



How to Integrate Family Planning and Cervical Cancer Prevention Services: A Review of Key Operational Learning

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By integrating CCSPT
services into our SRH
programs, we can
better meet women's
health needs across the
life cycle and increase
our impact.



A photograph of three young girls sitting in a row, looking towards the right. The girl in the foreground is wearing a pink headscarf and a grey t-shirt with an American flag graphic. The girl behind her is wearing a yellow headscarf and a patterned shawl. The girl on the left is wearing a white headscarf and a yellow shawl. They are all sitting on orange plastic chairs. The background is slightly blurred, showing an indoor setting with a sign that says 'NHIF' on the wall.

PSI'S INTEGRATED SRH PROGRAMS

INTEGRATING CERVICAL CANCER PREVENTION SERVICES WITH VOLUNTARY FAMILY PLANNING PROGRAMS

PSI offers FP services in over 30 countries, reaching millions of consumers and thousands of providers annually.

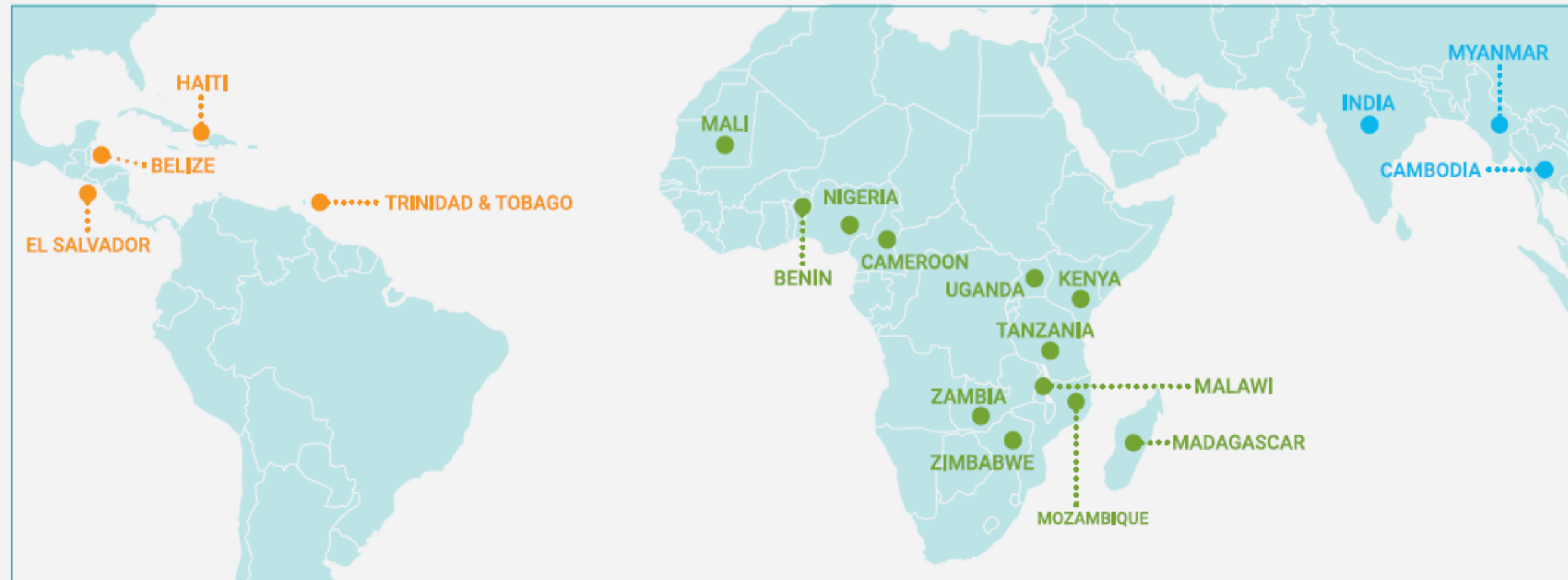
PSI RESPONSE

Since 2012, PSI has initiated screening, pre-cancer treatment, and referral programs in 19 countries across our global SRH network.

ASIA: Cambodia, Myanmar, India

LAC: Belize, El Salvador, Haiti, Trinidad & Tobago

SSA: Benin, Cameroon, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Tanzania, Uganda, Zambia & Zimbabwe



SERVICES DELIVERED TO DATE

Across PSI's global network...

1.3 million

women have been screened via Pap Smear testing, visual inspection with acetic acid (VIA), or HPV DNA testing



23,000

women or more have been offered treatment with cryotherapy or LEEP procedures



- **In 2018, PSI:**
- Reached **10.7 million** users with modern contraception;
- Provided almost **2.3 million** HIV self-test kits
- Provided **17.7 million CYPs:**
 - 7 million CYPs from LARCs;
 - 6 million CYPs from condoms;
 - 4 million CYPs from other short-term methods;
 - and <1 million from permanent methods.

PSI Service Delivery Settings/Models

Static Facility-Based Services

Private sector delivery (e.g., social franchise model)

Public sector delivery

Community-Based Services

Community/CHW-based outreach

Dedicated mobile services

Preparation & Planning: Policy Context

- Challenges, Opportunities and Champions
 - Know national protocols and plans
 - Understand role of domestic financing
 - Role of technology, investments, business case
 - Map health system: what services provided where
 - Data capture at national level
 - Find your champion(s)!



Preparation & Planning: Service Provision

- SRH services: What services are currently provided and to whom?
How will integration affect existing client load?
- Analyze client flow for optimal use of physical space
- Training needs: clinical, admin staff, QA teams, lab, community promoters, others?
- Didactic and practical training, ideally with national trainers
- Identify technical working groups, professional bodies, national trainers to share and learn from

Informing Demand for Integrated Services

- Review of existing SRH materials
- Seek regular client and provider feedback
- What do people need to know?
- Which channels?
- Message development across SRH spectrum and life cycle
- Consistently work with providers on messaging





SERVICE DELIVERY

Once launched, routinely monitor client volumes, uptake and loss to follow up.

Review service volumes: Ensure vFP/method mix, time, financial & opportunity costs, need for additional care beyond primary level

Talk to Consumers/Providers Regularly:

Client exit interviews

FGDs/IDIs with all frontline health workers and clients

Mystery clients

Track messaging, communications channels

Common integration barriers: costs, time, distance to travel, fear of additional follow up

Monitoring & Evaluation

- Routine program data/reporting
- Quality/Assurance and SSV data/outcomes
- Client satisfaction
- Client level data best, but not always easy to get



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