Contribution of Mobile Family Planning Clinic to the Utilization of Provider-dependent Contraceptives in Ibadan North LGA, Oyo State, Nigeria

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Introduction

Globally, utilization of family planning services is related to high quality of life.

NDHS, 2008 indicates poor access to quality Family Planning services, high discontinuation rate and low motivation to use more reliable FP methods, and need to increase the CPR in Nigeria and in Oyo State (10%).

Hence, Association for Reproductive and Family Health is piloting mobile Family Planning clinic which aims at increasing access and utilization of FP services in Oyo state, Nigeria.

The programme involves advocacy activities to the State Ministry of Health and other stakeholders to enlist leadership support,

to create awareness using appropriate and culturally acceptable strategic behaviour change to generate demand for the mobile FP Clinic.
The initiative

- The mobile clinic adopts the use of branded tricycle (Keke ARFH) in increasing access to FP services in urban markets and low income neighbourhoods.

- The tricycles are operated by licensed and trained female community health extension workers (CHEWs) to provide range of FP services.

- They also make referrals to ARFH Clinic for the uptake of long acting methods such as IUCD and Implants.

- The strategy removes geographic barriers that limit the utilization of FP services.
Goal

- To assess the contribution of the Mobile FP clinic to client load for long acting methods in ARFH FP Clinic.

Objectives

- Assess the number of clients referred to ARFH clinic who accessed long acting methods five months before and after the mobile initiative

- Assess the trend in the number of clients referred to ARFH Clinic through the mobile initiative
Program Site

Ibadan North, Oyo state, South west Nigeria characterized by:

- estimated population of 306,795 (NPC, 2006).
- most urbanized local government
- largest market in southwest Nigeria
- numerous markets and low income/urban slum neighbourhoods are located within the city.
Methodology

Design

- Time series design was used to assess the trend of referrals to ARFH clinic

Data Collection

- Retrospective review of
  - ARFH and mobile clinics’ referral cards
  - FP Case notes
  - FP Service statistics

- All the data reviewed were documented five months before and after the program flag off.
Data collected and processing

Data on

- Brief socio-demographic and reproductive profile of referred clients

- number of FP clients referred through the mobile Clinic and other strategies

- number of referred clients that turned up at ARFH Clinic and other strategies

- number of referred clients that accessed long acting FP methods.

- client load for long acting methods before and after program flag off
Data Processing

- The data was processed and analyzed using Microsoft Excel 2010 and SPSS version 16.

- Difference in the proportion of referrals between the periods was
  - tested using t-test and
  - considered significant at 95% confidence level.
Results

- **216** clients of the mobile clinic referred were women between age 25 and 40,

- Mostly market women, housewives, teachers and civil servants

- All the clients were multi-parous women

- All had not achieved their desired family size.

- The service was required for child spacing only.

- 91% had used injectables and desired to switch to long acting methods
  - due to weight gain and
  - inability to keep to appointments for replacements

- 9% were new acceptors.
Result Cont’d

- In 5 months before the Mobile Initiative, 12 clients were referred to ARFH clinic for provider-dependent FP methods
  - through outreach activities,
  - other FP clinics,
  - personal contacts and
  - ARFH Clinic sign post.

- Mobile clinic referred 216 clients of which 66 turned up and accessed IUCD (41) and Implants (25) within 5 months
Trend of referrals to ARFH Clinic

The trend of referrals reflects a remarkable increase (see Fig 1) in the third month due to the mobile strategy.

The mean difference of $-10.8 \pm 12.17$ (P=0.12, CI: -25.92 and 4.32) between the periods is not significant at 95% confidence level.

Fig. 1: Trend of Referrals to ARFH Clinic
Discussion

The mobile clinic reduced the transport barriers as it brought FP counseling and services to the workplaces and doorsteps of potential users in urban markets and urban slum neighbourhoods in Ibadan.

Mobile Clinic increased the proportion of referral for long acting methods.

This implies that though the knowledge of FP methods is high as reported in FP literature and 2008 NDHS, the user population especially the urban poor require motivation to access long acting methods.
Conclusion

The referral linkage between mobile and facility-based FP clinic has the potential to increase the utilization of long acting FP methods over time.

To harness and sustain the benefits would require concerted effort to motivate and follow up referred clients.

Adequate documentation of all referrals, service statistics, and establishment of a reliable follow up mechanism to forestall loss to follow up is recommended.

Contraceptive security is required to ensure uninterrupted supply of long acting FP methods
Thank you for listening
Merci