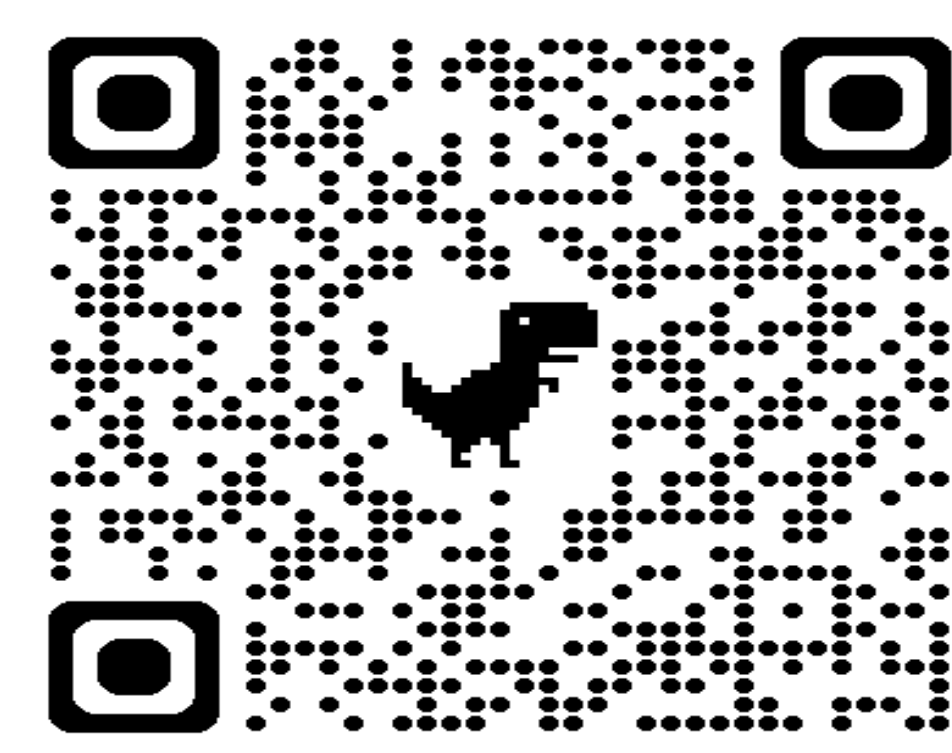


# Health Facility Inreach as A High-Impact Strategy for Expanding Access and Improving Uptake of Contraceptive Services in Nigeria



## Definition

Inreach is the provision of contraceptive services at designated facilities following client mobilization from nearby communities

## Methods



**Planning Phase**

Government buy-in and leadership  
Facility & community mapping  
Commodities/consumables  
Trained providers



**Social Mobilization Phase**

Health educators and social mobilizers lead community mobilization activities  
Consenting clients are mobilized to designated health facilities for contraceptive services



**Service Delivery Phase**

Contraceptive options counseling at the facility  
Administration of contraceptives by trained health providers  
Post-service counseling and appointment scheduling



**Evaluation Phase**

Harmonization of service delivery data from inreach  
After-action review by inreach team  
Identification of gaps and opportunities  
Implement agreed actions and plan next inreach

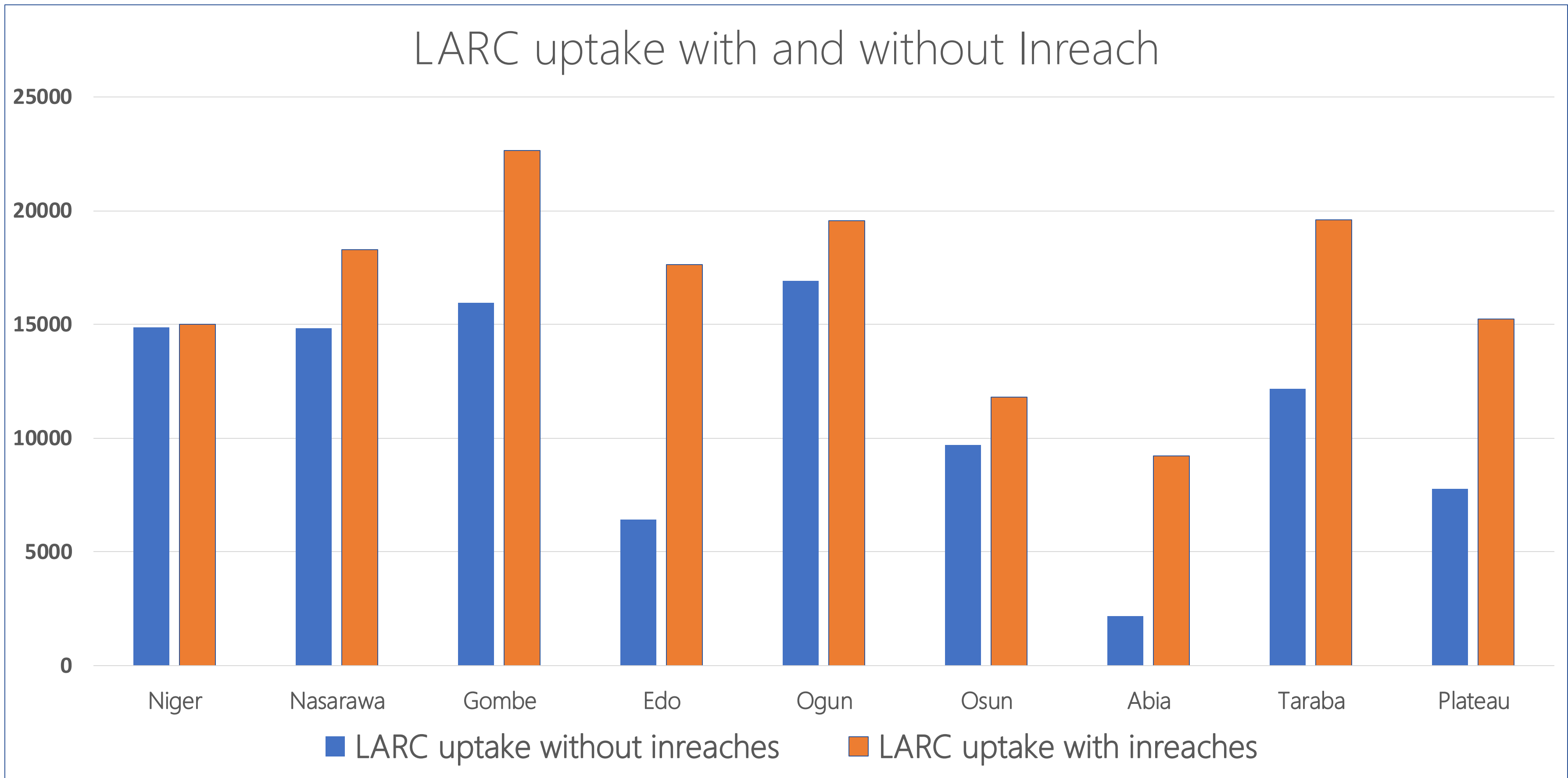
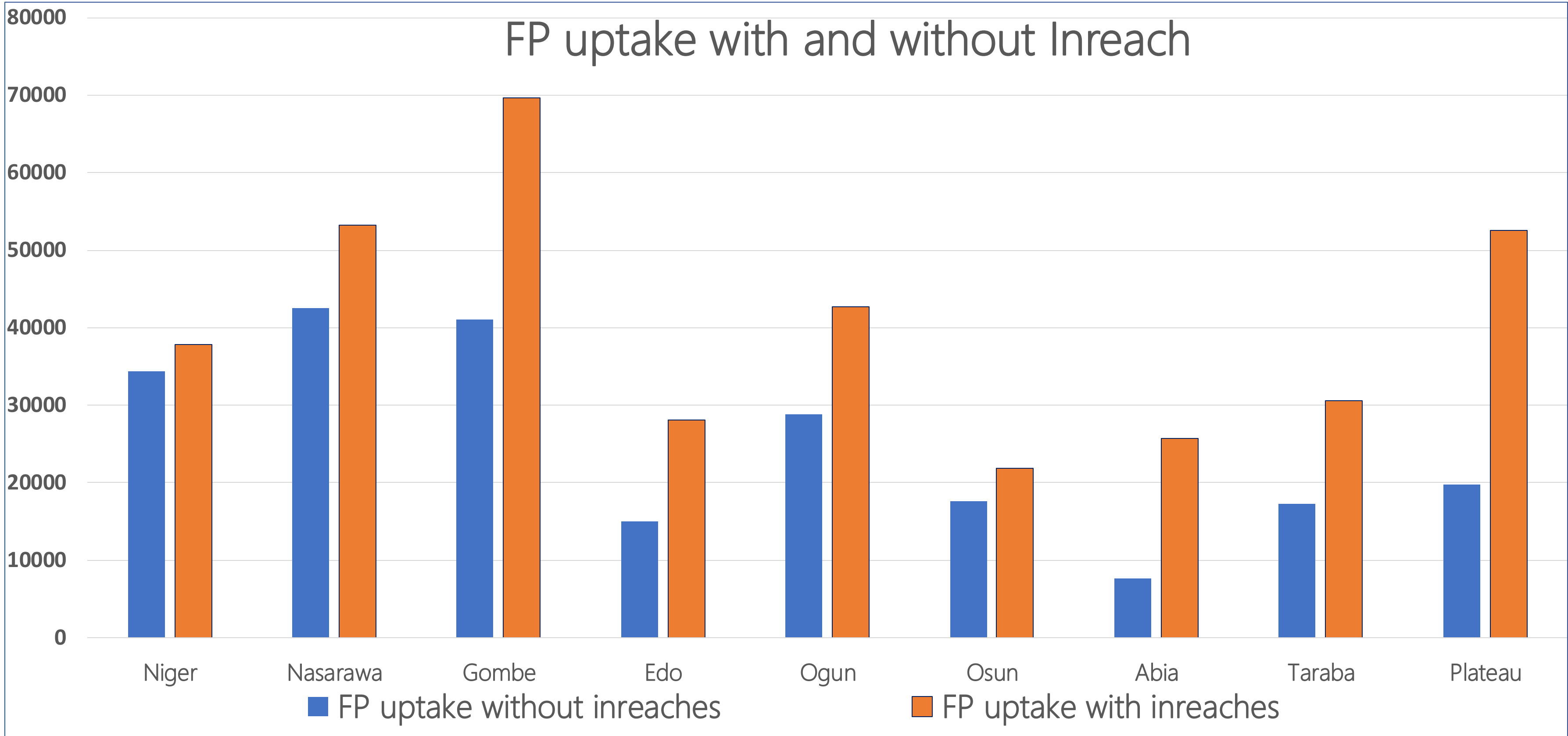
## Implementation Tips

1. Engage relevant stakeholders at the state and local government levels and secure early buy-in.
- 2.Prepare for high client load (outsourced providers, support staff, security, etc.)
- 3.Synchronize demand (mobilization) and supply (service availability) through joint planning.
- 4.Expand FP method mix for adequate method choices.
- 5.Ensure uninterrupted services.

## Objective

Compare the uptake of contraceptive services in the 6 months before the implementation of inreach with the 6 months during inreach implementation across 9 states in Nigeria

## Results



Health Facility Inreach increased uptake of contraceptive services across 9 states in Nigeria by 62%, including increase in long-acting reversible contraceptives (LARC) by 48%