

Long-Acting and Permanent Methods Community of Practice Mobile Services Working Group Meeting

Meeting Highlights



Washington, D.C.
May 23, 2011



USAID
FROM THE AMERICAN PEOPLE





I. Background and Meeting Objectives

Mobile outreach services have long been identified as an important family planning (FP) service delivery strategy, and anecdotal evidence indicates that mobile services may be an effective strategy for delivery of long-acting and permanent methods (LA/PMs). However, there is limited information about the relative effectiveness or cost of the various service models. Under both the RESPOND Project and the Support for International Family Planning Organizations (SIFPO) initiative, several studies to document or evaluate various outreach models are currently planned or in progress.

The RESPOND Project and the U.S. Agency for International Development (USAID) co-chaired the [Mobile Services Working Group](#) meeting, held on May 23, 2011, in Washington, DC. The objectives of the meeting were to compare research and evaluation methodologies and tools, share preliminary findings to date, and exchange information regarding the purpose, methods, and applications of current and future research.

Technical presentations featured:

- [Nomi Fuchs-Montgomery](#) of Marie Stopes International (MSI), who provided an overview of MSI's mobile services initiatives
- [Bill Winfrey](#) of Futures Institute, who introduced a tool developed to facilitate the costing of mobile services by MSI programs
- [Adrienne Testa](#) of Marie Stopes International, who described MSI's approaches to monitoring, evaluation, and research for mobile services, as well as a planned joint evaluation of mobile services with the Population Council
- [Barbara Jones](#) of The RESPOND Project, who described the purpose and methodology of mobile service case studies that RESPOND has conducted in Tanzania and plans to conduct in other countries
- [John Bratt](#) of FHI, who provided an overview of and preliminary findings from the mobile services cost analyses that RESPOND is conducting and who discussed challenges in costing mobile services

[Seventeen participants](#) representing eight organizations in the nonprofit, governmental, and private sectors attended this meeting. The meeting co-chairs were Patricia MacDonald, Senior Technical Advisor FP/MH, USAID/GH/PRH/SDI, and Marguerite Farrell, Private Sector Team Leader, USAID/GH/PRH/SDI.

This report highlights the key messages delivered by the presenters and presents a synthesis of plenary discussions. The agenda and links to PowerPoint presentations are embedded to enable community members to learn more.

II. Introductions and Setting the Stage



Hannah Searing of The RESPOND Project welcomed participants and emphasized that the working group meeting on mobile services will be the first in a series, with future meetings providing an opportunity for colleagues to present research and evaluation findings and discuss their implications for programs. She encouraged participants to consider the common indicators for the collective body of evidence around mobile services that will be built from work conducted by a variety of organizations.

Patricia MacDonald emphasized that LA/PMs are a technical priority for USAID and explained that anecdotal evidence and service statistics indicate that when LA/PMs are made available through mobile services, women are quick to adopt them. However, as much of the research around mobile services is dated, building a body of evidence for mobile services is a priority. MacDonald emphasized the importance of contributing to the body of evidence by publishing findings about mobile services. Key questions remain to be answered: What are the best mobile service delivery approaches? What do clients want, and how can we best program to meet their needs? What are the factors that make mobile services successful, and what are commonalities across effective practices? What are the most relevant indicators and data that all projects should collect?



III. Technical Presentations

Presentation and Plenary Discussion

Nomi Fuchs-Montgomery of MSI delivered a presentation on behalf of MSI-SIFPO, entitled [*Overview of MSI Mobile Outreach*](#). MSI provided approximately 60% of all couple-years of protection (CYPs) through outreach in 2010; the majority of these services are free or highly subsidized. MSI outreach models differ by country; the most typical approach is to send teams of providers to deliver services at public facilities in 4x4 vehicles, but variations of outreach models employing a single provider are also being explored with SIFPO and other resources. Within teams of providers, task shifting and task sharing are emphasized. Strong relationships with public-sector facilities are key, particularly since clients will return to those facilities if complications arise between outreach visits. MSI outreach services often focus on providing methods not available in public-sector facilities, especially LA/PMs, and emphasize individual and group counseling. Behavior change and demand generation activities are always conducted prior to outreach visits to increase awareness of FP, although the approaches of these activities vary by country.

Fuchs-Montgomery emphasized that a challenge faced by MSI and other organizations is the lack of an evidence base to support mobile services; anecdotal evidence and experience indicate that these services are effective, but the documentation may not be rigorous enough to call mobile services a high-impact practice (HIP), as defined by USAID's HIP working group. Investment in these evidence bases is important, although given the high levels of

unmet need and current demand for services, scale-up of mobile services should continue to be supported.

Issues that arose during the plenary discussion included a question about the number of procedures that outreach providers can perform per day. MSI has found that providers are often reluctant to turn clients away on outreach days; however, to ensure high-quality services, providers will monitor client flow and tend to limit the numbers of certain procedures if the client demand is excessively high. Another question focused on MSI's emphasis on new FP users as their target population; participants felt that value exists in providing more effective methods to current users of short-acting methods, and MSI maintains committed to addressing the dynamic and changing FP choices/needs of women over time.

A proposed area for future exploration is assessing "intention switching" rather than focus on method switching; as women progress in their life cycle and their reproductive intentions evolve, mobile services may be a key opportunity to provide the most appropriate method for their current reproductive intentions. Another potential future research question would be to explore the styles of demand generation activities to identify the most effective models. Other areas to explore include the extent to which facility staff receive on-the-job training on outreach days, whether they offer services between visits, and what support they provide to MSI providers on outreach days.

Presentation and Plenary Discussion

William Winfrey of Futures Institute delivered a presentation entitled [*Costing of MSI FP Activities*](#). Winfrey provided an overview of a costing tool that Futures Institute has developed to provide costing data to managers of MSI country programs; this tool is designed specifically for the MSI mobile service delivery model and will be implemented routinely by MSI country managers using MSI's detailed accounting system. The tool presents costs disaggregated by delivery channel, FP method, and component (e.g., labor, commodities, etc.) and is currently being piloted. For some inputs, programs also have the option of apportioning top-down estimates via labor intensity of the method or by CYP. Labor costs in particular are a challenge to estimate, since most MSI providers provide services beyond FP.

This tool can be useful in several ways: for advocacy, to show that MSI's services are cost-effective; for planning, to help improve efficiency; and as a benchmark against which reimbursement schedules can be compared. To date, however, the tool is designed for use by MSI country programs and is not likely applicable to other groups.

During the plenary discussion following the presentation, a question was raised about piloting the costing tool; Winfrey reported that MSI London had asked a country program to enter data into an earlier version. In general, it seemed that the data entry was complicated and that assistance was needed. Winfrey later entered data for another country on his own and found that the tool came to between 10% and 15% of an estimate obtained using more rigorous methods. A concern was raised that it could be difficult to compare costs between MSI and government services, since MSI's mandate is more oriented toward service provision and the government must manage an entire population program. Winfrey also clarified that the tool does not consider overhead costs beyond the country level. Finally, Winfrey observed that the tool does not allow MIS programs to cost different outreach approaches, but that programs could compare costs across different countries with different outreach strategies, to estimate the differences.

Presentation and Plenary Discussion

Adrienne Testa of MSI delivered a presentation entitled [*MSI Mobile Services: Strengthening the Evidence Base for Service Delivery*](#). MSI has found that female sterilization comprised 53% of all CYPs delivered through mobile services in 2010, followed by the intrauterine device (IUD) (30%), male sterilization (10%), and hormonal implants (6%). In many countries, outreach services account for more than half of all CYPs achieved.

Testa emphasized that MSI's evaluations of its mobile services focus on strengthening service delivery to improve quality of care, to increase client satisfaction, and to help MSI fulfill its mandate of serving underserved populations. Standard indicators include method-specific complication rates, discontinuation of long-acting methods, failure rates, and client satisfaction. Under SIFPO, MSI and the Population Council are planning to conduct two prospective studies of use and cost-effectiveness that will include a baseline survey and a follow-up of reversible method users at 12 months. Further, MSI has been working with Futures Group on a study of the cost-effectiveness of services in Ethiopia, Pakistan, and Uganda. Futures Institute is developing a costing calculator, which will enable comparison of mobile services costs with other delivery channels. Next steps include developing a core set of mobile services indicators for all countries; harmonizing sample approaches, follow-up intervals, and evaluation methods; and establishing a uniform protocol across MSI country programs.

A question was raised during the plenary discussion about MSI's choice to focus its evaluation on LA/PM services, rather than including the full range of methods. Testa explained that short-acting methods comprise just 1% of CYPs generated through mobile services, and that follow-up with clients of short-acting methods would not provide as much insight into issues of quality of care and client satisfaction. Further, participants raised concerns about MSI's emphasis on CYPs in reporting rather than on the number of clients of each method, since conversion factors make LA/PMs appear to comprise a larger proportion of all service delivery than they actually do. Testa clarified that MSI would ideally use unique client numbers; however, most countries' management information systems cannot capture this information.

Presentation and Plenary Discussion

Barbara Jones of The RESPOND Project provided a presentation titled [*Mobile Outreach Services: Multi-Country Study and Findings from Tanzania*](#). Jones described a case study that RESPOND has conducted in Tanzania and plans to conduct in 1–2 additional countries and emphasized that when looking at mobile services, one of the most important challenges is to define which of the many models of mobile services is to be examined. The objectives of RESPOND's case studies are to explore the rationale for using mobile outreach, the services provided, the characteristics of the models used, and the costs of the different mobile service models, using a descriptive, retrospective approach.

In 2010–2011, RESPOND conducted the first case study, which focused on two mobile outreach models used to provide FP services in Tanzania: one implemented by the Ministry of Health and Social Welfare (MOHSW), and the other by Marie Stopes Tanzania (MST). Both models involve teams of providers sent to provide FP services at public facilities, using commodities and expendable supplies provided by the MOHSW. Under both the MOHSW and the MST models, teams of providers travel to lower level public facilities (health centers and dispensaries), normally for one day, to provide LA/PMs. Other similarities between the MOHSW and MST models are that routine health services at the facility are provided as usual

during outreach days; clients register for services at the facilities prior to outreach days; the numbers of clients registered are communicated to mobile outreach teams in advance; and health talks are provided at the beginning of the day.

There are significant differences between the MOHSW and MST mobile outreach models as well: MST teams travel throughout the month to provide mobile outreach services on a full-time basis, whereas the MOHSW uses teams of providers that are normally assigned to district hospitals but that travel periodically to lower level facilities for FP outreach. In addition to the one-day outreach model, the MOHSW also conducts “family planning weeks,” in which multiple teams travel within their district to multiple lower level facilities every day during a one-week period. Challenges in both models include shortages of contraceptives and supplies, issues involving coordination between the MOHSW and MST teams to ensure coverage of all facilities, and the fact that the national management information system is not set up to track the delivery mode (routine or mobile outreach) through which services are provided.

Since 53% of all LA/PMs provided in Tanzania in 2010 were done during mobile outreach sessions, a key issue during the plenary discussion focused on whether there is an optimum balance between routine and outreach services, to ensure that routine LA/PM services remain available at district hospitals. Additional discussion followed on defining the role for LA/PMs through mobile services, given the costs, human resource considerations, etc., involved in routine services and the importance of considering the influence of all of these factors. Use of LA/PMs is increasing, and mobile services are one way to expand their availability and to build capacity at lower level facilities to provide these services. Anecdotal evidence indicates that the uptake of LA/PMs is high when they are offered through mobile services, but there is a need to look at trends over time to determine the extent to which latent demand for FP drives these high adoption rates.

Presentation and Plenary Discussion

John Bratt of FHI delivered the final presentation, titled [*Costing Mobile Service Models in Tanzania*](#). FHI is conducting a cost analysis component for the RESPOND case studies described by Barbara Jones and has collected data in tandem with EngenderHealth in Tanzania. Bratt emphasized the need to understand the costs involved in mobile services, to inform planning decisions and to get the most out of limited resources. He highlighted that both the effectiveness and the efficiency of mobile services must be considered; estimates of effectiveness (and cost-effectiveness) help determine whether to provide LA/PMs through mobile services, while considerations of efficiency inform decisions of how to configure mobile services.

In Tanzania, RESPOND’s cost analysis includes three components: FP weeks and outreach events through the MOHSW, and outreach expeditions through MST. This analysis aims to relate program inputs (staff, consumables, travel expenses, and capital and zonal office overhead) to outputs (LA/PM acceptors, by outreach model and method). Data sources include event narratives and associated expense reports and information on salaries, travel costs, commodities and supplies, overhead, and other costs. The analysis has been somewhat constrained by a retrospective approach, which relies on existing forms and data, rather than on mechanisms to collect data prospectively. Specifically, the team has grappled with issues such as missing, illegible, or incomplete data entry forms, a complex personnel coding system that is difficult to interpret, and staff turnover, which has led to missing records.

Key considerations for future studies include the possibility of a prospective rather than retrospective study, as the limitations of existing data are considerable. A prospective design would allow for more meticulous data collection and organization, but it would also require more resources and could not necessarily be generalized beyond the country level. The ongoing data-related challenges in Tanzania highlight the importance of building systems to routinely document efficiency and sustainability; international donors and multilateral institutions increasingly emphasize the need for increased efficiency, but deliberate effort and infusion of resources will be needed to put these systems into place. Donor agencies such as USAID are particularly well-positioned to ensure that such systems are developed.

IV. Discussion



Marguerite Farrell of USAID facilitated the concluding plenary discussion. Farrell emphasized that new projects generating huge uptake in sterilization and IUDs have challenged the conventional wisdom that women in Africa are mainly interested in spacing births, not limiting them. LA/PMs are seen as a key component of the strategy to increase contraceptive prevalence rates in Africa as well as in Asia, and it is essential to build a solid evidence base for mobile services and to consider different mobile service models and their efficiency.

A key issue was the sustainability of mobile services. Farrell emphasized that programs did not focus on sustainability in successful Latin American and Caribbean FP programs until demand and CPR were already increased; programs need to first focus on providing access and diffusing behavioral norms, and then focus on increasing sustainability. MSI, which currently delivers many of its services through outreach, stressed that it does not plan to deliver mobile services forever; rather, it sees mobile services as an intermediate means of meeting latent demand and normalizing FP use. There is a long history of mobile FP services, although much of the information on it is found in the “grey literature” (i.e., papers, reports, and technical documents that never get formally published); mobile outreach can begin as a way to reach underserved populations until the health system is strengthened and static services pick up.

The planned or in-progress mobile services research presented by MSI and RESPOND differ in scope and in methodology; MSI focuses more on the prospective evaluation of the quality of its own mobile service delivery system, while RESPOND is focusing on documenting models and the costs of existing public-sector programs. Therefore, it is not possible to fully harmonize data collection tools and expect similar indicators and results. Nevertheless, the group did agree that, to the extent possible, it is important to develop a coherent body of evidence and inform each other’s approaches. As such, the group agreed to collaborate across organizations. A first step will be to share and review instruments and protocols under development for the SIFPO-MSI evaluation, which will be led by the Population Council in early fall 2011. The group agreed to review these tools at a follow-up meeting in summer 2011. Another possibility for collaboration is to collectively review the costing tools being developed by Futures Institute and FHI, to explore the possibility of developing a simple costing tool for the public or private sectors to use to routinely collect cost data as part of organizational monitoring systems.

Future research can explore questions such as:

- What are the most effective and efficient service delivery models?
- How can lessons learned be transferred?
- How do the public- and private-sector approaches coordinate, and how can private-sector outreach build the capacity of the public sector?
- Does the government adopt any practices from private sector?



V. Next Steps

The RESPOND Project will take the lead in organizing the next mobile services working group meeting in summer 2011. RESPOND will share its existing case study tools with MSI and the Council for consideration in the development of their protocol. A second meeting will be organized later in 2011 and will focus on further results emerging from existing work, with a focus on Tanzania, and the possible development of a generic costing tool to be used in program monitoring across all sectors. USAID will explore the possibility of including selected members of this working group in the review of the MSI/Council's evaluation protocol, as part of the formal USAID Bureau Operating Procedure Review.

© 2011

The RESPOND Project
at EngenderHealth
440 Ninth Avenue
New York, NY 10001
212-561-8000
info@respond-project.org
www.respond-project.org

This publication was made possible by the generous support of the American People through the Office of Population and Reproductive Health, U.S. Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-00-08-00007-00. The opinions expressed herein are those of the publisher and do not necessarily reflect the views of USAID or of the United States government.

The RESPOND Project (Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services) is a collaborative project funded by USAID and managed by EngenderHealth, in partnership with the FHI, Futures Institute, Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs, Meridian Group International, Inc., and the Population Council.

Suggested citation: The RESPOND Project. 2011. *Long-Acting and Permanent Methods Community of Practice Mobile Services Working Group—Meeting highlights*. New York: The RESPOND Project/EngenderHealth.

Photo credits: Cover page (left to right): EngenderHealth; M. Reyners/EngenderHealth. Page 2, A. Fiorente/EngenderHealth. Page 3 (top to bottom), EngenderHealth; H. Searing/EngenderHealth. Page 7, T. Kim/EngenderHealth. Page 8, A. Levack/EngenderHealth.