



PROVISION OF INTEGRATED RH/ FP/STI/HIV SERVICES



« THE MOBILE CLINIC »
TO MEET THE NEEDS OF
ISOLATED POPULATIONS

THE MOBILE CLINIC TO MEET THE NEEDS FOR REPRODUCTIVE HEALTH SERVICES

In Togo, the limited access of populations, especially women, young girls and children to Reproductive Health (RH), Family Planning, treatment of sexually transmissible infections (STI) and struggle against HIV quality services is responsible for the continuously low indicators in these areas. To remedy the problem, UNFPA Togo, in partnership with the Department of Family Health, the Health districts and the NGOs 3ASC and ATBEF, support the initiative of the Mobile Clinic to bring RH/FP/STI/HIV quality services closer to the women, the young girls and children living in rural areas in its intervention areas, with the aim of reaching MDG 4 and 5.

Despite the efforts made, maternal and child health indicators remain unsatisfying. The maternal and child mortality rates are respectively assessed to 401 maternal deaths for 100.000 live births and 49 deaths for 1000 infants less than one year (EDSTIII). In 2013, less than 3 health units nationwide could provide emergency

obstetrical neonatal care (EONC), the standard being a minimum of 5 for 500.000 inhabitants.

The modern contraceptive prevalence was 17.2% with unsatisfied needs of 37.2% and a high fecundity rate (4.7%) characterized by its earliness, especially in rural environments. Globally, the fecundity rate is assessed to 85‰ between 15-19 years; when one leaves the urban areas for the rural environment, the teenagers' fecundity rate doubles, which shows an earlier fecundity in rural areas than in urban ones.

Besides, the country undergoes a generalized epidemic of HIV with a national prevalence of 2.5%. Among youth aged 15-24, only 54.6% have exact and full knowledge about HIV and 48.8% stated they had used a condom in their last risky intercourse in 2010.

THE MOBILE CLINIC : A SOLUTION TO THE ISOLATION OF POPULATIONS.

One of the factors that underlies the situation described above, is the still limited access of populations (women, and especially young girls), to RH/FP/STI/HIV quality services in a rural environment.

Indeed, the analysis report of the Health care system performance in January 2011, highlighted among other things a low quality of health care and services related to the lack of qualified staff and technical platform, as well as lack of health care continuum at every level, a low financial capacity of the populations to treat themselves and an insufficient geographical cover of health care services.



Outreach session of the population in a village



Solving the issue of equal access of the populations to quality health care services including RH/FP/STI/HIV services, calls for developing innovative result-based strategies.

As a matter of fact, according to the recommendations of the Analysis Report on the Health care system performance for Togo in 2011, reaching MDG 4 and 5 will only be possible through focused interventions on, among other things, nationwide development, operational approaches to reach all the populations, whatever their place of residence (advanced strategies, mobile strategies).

The provision of integrated RH/FP/STI/HIV services to isolated populations in the Maritime and Savanes Regions –focus zone of the UNFPA country program in Togo – through the Mobile Clinic, participates to this momentum.

THE MOBILE CLINIC : A TRUCK AND A HEALTH CARE STAFF THAT WORK WONDERS

The mobile clinic is a cargo truck arranged and equipped with on board a qualified health staff. It travels around to remote localities to provide the participant communities living 5km away from any health care unit, with the maternal and child services and health care in ambulatory and on a regular basis according to a pre-defined schedule.



Medical consultation in the mobile clinic



The integrated pack provided by the mobile clinic includes:

- Family planning;
- Pre and post natal consultations;
- Gynecological services including gynecological and obstetrical ultrasounds;
- The treatment of HIV: HIV counseling and screening, psychosocial care of the PLHIV, PMTCT, referral system, general medicine;
- The referral and counter referral systems;
- Communication towards behavior changes: educational talks, home visits, radio programs;

The Mobile Clinic staff:

- A part-time obstetrician-gynecologist
- A midwife
- A medical assistant
- A nurse (male or female)
- A communication officer

IMPLEMENTATION

According to the defined schedule, the mobile clinic stays 2 to 3 days in a base village to provide services to the endogenous and neighboring population that is mobilized for the circumstance by the healthcare community actors. The served communities help with the providers' accommodation. The stay allows the providers to improve their knowledge of the environment and to set up a support network to the mobile clinic activities.

The mobile clinic is also used as a valuable help during the large mobilization campaigns such as the World Population Day "WPD" (2014 and 2015).

The initiative of the mobile clinic, first experimented in 2013 in the Maritime region has now extended to the Savanes Region. In each region, the mobile clinic serves 60 village bases and the neighborhood.

At the moment, the country has 3 mobile clinics providing one pack of integrated RH/FP/STI/HIV healthcare services among which 2 were set up with the UNFPA support and the third one by ATBEF.

PARTNERS

The implementation of the mobile clinic in Togo is supported and coordinated by the Mother and Child and the Family Planning health Department - DSMIPF (Ministry of health). On location it is implemented in the Maritime region by the 'Association Togolaise pour le Bien-Etre Familial' (ATBEF) and in the Savanes Region by the 'Association d'Appui aux Activités de Santé Communautaire' (3ASC) in partnership with the health districts, the ASC network and the beneficiary communities.



LESSONS LEARNED

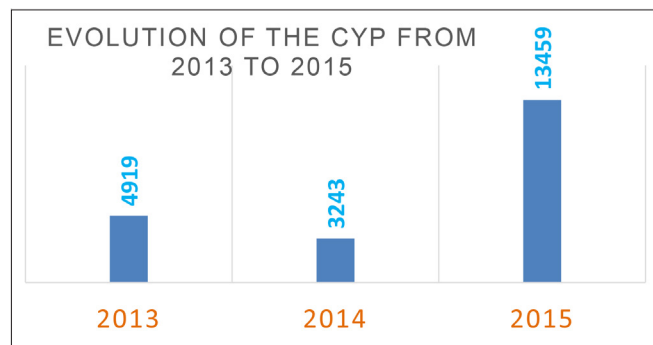
- 1 From an experiment, the provision of integrated RH/FP/STI/HIV healthcare services to isolated populations by the mobile clinic got adopted as a national strategy retaining the attention of the highest Togolese Authorities: the Prime Minister made it a priority on his agenda in the area of health, in his speech on general policy in May 2015.
- 2 The mobile clinic is very practical and efficient to bring ordinary services or even specialized ones closer to populations in rural and isolated areas. It is the case for obstetric ultrasound and consultations for gyneco-obstetrician complications provided inside the mobile clinic itself.
- 3 The presence of the mobile clinic within the community favors the availability and integration of the nursing staff, ensures access to the services, makes things easier in case of emergencies, and improves the efficiency of the strategy of integrated services provision.
- 4 The implementation of this strategy permitted to delegate tasks from the gynecologist to the midwives for the working out of ultrasound tests.

FIGURES THAT SPEAK FOR THEMSELVES

After 3 years of implementation the outcomes of this strategy are conclusive: 359 villages with 759 trips and 21.621 couple-year protection achieved in terms of family planning.

Years	ACHIEVEMENTS									
	Pills	Dépo provera	Jadelle	DIU	CYP	Number of ultrasound tests	HIV Screening		Nber of vil-lages served	Nber of trips
2013	186	104	1188	58	4919	318	1102	118	60	152
2014	237	133	835	41	3243	1068	3358	282	81	166
2015	1634	965	3261	290	13459	809	7082	42	218	441
Total	2057	1202	5284	389	21621	2195	11542	442	359	759

NB : **CYP** = couple- year protection in Family Planning





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