

Integrated Family Planning Outreach

Integrated outreach provides health services outside of health facilities, especially in hard-to-reach areas or where static centers are unavailable. By taking the services outside the health facilities, service providers can cater to those with unmet needs for family planning, particularly those hindered by accessibility constraints.



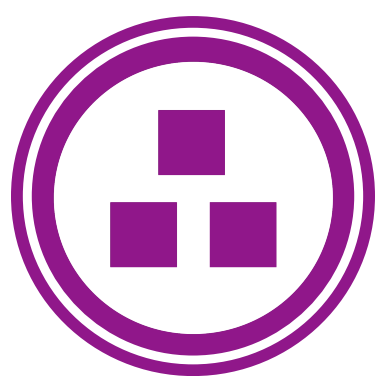
Step 1: Assess community needs, issues and resources

One-on-one interviews or focused group discussions with the communities can help identify facilitators or barriers that should be addressed prior to implementation and what resources are available within the community to support outreach services – either ‘satellite camps’ or mobile outreach services. Departments of Health and Population Welfare need to review community data and indicators, like the unmet need for FP/RH, MNCH and other health needs, to identify a package of integrated outreach services.



Step 2: Identify and prepare outreach site

Selection of the right site for providing outreach services via a satellite camp is essential. It should be centrally located, provide privacy for clients and meet the storage, hygiene/infection prevention and safety needs for the services being provided and the population being targeted.



Step 3: Maximize outreach through service integration

During the planning process, consider how to sustain integrated outreach services. For example:

- Conduct advocacy with national, provincial, district and community stakeholders to ensure resources are allocated and available and that satellite camps or mobile outreach service activities are included in the appropriate budget and plans.
- Allow provincial/district health teams to plan, coordinate and manage integrated outreach activities.
- Use cost sharing to limit the expense of activities for each stakeholder.



Step 4: Collaborate with provincial, district and community health management teams

Work with local health officials to gain approval for scheduling outreach activities and permissions for the outreach site. Seek approvals from government agencies that manage the environment or local government, depending on the scope of the integrated outreach activities. Planning must consider the operations of existing facilities and community events, and should include review of existing data to inform planning and follow-up to manage integrated outreach activities.



Step 5: Collect and prepare materials for outreach activities

Collect and prepare supplies, commodities, equipment and promotional materials based on what services will be provided and what venue will be used.



Step 6: Ensure quality service by trained staff

The provincial and district management teams should appropriately train the integrated outreach services staff and provide supportive supervision during the service offerings.



Step 7: Mobilize communities

Engage CHWs to mobilize communities to participate in integrated outreach through various social mobilization efforts. CHWs may conduct door-to-door mobilization activities, distribute and post flyers and posters and provide information at community meetings about upcoming outreach services.



Step 8: Monitor and evaluate activities

Monitoring activities should measure the extent of the provision of services, quality controls and venue standards. Post-outreach meetings provide an opportunity to review any operational or logistical issues that arose and discuss the quality of services provided to inform future integrated outreach activities.

Tips

- Integrating too many services can overwhelm and overextend staff. When planning integrated outreach, limit the number of services to be integrated to two or three related health areas.
- Due to cultural and religious constraints, receiving community support for integrated outreach services can be challenging if the mobilization activities focus only on promoting the FP/RH services instead of all health services being offered.
- Implementation of integrated outreach services may be limited by financial constraints, inadequate commodities and supplies, low demand from the community for services and/or no follow-up care and support provided.

For more information, refer to <https://tciurbanhealth.org/courses/pakistan-service-delivery/lessons/pakistan-integrated-outreaches/>.