MARIE STOPES INTERNATIONAL
Children by choice, not chance

Integration of Cervical Cancer within FP platforms

Accelerating Cervical Cancer Prevention and Family Planning Integration

November 19th 2019

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

Centres

- Easy to monitor quality & provide SVA
- Improves sustainability for clinics
- Increases client numbers
- Helps to improve productivity

Outreach

- Helps to reach a larger number of women
- Need to ensure SVA
- Can bring in additional FP clients
- Mini-outreach Bajaji model is effective

Social Franchises

- 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

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

What evidence tells us about our cervical cancer clients? [Operations Research in Uganda]

Who are our CCS&PT clients?*

Demographics			
Mean Age	Mean Parity	Education Level	Wealth
34.2 [**26** for MSI Uganda clients]	**4** [**3** for MSI Uganda clients]	**48%** LESS THAN PRIMARY [**45%** for MSI Uganda clients]	**19%** POOREST WEALTH QUINTILE [**20%** MSI Uganda clients live below $1.25/day]

Health Status		
HIV+	First Time Screening	Positive CCS result
14% SELF REPORTED	**82%**	**8%**

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 Success 3

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.

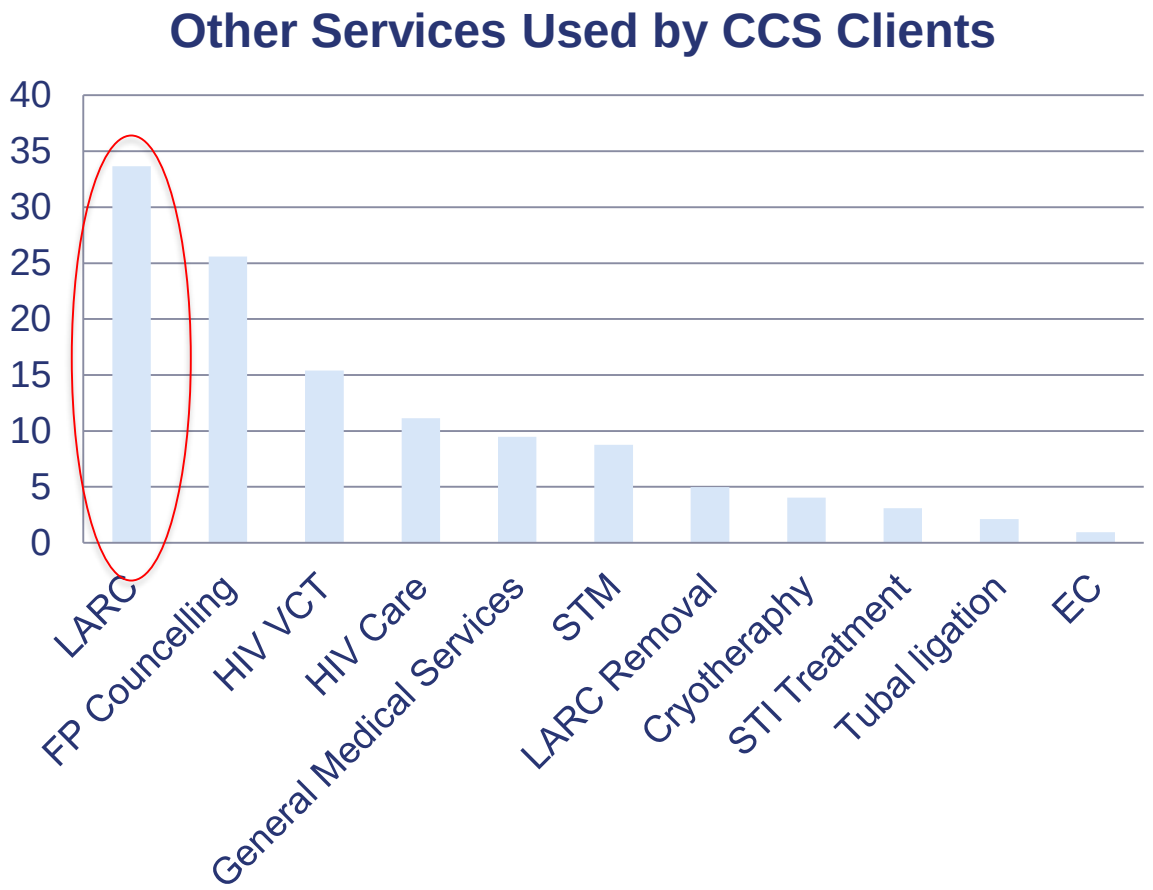
Integration Success 4

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*



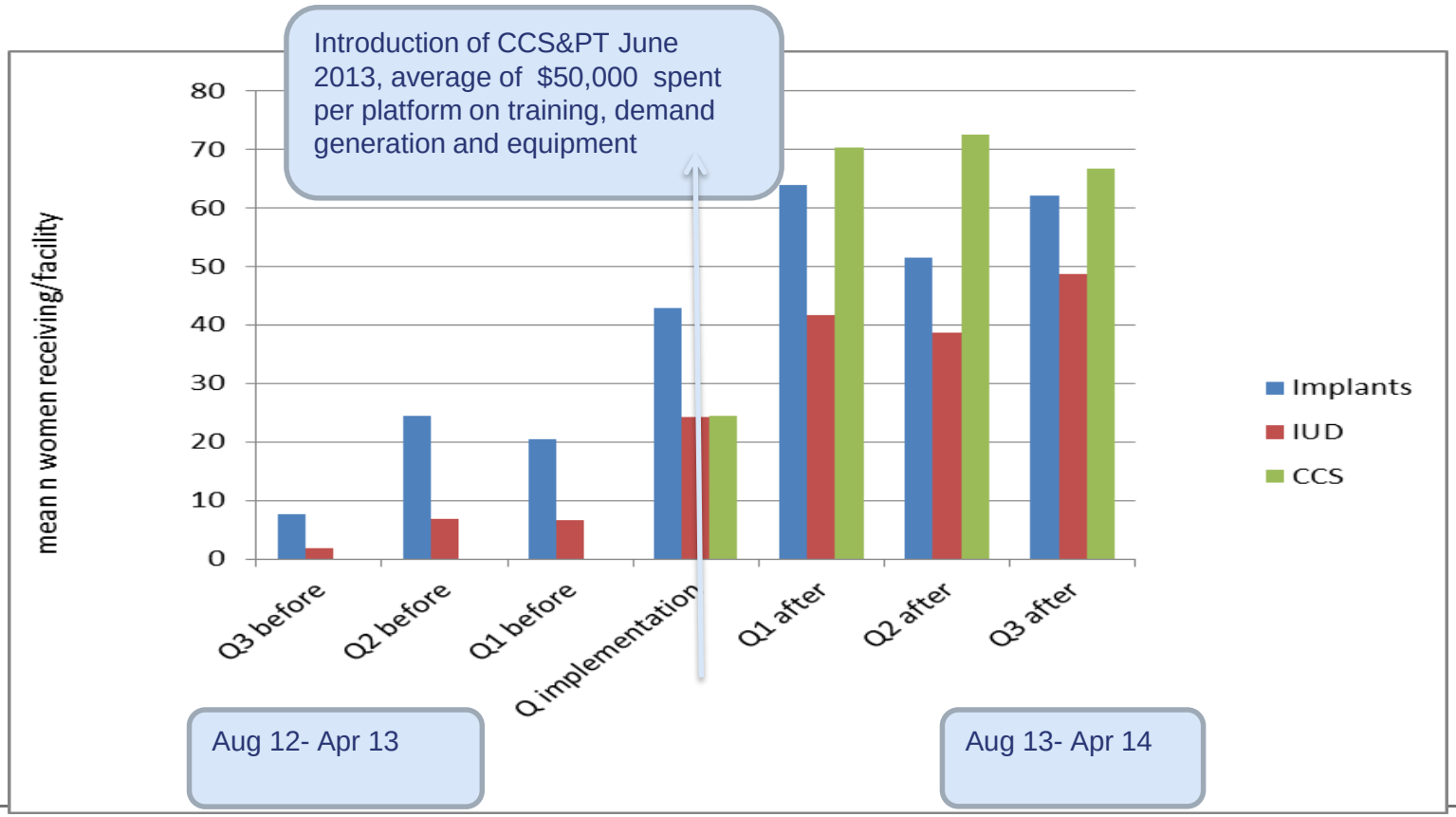
* Results from exit interviews with N=542 clients across MSU, PACE and RHU.

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*

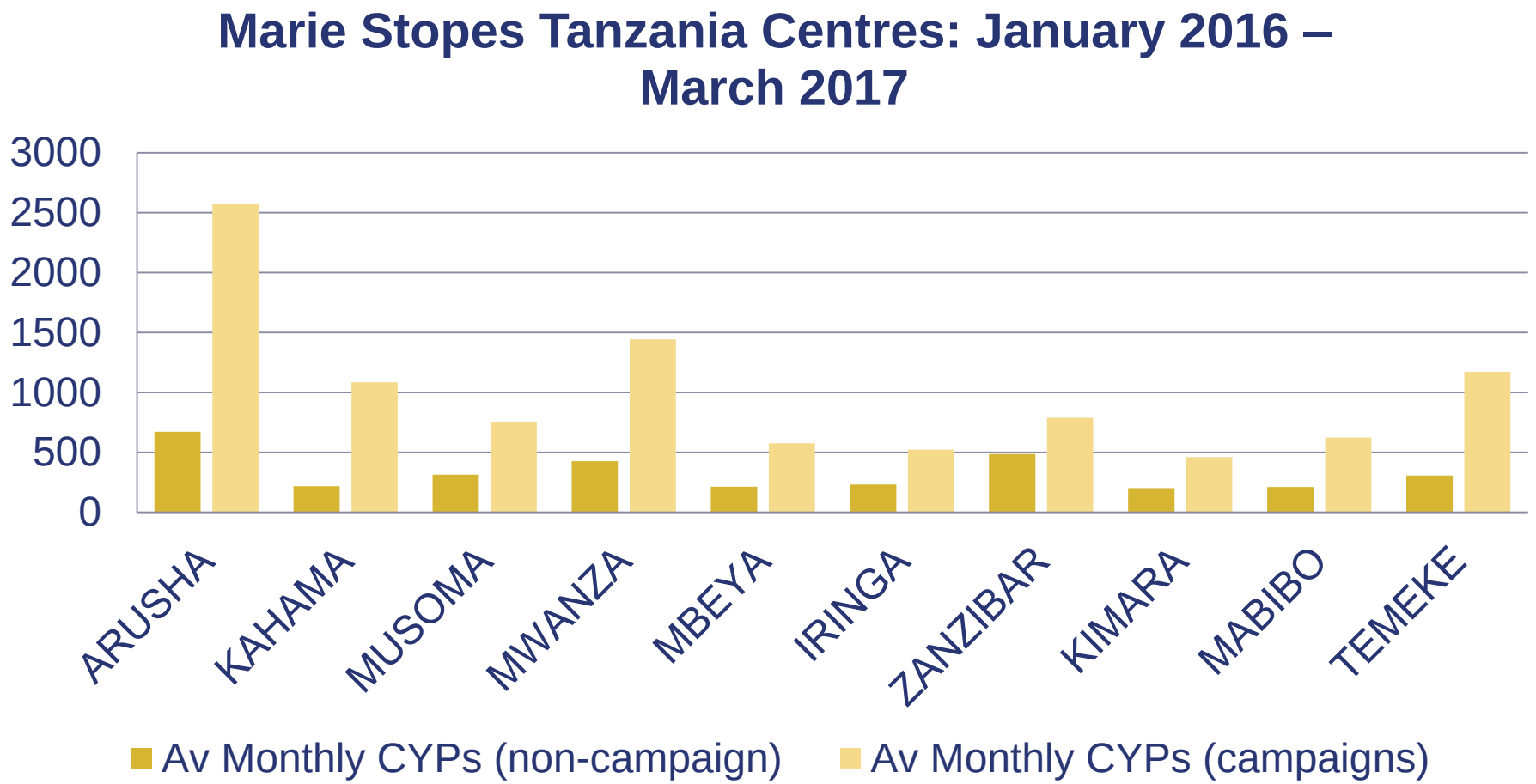


*Routine data from N=15 facilities (MSU & RHU centres)

Integration Success 6

An increase in overall volume of family planning services

Can CCS provision expand access to other services? [Routine analysis from Tanzania]



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