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.
PSI’S INTEGRATED SRH PROGRAMS
PSI offers FP services in over 30 countries, reaching millions of consumers and thousands of providers annually.

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