

How can we reach more clients while maintaining quality and cost efficiency on outreach?

KEY LEARNINGS

A multi-country analysis of split teams was conducted for Nigeria, Zambia, Tanzania, Burkina Faso and Mali. Days where split teams were operational saw client visits double per day compared to classic outreach days.



The increase in productivity comes at an additional **£110** per day making the model very cost-effective.



MSI is committed to expanding access to and reaching the most underserved communities with safe sexual and reproductive healthcare (SRH) as well as creating a sustainable pathway to public sector ownership. A "split outreach team" (where outreach teams work in partnership with government nurses to double their coverage) model is one approach to help meet these commitments.

However, implementation lessons reveal that split teams must be carefully planned and implemented.

THE CHALLENGE

Expanding access to quality care

Over 218 million women and girls in low – and middle-income countries have no access to modern contraception and in remote rural communities, the unmet need for reproductive healthcare and family planning remains persistently high. Public healthcare facilities in these regions can be scarce and many are unable to meet the needs of all clients because of staff and commodity constraints.

To bridge these gaps, by 2030 MSI is committed to reaching at least 54 million clients and expanding access to regions with the highest unmet need, as well as supporting a sustainable pathway to public sector ownership. To meet these commitments several of MSI's country programmes have been using a "split outreach team" model as a way to increase access in more remote areas, expand choice to more women with unmet need and build government providers' capacity.

WHAT WE DID

The Split Team model

A split team model means that a classic Outreach team is split into two sub-units, with sub-units visiting two different facilities on the same day. Each sub-unit is supplemented with one or more government providers, who usually receive travel and food allowances as well as a per diem payment. The inclusion of government providers means this approach can facilitate a sustainable transition to public sector ownership through embedded capacity building. Split team model logistics and set-up vary between country programmes and contexts.

To assess the impact of split teams, descriptive analysis of routine client data from January to December 2020 for Nigeria, Zambia, Tanzania, Burkina Faso and Mali was undertaken.

A split team model enables two sub-units to reach two adjacent facilities in the same day, with support from government providers.

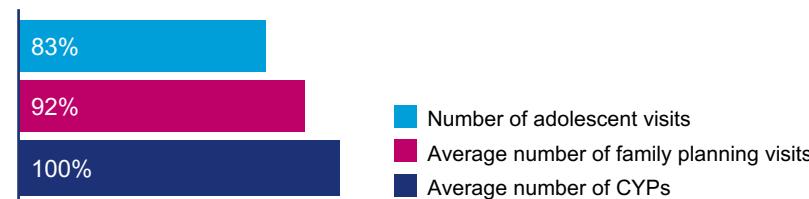


WHAT WE FOUND

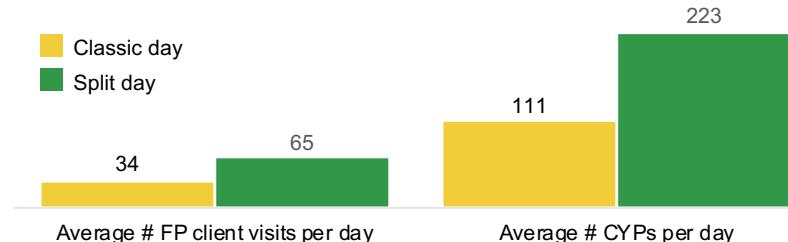
Daily productivity can almost double when using split teams

Across the seven country programmes, teams were using a split model just over a third of the time. A split model approach saw the average number of family planning visits and the average number of CYPs per day increase by 92% and 100% respectively. While the number of adolescent visits per day also increased by 83% for split days, the proportion of clients that were adolescent remains similar to classic outreach days (13% split vs 14% classic). This is also true of visits where a LARC method was taken up (61% split vs 58% classic) – indicating that equity and method mix do not substantially change between the models. These impacts come at an additional cost of £110 per day, or an additional £2 per client – making the model extremely cost effective.

Split model approach per day increase



Average Daily Productivity for Split vs Classic Outreach days



Although this increased productivity and reach is impressive, a split team model requires ongoing investment in capacity strengthening, engagement with government, and logistical planning.

WHAT THIS MEANS

Careful planning is critical before implementing this approach

Split teams can offer a cost-effective approach to almost doubling outreach productivity and can facilitate the transition to public sector ownership. However, this approach is not a quick win and must be carefully planned and coordinated:

Agreement with government on sites

Decide site selection jointly with the government. Be fact based; use data to show where the need is highest.



Staff availability and selection

Ensure government providers are well trained and competency assessed.



Upfront costs

For additional equipment (laptops for data entry) and commodities; double everything!



Data capturing

Accurate data entry when split teams are operating will help to measure impact. Ensure all sub-teams have their own laptops and are trained properly.



Plan accordingly

Sites visited by split teams should be planned like any other site visit: negotiate with the government, mobilise in advance, plan a return visit.



Quality of care/continuum of care

Determine frequency of revisits, set up referral networks for clients to access after-care support and share the contact centre number. Collect client feedback where possible, either directly or through community mobilisers.



MORE INFORMATION

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