



Performance-Based Funding in the Cervical Cancer Screening and Preventive Therapy Programme

CASE STUDY 4





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Background

Cervical cancer is the second most common cancer among women (WHO, 2012). It is estimated that over a million women worldwide currently have cervical cancer, and more than 260,000 women die every year because of the disease (WHO, 2014). Although cervical cancer is highly preventable and easily treatable if detected early, it remains one of the leading causes of cancer-related death in the world. Nearly 90% of cervical cancer-related deaths occur in developing countries (WHO, 2014). **Although rates of cervical cancer have fallen in most of the developed world in recent decades, rates in most developing countries have risen or remain unchanged** (WHO, 2014).

To address these challenges, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and Population Services International (PSI), with support from the Bill and Melinda Gates Foundation, initiated the Cervical Cancer Screening and Preventive Therapy (CCS&PT) Programme. The programme was implemented from late 2012 to 2017 with the participation of IPPF Member Associations in Kenya, Nigeria, Tanzania and Uganda¹ and the collaboration from the respective Ministries of Health and key stakeholders at the local level. **The purpose of the initiative was to institutionalize and scale up CCS&PT services through existing Reproductive Health Networks (RHNS). The programme utilized Visual Inspection with Acetic Acid (VIA) for screening – an evidence-based, affordable, non-invasive**

method that can be performed in a low-level health facility with instant results – and cryotherapy for treatment – a procedure that uses freezing gas to destroy precancerous cells on the cervix.

Since its inception in late 2012 through July 2017, the **CCS&PT Programme has delivered screening services to over 2 million women and treatment and preventive therapy to over 32,000 women in the four target countries.** It has become the largest effort against cervical cancer being implemented in the developing world, reaching poor, marginalized and underserved women 30 to 49 years old through mobile units, outreach teams and fixed facilities.

This document provides an overview of the bonus mechanism, a performance-based award aimed at rewarding success among partners. The mechanism included an independent verification of data provided by the network partners, which was used to award program bonuses. This process offered opportunities for partners to strengthen their capacities and accountability, to improve their data management systems and to build stronger collaborative relationships with other partners. In explaining the bonus mechanism and its relevance in the **CCS&PT Programme**, we intend to show donors, sexual and reproductive health organisations and other stakeholders the possibilities to apply innovative mechanisms designed for improving performance and strengthening partnerships.



Performance-based funding is a method of funding development programs in which resources are directed to approaches or initiatives that produce better outcomes. Quantitative and qualitative findings from different organisations, including IPPF, suggest that performance-based grants contribute to improvements in systems, service delivery, and the level of engagement and ownership (Bond, nd; Mesecar, D., & Soifer, D., 2016; Pathfinder, 2016;).

What is the CCS&PT bonus mechanism?

The bonus mechanism is a performance-based funding system created to promote healthy competition and improve performance among the CCS&PT Programme implementing partners. This mechanism was embedded in the project and it was implemented twice during the past five years in two different modalities:

- **Network prize** for the best performing network (among IPPF, MSI or PSI) – implemented in Year 4, with a new one forthcoming late in 2017 .
- **Country prize** for the best performing country-level partnership – implemented in 2014 and 2016.

To support the allocation of the awards, the Bill and Melinda Gates Foundation commissioned the independent consulting firm Khulisa Management Services to carry out data quality assessments at the headquarters level for IPPF, MSI and PSI and with all implementing platforms at country level. The specific objectives of the data quality assessments included verifying the quality of reported data for key indicators at selected sites; assessing the ability of data management systems at international, country and intermediate offices to aggregate and report quality data; and developing recommendations to strengthen the monitoring and evaluation systems.

The data quality assessments served as an input to inform the decision of an independent expert panel regarding the bonus awards. During the process, the assessment successfully engaged staff members of all the involved organisations, increasing their capacity to conduct internal data quality assessments in the future.

Assessments have taken place twice – once in late 2014 and again in March 2016. There will be a third one in late 2017. The two assessments completed examined the quality of CCS&PT data reported by the networks and organisations. The exercise also served to inform improvements in the data systems and data quality of the project overall. For instance, IPPF addressed all key recommendations resulting from the process, including updating the CCS&PT Programme Handbook, developing error logs to record issues with data collection and identifying solutions and improving the training on monitoring and evaluation to better operationalise indicators.

Allocation of the CCS&PT bonus mechanism

For the Network prize, the committee reviewed the number of CCS&PT screening and treatment services across 50 low- and lower-middle-income countries for the three main partners (excluding the four focus countries – Kenya, Nigeria, Tanzania and Uganda), along with the Headquarters-level findings of the Data Quality Assessment. The committee awarded the network prize to IPPF based on the following results:

- IPPF was responsible for the largest absolute increases in numbers of programs and women served. Overall, a total of 129,549 women were screened, of which 2,194 tested positive and were screened by our providers (Khulisa Management Services, 2016);
- IPPF effectively redirected programs from more expensive Pap smears (from 45 to 38 countries) to the more cost-effective VIA/VILLI approach (from 8 to 29 countries).



- IPPF increased the number of women treated by 104%.
- IPPF obtained the best data audit scores from Khulisa Management Services: 0.989 for 4 countries and 1.000 for headquarters.¹

For the Country prize, the committee reviewed program data compiled for Kenya, Tanzania, Nigeria and Uganda, including the number of women screened, number and percentage in the target age group, number and percentage positive and eligible for cryotherapy, number of women treated, referrals, and number of active sites for screening and for treatment. The committee also analysed the findings of the data verification analysis conducted by Khulisa Management Services Partners and the short pitches submitted by each of the country teams. For this, implementing partners required to meet and prepare a common pitch. This process encouraged cooperation among partners in order to demonstrate good performance. The committee awarded the prizes as follows:

2014: The committee reviewed project performance in Year 2 (May 2013-April 2014) and decided to allocate the prize to Tanzania, as a platform, for its use of the single visit approach. The country had the fewest women screened but treated the most.

2016: The committee compared performance during Project Year 3 (May 2014-April 2015) with that of Project Year 2 (May 2013-April 2014) and decided to allocate the prize to Kenya, as a platform, for screening the largest number of women (205,712 - up 16%), treating the largest number of clients (1,768 - up 220%), achieving the highest positivity rate (2.4%), being the only country to improve age targeting and having the most accurate data. Additionally, Kenya was recognized for introducing effective innovations to their delivery strategies, such as integration with long-acting reversible contraception (LARC) campaigns and systematic redeployment of cryotherapy machines among sites.

Use and impact of the CCS&PT bonus mechanism

The funds received by UMATI (a percentage of the total prize awarded to Tanzania), Family Health Options - Kenya (a percentage of the total prize awarded to Kenya) and IPPF were used to implement new initiatives and to expand the scope of the programme, allowing more women to access CCS&PT services, especially vulnerable populations:

- The award received by UMATI Tanzania for *Best Performance in Year 2* was used to procure equipment, set up laboratories and expand screening and preventive treatment services to reach women in factories, plantations and other hard-to-reach areas across 20 district councils. The award allowed UMATI to improve the screening and treatment rates. However, the improvements in numbers were not sufficient for UMATI to meet its target.
- The award received by IPPF for *Best Performance in Year 4* was used to initiate cervical cancer screening and treatment in the Planned Parenthood Association of Ghana, to strengthen services in South Sudan and Belize, to introduce cryotherapy in the Family Life Association of Swaziland, to support Reproductive Health



¹These numbers show the Verification Factor (VF) used by Khulisa Management Services, which is calculated to determine the extent of under-and over-reporting by a specific site, for an indicator. Generally, a score less than 1 is considered 'over-reported', greater than 1 is considered 'under-reported' and equal to 1 is "accurate".



Uganda's acquisition of additional cryotherapy machines, and to expand their treatment services to other districts.

- The award received by Family Health Options - Kenya for *Best Performance in Year 4* is being used to upgrade their data management systems and to create a center of excellence in a facility located in Nairobi West. The objective of the excellence centre is to establish careHPV™ testing facility, provide comprehensive cervical cancer screening and prevention and act as a learning centre for service providers to be trained on the various methods for cervical cancer screening.

The bonus award enabled IPPF to appreciate and motivate the implementing Members Associations for their efforts and contribution towards the success of the CCSPT project.

Reproductive Health Uganda: a sub recipient of the IPPF's Network Award

IPPF selected Reproductive Health Uganda to receive a percentage of the Network Award in recognition of its sustained efforts to increase access to CCS&PT:

- The organisation received the highest score in the data validation conducted by Khulisa Management Services.
- The organisation substantially over achieved the set target and increased the number of women screened and treated.
- The organisation had successfully reduced loss to follow-up numbers using the single visit approach.

The bonus award was used to procure five new cryotherapy machines and to expand services to Bushenyi, Lira and Kabale districts.

"The bonus mechanism made a difference. It assisted us to improve towards reaching the target, because without the bonus we wouldn't have been able to reach the factories".

Representative from UMATI, IPPF's Member Association in Tanzania

Recommendations for future action

IPPF recommends the use of similar mechanisms in other initiatives. Implemented in conjunction with a data quality assessment process, a bonus mechanism helps stimulate innovation and proactivity and helps improve performance. It creates healthy competition among implementing partners, which leads to the consolidation of partnerships and alliances for future initiatives. In addition, it opens opportunities for the organisations to strengthen internal process, as the data quality assessment process identifies areas of improvement and provides recommendations for improved practice.

Want to know more about other successful practices to increase access to CCS&PT?

Access our case studies on service integration, referral systems and performance-based funding.

"The bonus encouraged all organisations to compete, but also to work together to obtain the awards. This mechanism helped to consolidate alliances that brought considerable benefits to women in the focus countries".

Representative from the IPPF Central Office



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