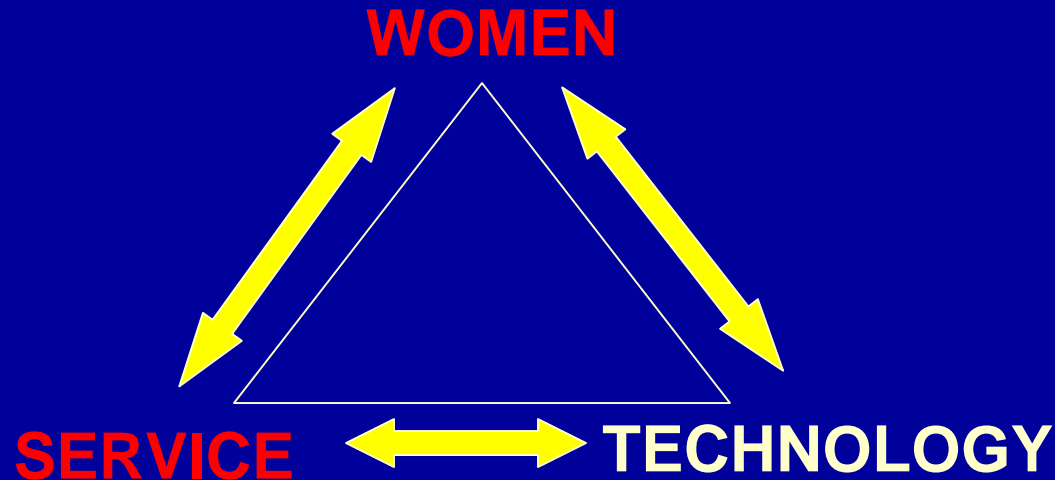


Approaches for Delivery of Cervical Cancer Prevention Services

Dr. Martha Jacob, FRCOG, MPH
FIGO 2003

- Women's perspectives
- Medical profile
- Sociocultural and gender influences
- Community outreach
- Education



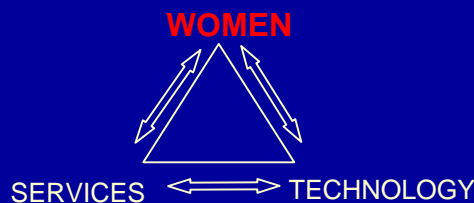
- Policies, program structure, management
- Availability and accessibility
- Quality of services
- Health Information Systems
- Referrals
- Qualified providers

- Efficacy
- Safety
- Procedures & supplies
- Labs (including quality control)
- Costs
- Acceptability

Women's Perspectives on Screening

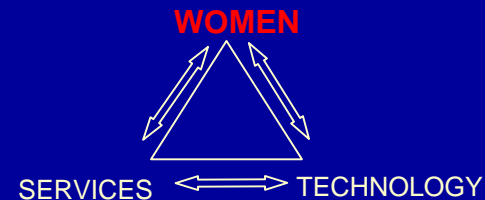


- Deciding to go for screening was not easy
- Attending services was stressful
 - Previous poor experience
 - Cultural taboos
 - Male opinions
- Women experienced fear of challenging cultural taboos & partner's control
- Knowledge of cervical screening was not a big motivating factor for seeking services



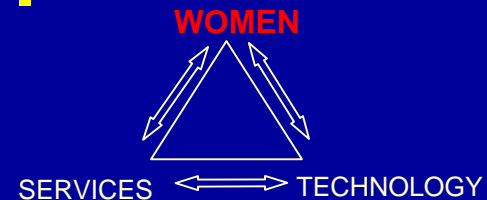
Using Women's Perspectives to Design Services

- Ensure services are client-centered
- Bridge traditional beliefs and biomedical knowledge
- Acknowledge women's feelings
- Answer questions again and again
- Counsel before procedure and reinforce after the procedure.





Greater the proportion of women screened & treated when indicated, GREATER the reduction in the incidence of cervical cancer.



Ways to Reach Women: Facility-Based Approaches

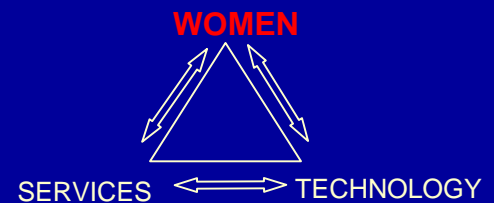
Inreach Activities
INFORMING
Clients, Visitors, Staff



One on one



**NO Missed
Opportunities**



Ways to Reach Women: Community-Based Direct Personalized Approaches

Outreach activities

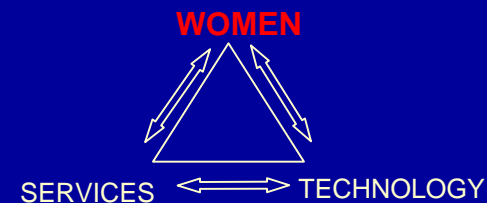
- Extended family network
- Peer educators- CHW
- Satisfied clients



One on one



CHW communicating
with a family



Ways to Reach Women: Community Activities

Learning
about my body

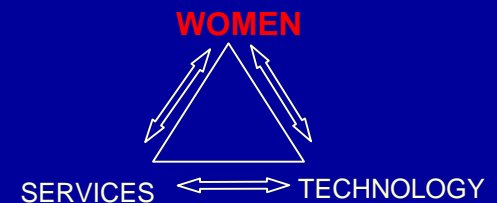
Cervical cancer
prevention

Vaginal discharge/
STI

Self-esteem



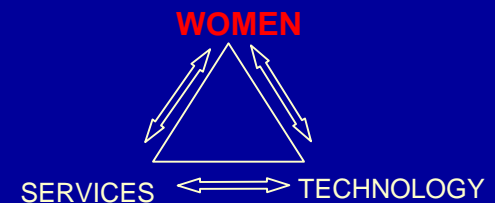
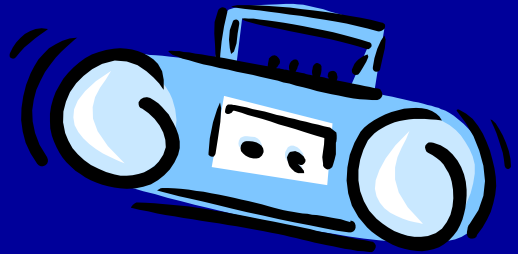
Health Education



Ways to Reach Women: Mass Media

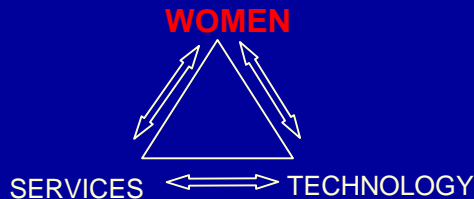
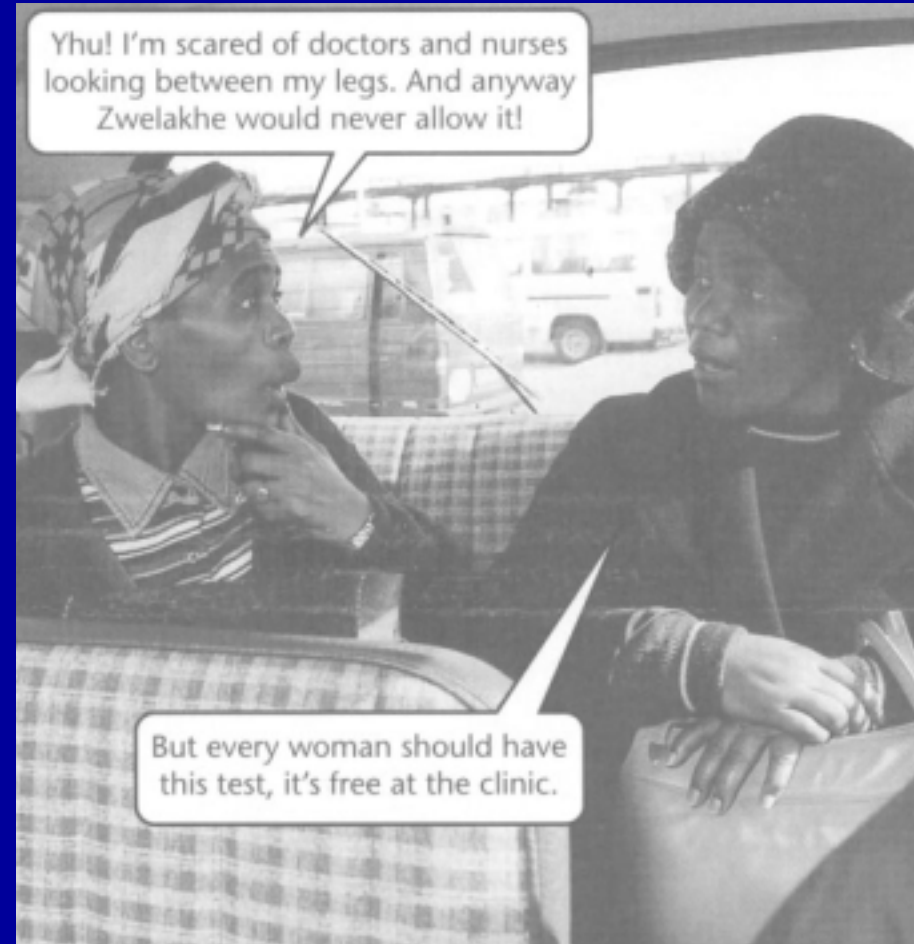
Mass media

- Posters or pamphlets,
- Radio messages,
- Newspaper advertisements,
- TV documentaries & advertisements



Promoting Screening with Mass Media

- Distributing a photocomic on cervical cancer to households had no impact on screening
- Those who could recall key points from the photocomic or radio drama were more likely to report getting screened



Accessibility of Services

Vertical services

Limited number of trained staff

Specifically provide discreet cervical cancer prevention services.

Integrated services

Large range & number of trained staff.

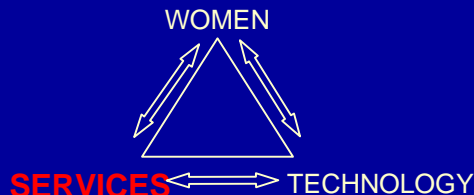
Holistic approach

Meets wider range of client needs

Mixed services

Combination of integrated reproductive health services

Occasional targeted interventions, e.g., mass campaigns



Single-visit approach

Attrition due to loss to follow-up can be avoided.

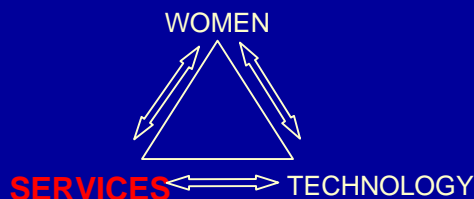
Acceptable to both clients and providers.

RTCOC, JHPIEGO : Lancet 2003

Multiple visit approach

Requires a well organized tracking system

- 'Tickler box'
- Community health workers

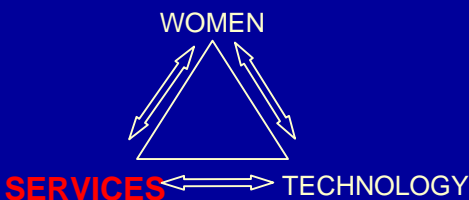


Static Facilities



Primary-level facility

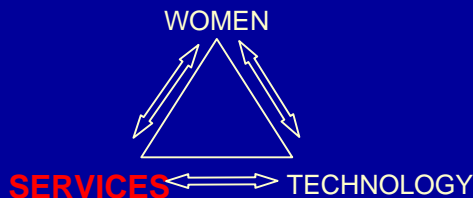
- Testing using any of the screening options followed by treatment of precancer using cryotherapy can be provided at primary, secondary & tertiary facilities.
- Providing these services at primary care facilities increases accessibility .



Mobile Services



- Reach traditionally underserved women
- Focused and pro active recruitment
- Special attention
 - Privacy
 - Dignity
 - Confidentiality
 - Continuity of care
 - Counseling
 - Infection prevention practices

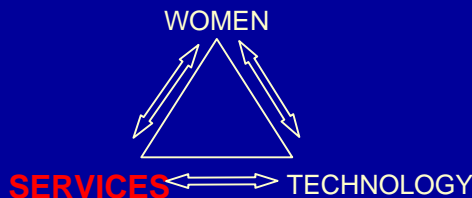


Client Satisfaction Evaluation



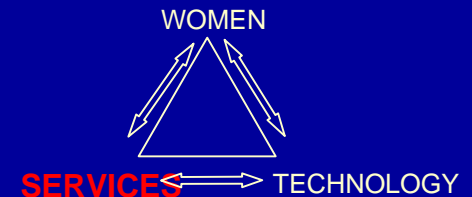
Developing a local action plan

- Exit interviews with women who received screening services
- Meetings with health center leadership and personnel
 - Share results
 - Develop local action plan and timeline
- Monitor implementation of local action plan



Policy Making, Planning, Implementing & Maintaining Services

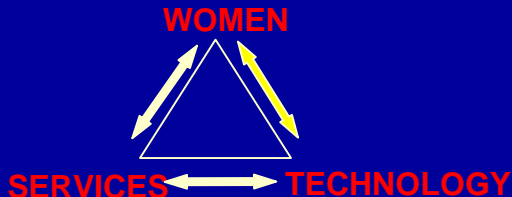
Policy Phase	Developing/revising policies
Planning Phase	Engaging and orienting local stakeholders, adequate budgeting, assessing equipment & training needs, developing information & training material, developing health information systems for tracking clients & assuring quality services.
Implementation Phase	Conducting training, distributing equipment & supplies, and carrying out promotional activities.
Maintenance Phase	Quality assurance, supervision, monitoring & evaluation, ongoing training & promotional activities.



- ACCP website www.alliance-cxca.org
- **Service Program Guide**, a how-to guide for program planners and managers to plan, establish, implement and monitor cervical cancer prevention services.
- Collaborating with WHO to develop a **Comprehensive Cervical Cancer Prevention and Management Guide**, a how-to guide for providers

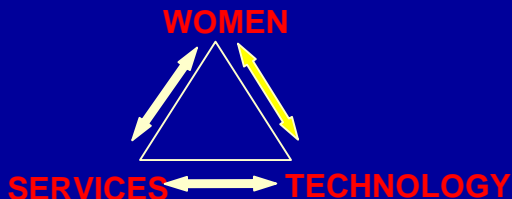
Conclusions – 1

- Finding a **suitable technology** is only part of the solution.
- Investments are needed in **planning, organization, and management** of services.
- **Individualized promotion** efforts through community based or facility based approaches may be more effective than short-term mass media activities.



Conclusions – 2

- Trained and competent staff in **primary care facilities** can perform screening tests and cryotherapy treatment for precancer.
- Irrespective of service model used providers should look holistically at client's needs and ensure she **RECEIVES** or is **REFERRED** for whatever she needs to ensure good health.
- Phased approach—vertical services in **early** stages of a program and move towards integrated services as the program **matures**.





Nocawe