

EA Webinar, 29 October 2019  
Q&A

1.) What is the timeframe for this slide on contraceptive uptake?  
October 2018 to September 2019.

2.) HI. Thank you so much for the detailed presentation. A question on cost analysis - What is the cost of organizing one outreach?

The cost varies because you are often pooling resources from a number of partners and facilities, depending on the clinical service package being offered. The equipment and resources needed to conduct an integrated outreach can be found under Cost on the TCI-U [Integrated Family Planning Outreach approach](#).

The cost to a client is free. This is especially of interest since that isn't always the case for the other clinical services offered at the health facility. So, cost barriers are eliminated, convenience is offered, and a level of discretion is provided by integrating services.

3.) How many providers are involved on average?

The number of providers depends on the service package being offered, but largely there are between 5 to 10 at most outreaches.

4.) What strategies does TCI EA use in encouraging government to run outreaches?

Hub staff need to know their geographies well and advocate to local government so that they understand their role in implementation from the beginning of their engagement. EA sensitives the local government and implementers to the proven approaches and, as much as possible, leverages existing activities and partnerships to enhance the effectiveness of implementation.

5.) What are techniques in helping government reduce criticisms/objections from conservative community (and other government) leaders?

Again, hub staff need to know their geographies well and sensitive them to what the goals are of TCI and how they align with local constitutions and packages of services. There is a lot of advocacy and community awareness raising in all that TCI does. The advocacy is done by local champions who are identified across all levels of leadership. Once identified they are sensitized on family planning them used to influence their communities.

6.) You mentioned about Mass media for demand generation - How do you make the messaging specific in mass media, specifically, about venue, date etc.?

We use community radio spots to highlight upcoming event. We also distribute posters for the event and use community health workers to also announce upcoming outreaches during their household visits.

7.) Is it appropriate to consider the Integrated Outreaches as equivalent to "Fixed Day Services"? And during the Integr. Outr. do we reach a higher % of AY than we would get during the same time period lets say during that month in a regular facility in the area

Integrated outreaches are where services are provided in the community, so they aren't equivalent to Fixed Day Static Services (FDS) which brings clients to the facility. In the EA context, FDS is more similar to In-Reaches.

In terms of number/percentage of AY to outreaches compared to facility services, this isn't really a fair comparison since a lot of mobilization is done in advance of the outreach to ensure high numbers of client load.

8.) Who are the Champions that advocate to youth?

Community gatekeepers, parents, politicians, teachers, religious leaders, grassroots youth organizations, etc.

9.) Can you describe more about the profile of young people that TCI EA/local governments are serving during the outreaches (older-younger, breakdown female male breakdown, education, income)? (I realize that it is hard to get data on this....)

The age breakdown of recipients of services is provided in the graph that was provided in the presentation. EA uses the data that is collected by the HMIS to monitor its approaches. However, from some of the sentinel sites (which are based in facilities), we may be able to get more of this programmatically relevant data.

10.) Can you please tell us the Marital Status of the Majority of these youth?

Same response as indicated above.

11.) Do you have challenges with parents and guardians consent?

So far we have not encountered any challenges with parents and guardians on the issues of consent. This is because as a hub we have been engaging the parents/guardians during community dialogue /local chiefs barazas prior to the outreaches to dialogue on some of the reproductive health challenges that the youth experience, dispel the myths and misconceptions surrounding contraception use and as a team agree on the best actions to address the challenges. In some cases, it's the parents themselves who bring their youths for these services.