Scaling up of “Screen & Treat” Program for Cervical Cancer Prevention in North India

Dr Shikha Srivastava,
Advisor Technical Services
Population Services International, India

Co-authors: Dr. Paul Blumenthal, Stanford University
Dr. Parul Saxena, Research team PSI
Declaration of interest- None
Cervical Cancer Burden

Every 5th women in World suffering from Ca Cx lives in India.

Global
- 3rd commonest cancer globally after breast, colorectal & lung cancers
- 70% of global burden in developing countries
- 266,000 deaths in 2012 worldwide

India
- IARC estimated there were 123,000 new cases in 2012
- Expected to increase to 148,624 cases by 2020
- 67,000 deaths in 2012

Estimated Cervix Cancer Cases in Uttar Pradesh

(2009 to 2011)*

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uttar Pradesh</td>
<td>17367</td>
<td>17975</td>
<td>18353</td>
</tr>
<tr>
<td>India</td>
<td>101938</td>
<td>103821</td>
<td>105740</td>
</tr>
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- 50 cases of cervical cancer are reported across UP in a single day. More than half of these women die during the course of treatment (National Cancer Registry Programme).

- According to the registry data, at least 18,600 cases of cervical cancer are reported in UP in a year which is about 15% of all such cases reported annually in India.

- 28 cases reported in UP die every day, over 60% cases come to light in third stage or beyond which leaves the option of just palliative care (Dr SK Srivastava, radiation oncologist, Tata Memorial Hospital)

Note-No population based cancer registry in Uttar Pradesh
Goal: Reducing morbidity & mortality due to cervical cancer in 3 districts of Uttar Pradesh, India. Contribute to the body of evidence of successful cervical cancer prevention programs at scale to attract future funding & expansion.

Expected Outcomes:
- Increased access to quality, comprehensive cervical cancer screening & treatment services for women
- Increased public awareness & demand for cervical cancer screening & treatment services
- Create a model for a cervical cancer screen and treat program by generating evidence and lessons learned to scale the intervention

Selected geography:
- Varanasi
- Lucknow
- Kanpur
Capacity Building of Providers

Three Medical Colleges identified as Training Centres. MOU signed between PSI & training centres:

1. King George Medical University, Lucknow
2. Banaras Hindu University, Varanasi
3. G.S.V.M. Medical College, Kanpur

Three days Structured Training Program on VIA & Cryotherapy includes:

- One day theoretical training
- Two days practical training.

Trained 150 private providers
Quality Assurance Guideline
Developed quality assurance & quality control guideline..

ORC Checklist
To evaluate ORC logistics, service delivery, infection prevention, record maintenance and client satisfaction

Post Training Handholding Support
Visit within 1-3 months of training to identify and correct gaps in the quality of service delivery.

Flash Cards
In SSV checklist incorporated a tool – “Pictorial Flash Cards” depicting various pictures of Positive & Negative cervix to enhance and assess the knowledge of providers.

Supportive Supervision Visits (SSV)
Six monthly visits to monitor and evaluate the on-going quality of care delivered by franchise facilities.

Continuous Quality Assurance Support
Annually quality assurance visits are conducted by trained, in-country PSI QA team members.
Demand Aggregation: Capacity Building of Field staff & Paramedics

Training includes-
- Program Overview
- Roles & Responsibilities
- Technical Update on Ca Cx
- Communication & Counseling Skills
- Communication tool: Demonstration & Practice
- Reporting & Documentation
Advocacy

Indian Medical Association

FOGSI
Federation of Obstetrics & Gynaecological Societies of India

Medical Colleges

State Government

Continuing Medical Education Workshops

Participation in National & International Conferences
Scaling Up

Increased the intervention from 3 districts to 10 districts of Uttar Pradesh

Through strong advocacy introduced cervical cancer as a major component in Uttar Pradesh government’s non-communicable diseases agenda
Private Sector: Align Demand & Supply in 10 Districts of UP

Raising Awareness

One to One contacts
In selected area Community Mobilisers visits households and create awareness among women.

IEC Material & Tools
Pamphlets, broachers are distributed among community. Field workers use communication tools for awareness building.

Social Media Campaign
Digitally accessed social media campaign launched in Ca Cx awareness month to increase awareness.

In-clinic counselling & Conversion
PSI counselors motivate walk-in-clients of selected facilities for cervical cancer screening.

Fixed Day Static Service
Regular screening FDS are conducted at the facilities of selected private doctors.

Out Reach Community Camps
Screening camps are organized in community and services are provided by empanelled private doctors.

Branded Mobile Van for Community Camp equipped with Consumables, Equipment and Audio messages.

Service Delivery

3,84,612 women contacted
Evolution of the Sampoorna program

- Funds available for Cervical & Breast cancer

NCD clinics established in District Male hospitals which lack
- Privacy & Belongingness for women
- Women specific services

MoU signed between NHM, SIFPSA and PSI for Roll out of the project

Comprehensive women health care screening & treatment Program

Vision - Empower women to become aware & take care of their own health by providing them access to knowledge & preventive health care services.

Mission - Motivate women to seek knowledge about their own health, to provide them access to screening services for Non Communicable diseases, appropriate counseling and management, so that they can get screened themselves before occurrence of diseases.
**Key Features**

- Preventive Approach to Non Communicable Diseases – *Early detection and Management*

- Screening every woman between 30-60 years for:
  - Obesity
  - Hypertension
  - Diabetes
  - Cervix Examination through VIA
  - Breast Cancer
  - Anemia

- Appropriate management (Counselling/Treatment/Referral/Follow up)

**Implementation Plan**

- **Geographical coverage**
  - Phase I - 5 Districts
  - Phase II - 28 Districts
  - Phase III - 75 Districts (Whole State)

- **Location with in the districts** -
  - DWH & 2 CHCs

- **Mode of Service Delivery** -
  - Daily OPD at District Women Hospital (Team of 3 members)
  - Fixed Day Service at CHC
Technical Assistance Provided by PSI

01 Conducted Technical Advisory Group Meetings

02 Developed Training Manuals & SOPs

03 Developed IEC & Reporting Formats

04 Trained Doctors (52) & Screening Assistants (56)

05 Established 5 Sampoorna clinics as proof of concept
Provided Human Resource initially at 5 DWHs

Maintained MIS for all 28 Sampoorna Clinics

07

Trained govt. DEOs Training

08

SSVs done to provide handholding support & evaluate quality of service delivery

09

Participate in State Level Meetings to strengthen project

10
Project Accolades

1- Best Practice in Health Care Excellence announced by Rajasthan Government

2- Best Practice in Health Care by MoHFW at Tirupati, Tamil Nadu

PSI received appreciation from Mission Director NHM, UP

Dear Mr. Pritpal Marjara,

I am very glad to inform you that the Project Samporna has been identified by Government of India as Best Practices and also, it has been awarded by Government of Rajasthan and elets as winner in the category of Best Health Care practice in 2nd Annual Health Care Summit.

I wish to thank you for the support that Population Services International provided for Conceptualising & Implementation of the project. I duly appreciate efforts of your state team for continuous engagement with NHM and SIFPSA to roll out the program effectively on ground.

I look forward for similar support in future as well.

Thanks once again.

Alok Kumar
MD NHM
Achievement- Successfully Scaled up From 3 districts to 30 districts

Legend
- Yellow: Private & Public Sector Districts (8)
- Blue: Private Sector Districts (2)
- Green: Public Sector Districts (20)

Journey started from 3 districts
### Total Achievement Since Inception to Jan 2017

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Public Sector Sampoorna</th>
<th>Private Sector Sankalp</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>No of women aged 30-59 screened for CaCx</td>
<td>45,628</td>
<td>1,00,836</td>
<td>1,46,464</td>
</tr>
<tr>
<td>No of women screened positive</td>
<td>1,685</td>
<td>5,473</td>
<td>7,158</td>
</tr>
<tr>
<td>Positivity Rate (in %)</td>
<td>3.7%</td>
<td>5.4%</td>
<td>5%</td>
</tr>
<tr>
<td>No of screened positive eligible women treated with Cryotherapy</td>
<td>861</td>
<td>3,735</td>
<td>4,596</td>
</tr>
<tr>
<td>Treatment Rate (in %)*</td>
<td>70%</td>
<td>73%</td>
<td>72%</td>
</tr>
<tr>
<td>No of screened positive women referred for advance treatment/investigation</td>
<td>451 (27%)</td>
<td>340 (6.2%)</td>
<td>791 (11%)</td>
</tr>
</tbody>
</table>

**Screening Start Month & Year**: Private Sector **May 2014** & Public Sector **September 2015**

*Note: In calculating treatment rate the number of women referred for advance treatment/investigation have deducted from the number of screened positive women.*
Bringing adolescents into loop GoUP adopted “Mother & Daughter approach”

As primary prevention recently in Feb 2017 GoUP launched HPV Bivalent vaccine under “Sampoorna” project.

Government has added HPV Vaccination for Adolescent Girls age 9 years to 14 years.

Strategy is that mother coming to Sampoorna clinics for health check-ups can bring along her daughter for HPV vaccination on fix days at vaccination points at District Women Hospital.

Sampoorna- Additional Spin-off
It is feasible to implement cervical cancer prevention program in the private & public sector.

Comprehensive package of NCD screening services attracts clients.

This program created a model for a cervical cancer screen and treat program by generating evidence.

This will also catalyze change in national guidelines and spur government to scale cervical cancer screening and detection project in the public sector across India.
Uttar Pradesh with a population over 223 million is the first state having comprehensive primary & secondary cervical cancer prevention program in India.