along with the necessary equipment, supplies and commodities to deliver family planning services, to areas in greatest need. Mobile service delivery models address inequities in access to family planning, broaden the contraceptive method mix available to clients and can help reduce unmet need for family planning.

This approach is beneficial in:

- Facilities with limited trained staff or resources
- Settings where providers do not have the knowledge or skills to administer certain types of contraceptive methods
- Rural or hard-to-reach areas where travel times to health facilities can be extensive



Mobile services can be offered at existing health facilities or in schools, community buildings, tents or even in a mobile van.

What Are the Benefits?

- Serves communities that lack access to family planning service providers, commodities and supplies
- Expands the range of contraceptive methods offered so clients can choose a method that meets their needs
- Increases reach to underserved populations by bringing services closer to where they live and work
- Can increase contraceptive use

How to Implement?

Step 1: Recruit and train a team of mobile outreach providers

A typical mobile outreach team consists of at least one medical doctor, one to two nurses, a surgical medical assistant and a driver.

Mobile outreach providers of course need to be skilled in counseling and provision of the methods offered during mobile outreach events. Mobile outreach teams often provide long-acting and reversible contraceptives (LARCs). The Tupange project developed several relevant resources that can be used to [train providers to provide LARCs](#), including on counseling, medical eligibility criteria and infection prevention. In addition, the Nigerian Urban Reproductive Health Initiative (NURHI) developed a [training poster](#) on infection prevention.

Step 2: Coordinate with community leaders to identify appropriate locations

Mobile service locations can include existing schools, health facilities or other community buildings; services can even be offered in mobile vans when appropriate facilities are lacking. Be sure to work with community leaders to help identify locations with appropriate space and that can meet the other needs of the mobile team.

Step 3: Ensure selected sites are clean, safe and private

Mobile service sites should be clean and have the space for privacy during family planning counseling and service provision. You may need to conduct a clinic makeover if certain sites do not meet quality standards. ([See how NURHI accomplished this in 72 hours.](#))

Step 4: Schedule each site's mobile service dates

Planning and scheduling the mobile team's visits in advance ensures that travel logistics are worked out and allows community health workers, social mobilizers and other community members to promote and generate demand for services.

Step 5: Conduct client mobilization and outreach prior to each scheduled service date

This may involve the use of community health workers or youth groups to promote the service events with posters and other appropriate materials ([see an example of a promotional poster](#)).

Step 6: Send all commodities and supplies with the mobile outreach team

Each time a mobile service delivery team travels to sites to perform services, they should bring all of the necessary stock and equipment necessary to meet expected demand. This should include a range of contraceptive methods and any tools necessary for IUD insertion and removal.

Step 7: Routinely review each site

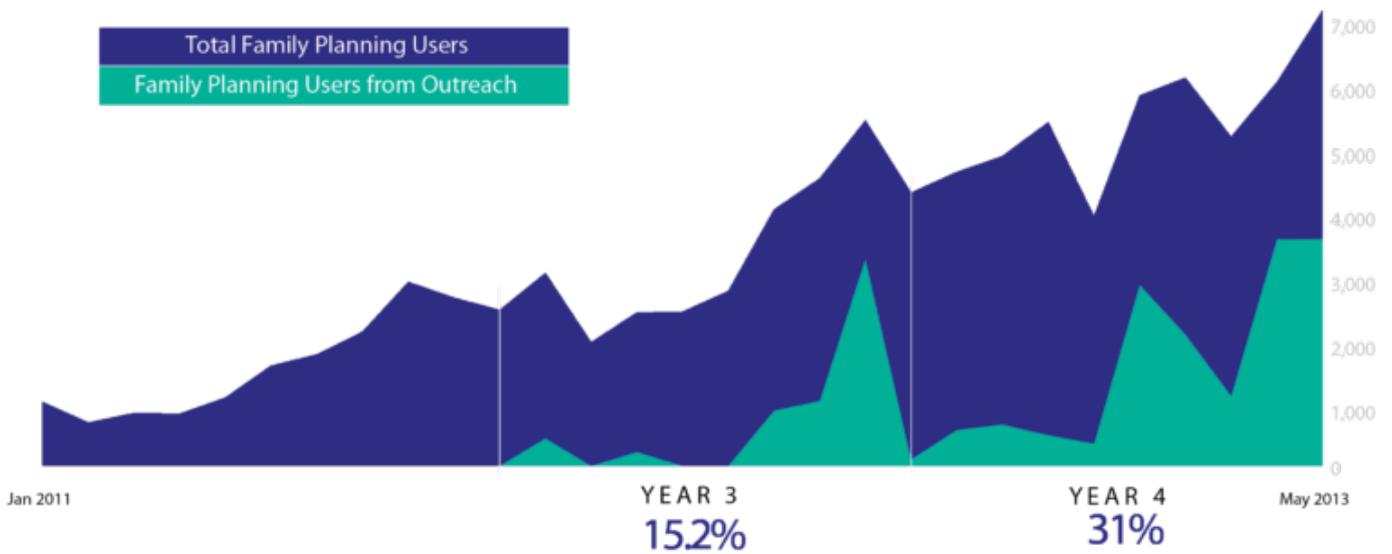
Monitor progress at each site every six months to address any challenges or replicate successes at other sites. You may also need to add new sites over time to meet additional demand. ([See additional guidance applied in East Africa.](#))

What Is the Evidence?

- In 2012, the Nigerian Urban Reproductive Health Initiative (NURHI) began dispatching mobile outreach teams to hard-to-reach urban slum areas. The contribution of outreach visits to total family planning users served by NURHI-supported facilities increased from about 15% in 2012 to 31% in 2013. By May 2013, outreach visits were contributing nearly half of total clinical services provided by NURHI ([Krenn et al., 2014](#)).

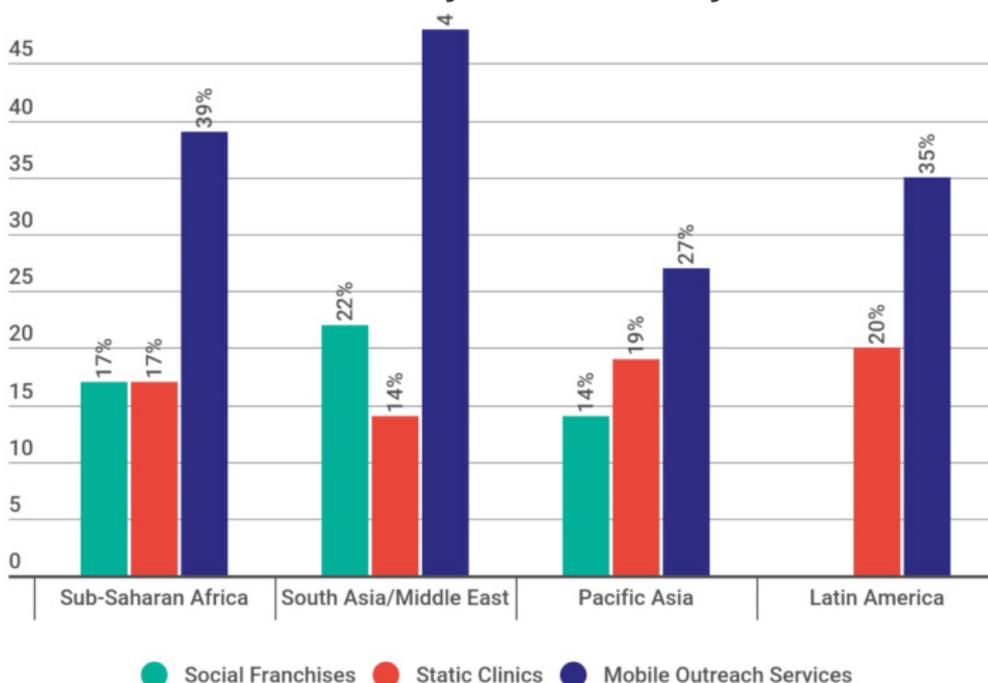
Family Planning Users Served by NURHI-Supported Clinics and Through Associated Outreach Visits

January 2011–May 2013



- Mobile services expand method choice by improving access to long-acting and reversible contraceptives and permanent methods. Service statistics from an international NGO show that a substantially greater share of clients of their mobile outreach services switch from short-acting to long-acting or permanent methods than clients of their social franchises or static clinics (for example, in sub-Saharan Africa 39% of mobile outreach clients switched compared with 17% each of social franchise and static clinic clients) ([HIP Brief on Mobile Outreach Services](#)).

Proportion of Clients Switching from Short-Acting to Long-Acting Permanent Methods, by Service Delivery Channel



Source: Hayes, et al., 2013

Video: NURHI Outreach Virtual Site Tour: https://youtu.be/p7LRBn_FfW0

Tools Related to This Approach

- [Come One Come All Poster – Kiswahili](#)
- [Tupange Family Planning Services Registry](#)

Related Approaches

- [Social Mobilization](#)
- [Community Health Workers](#)

Helpful Tips

- Mobile outreach teams are particularly helpful in improving access to long-acting and reversible contraceptives (implants and intrauterine devices [IUDs]) and permanent methods, which are less accessible in many settings.
- For sites that lack privacy or procedure rooms, or in remote areas with no facilities available at all, a mobile van, motorized auto-rickshaw or an inflatable tent can be used. [See how this innovation was piloted in Tanzania.](#)
- Link mobile outreach programs with [community health workers](#), who often have strong local networks, to help communicate to community members the location and dates of mobile outreach visits and to help generate demand for services.

Challenges

- Mobile outreach programs often struggle with staff retention because of travel demands and time away from family. Rotating staff to travel to the field, setting travel dates in advance and supporting transportation expenses and overnight accommodation when needed can help.
- Strong systems must be in place to provide adequate follow-up care, including access to removals of implants and IUDs between mobile outreach team visits. Strategies that have worked in different settings include working with community health workers to assist with follow-up and referrals and using mobile phones or hotlines for follow-up messaging and advice.
- Sustained communication through community channels is critical to the success of mobile outreach programs to ensure potential clients know about the services offered. Many clients frequently report they first heard about mobile outreach programs through word-of-mouth, community health workers, loudspeakers, radio and community events ([High Impact Practices \[HIP\] Brief on Mobile Outreach Services](#)).

External Resources

- HIP Brief on [Mobile Outreach Services](#)
- [Expanding Contraceptive Choice to the Underserved Through Delivery of Mobile Outreach Services: A Handbook for Program Planners](#)

To find out more, please visit TCI University at tciurbanhealth.org.

