

Increasing Access to Family Planning through In-Reaches

In-reaches increase access of family planning services through trained and outsourced service providers in identified in-reach health facilities. Client turnout for in-reaches is typically far above the normal daily turnout and provides more hands-on coaching to the providers in the primary health facility in provision of long-acting and reversible contraceptive services.

Key Outcomes of In-Reaches

- Increased uptake of family planning services or contraception
- Increased number of family planning health providers skilled to offer long-acting permanent methods (LAPM) at facilities



An ongoing in-reach at Tanga City.

Steps - At Facility Level

1

Identify

health facilities where the in-reaches will be conducted based on demand for LAPM, skill gap amongst service providers and adequate space with audio and visual privacy.

2

Select

the team(s), ideally comprised of four persons with at least two competent service providers who have been trained on provision of permanent family planning methods (in most cases a doctor and a nurse or two nurses).

At Community Level

1

Mobilise communities

by organizing community mobilization with community health care workers or village health teams and the demand creation team to create awareness of available services.

During the In-Reach

1

Offer services

according to the agreed time schedule. Integrate other reproductive health services such as cervical cancer screening with family planning services. Monitor the client post procedure and provide appropriate referral.

2

The team mentors

service providers at the facility first by observing and subsequently performing the services under supervision.

3

Complete reports

after each procedure by filling in the relevant MoH daily activity summary forms to capture services offered each day.

Useful Tips

- Ensure that there are enough commodities at the identified facilities.
- Appropriate referral systems should be in place in case any complications arise.
- During in-reaches, provide information addressing myths and misconceptions and benefits of FP.
- Provide follow up cards to clients with clear instructions on what to do in case of complications. Ideally, a dedicated phone line should be provided.
- It is essential to provide for removals as well as uptake of implants and IUCDs.
- There should be a routine review of the selected sites (every six months recommended) to add new sites to replace those weaned off because they now have staff competent to provide all methods)

Key Resources to Consider:

- Commodities and clinical supplies
- Transport
- Job aids for mentorship
- Monitoring & evaluation tools