Models of integration

• **Where** services are delivered: Static centres, outreach & social franchises

• **What** we did: MoH approval, training, procurement, demand generation, MIS updates

• **How** services are delivered: Special events, routine service delivery
# Integrating CCS&PT into MSI Channels

<table>
<thead>
<tr>
<th>Centres</th>
<th>Outreach</th>
<th>Social Franchises</th>
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</table>
| • Easy to monitor quality & provide SVA  
• Improves sustainability for clinics  
• Increases client numbers  
• Helps to improve productivity | • Helps to reach a larger number of women  
• Need to ensure SVA  
• Can bring in additional FP clients  
• Mini-outreach Bajaji model is effective | • An attractive value add to a social franchise  
• Need to closely monitor quality  
• Need to provide SVA  
• Best for high volume, high capacity facilities  
• Need support to set up higher level referrals |

Marie Stopes International
Integration Success 1

2.1 million women screened and 34,000 received cryotherapy - over 90% treatment rate
Integration Success 2

Integration brought in different clients

Who are our CCS&PT clients*?

<table>
<thead>
<tr>
<th>Demographics</th>
<th></th>
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<tbody>
<tr>
<td>Mean Age</td>
<td>34.2</td>
</tr>
<tr>
<td>[26 for MSI Uganda clients]</td>
<td></td>
</tr>
<tr>
<td>Mean Parity</td>
<td>4</td>
</tr>
<tr>
<td>[3 for MSI Uganda clients]</td>
<td></td>
</tr>
<tr>
<td>Education Level</td>
<td>48%</td>
</tr>
<tr>
<td>LESS THAN PRIMARY</td>
<td></td>
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<tr>
<td>[45% for MSI Uganda clients]</td>
<td></td>
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<tr>
<td>Wealth</td>
<td>19%</td>
</tr>
<tr>
<td>POOREST WEALTH QUINTILE</td>
<td></td>
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<tr>
<td>[20% MSI Uganda clients live below $1.25/day]</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Health Status</th>
<th></th>
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<tbody>
<tr>
<td>HIV+</td>
<td>14%</td>
</tr>
<tr>
<td>SELF REPORTED</td>
<td></td>
</tr>
<tr>
<td>First Time Screening</td>
<td>82%</td>
</tr>
<tr>
<td>Positive CCS result</td>
<td>8%</td>
</tr>
</tbody>
</table>

Insight:
CCS&PT clients tend to be older and have more children, reached or exceeded their desired family size – may be more interested in LAPM.

* Results from exit interviews with N=542 clients across MSU, PACE and RHU.
Integration brought in new clients to our centres, most of these were first time screens
Can CCS provision expand access to other services? [Multivariate Analysis of CLIC data, Uganda Centres*]

FP clients who received CCS&PT were:

132% more likely to be a new client

Than FP clients who did not receive CCS&PT

90% of clients were first time screens

*Results from N=279,446 CLIC records from Sept 2012 to April 2016. Results are adjusted odds ratios and controlled for age, new/repeat clients, education, occupation, and parity.
Integration Success 4

Once these client came in for screening, they took up other services
Can CCS provision expand access to other services? [Operations Research in Uganda]

- **68%** (95% CI 59-75) of clients said CCS was their primary reason for attending the facility*

- **77%** (95% CI 71-84%) accessed other services in addition to CCS&PT*

*Results from exit interviews with N=542 clients across MSU, PACE and RHU.
Integration Success 5

Screening clients were more likely to accept a LARC
Can CCS provision expand access to other services? [Operations Research in Uganda]

**Implant & IUD Provision in Centres Before and After CCS&PT**

Introduction of CCS&PT June 2013, average of $50,000 spent per platform on training, demand generation and equipment

*Routine data from N=15 facilities (MSU & RHU centres)*
Integration Success 6

An increase in overall volume of family planning services
Can CCS provision expand access to other services? [Routine analysis from Tanzania]

Marie Stopes Tanzania Centres: January 2016 – March 2017

Av Monthly CYPs (non-campaign)  Av Monthly CYPs (campaigns)
Operational Lessons

- **Provider skills**: Considerable service provider skills required for high quality screenings
- **Supplies**: Strong oversight needed to ensure that high quality supplies are procured (CO2 gas, Vinegar)
- **Training**: Long period of mentorship is required for service providers to become master trainers
- **Client load**: Heavy client load on outreach requires careful triaging
- **Demand generation**: Specific demand generation activities needed to get older women through the door (specifically in centres)
- **Single Visit Approach**: Provide a single visit approach to ensure that all women who need treatment get it during the same visit
- **Comprehensive SRH counselling**: Service providers become more effective if they are trained

*MIS systems*: Need to be robust enough to track a larger number of indicators
Key Takeaways and Considerations

**Takeaways:** It is feasible to integrate cervical cancer prevention with Family Planning

- Increases uptake of all services
- Reduces the stigma
- Improves dialogue with client through a “life cycle approach”

**Considerations:**

- Referral networks
- Political support hard to sustain
- Needs investment
- Technical capacity
- Service delivery capacity
Thank you for listening