



Project SCREEN Assam

A GE Healthcare-Samhita and PPHF collaboration

Second Quarter | July - September, 2022



Table of contents:

I. Background of the Program	1
II. Key highlights	2
III. Major activities of the quarter	2
IV. Stories from Field	5
V. Learnings, challenges, plans for next quarter	6



Background of the Program

Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally (1). India is a major contributor to the global burden of NCDs with approximately 5.9 million deaths every year caused due to NCDs. This means that a quarter of Indians are at risk of dying prematurely from an NCD before the age of 70 years (2). To address this, People to People Health Foundation (PPHF) has been working with the government and other key stakeholders to strengthen the NCD service delivery system at the level of primary health centres (PHC) in select districts of Assam. PPHF is working on an integrated approach for the prevention, early detection, and the capacity building on NCDs. PPHF is working on the current project in partnership with the Assam state government, GE Healthcare and Samhita to strengthen the implementation of population-based screening (PBS) for NCDs. The goal of the program is to meet the primary health care needs of the underprivileged population in the PHC area.

Target beneficiaries:

Community members above the age of 30 years, and health professionals

Objectives:

1. Increased public awareness on NCDs through health education and promotion of critical health issues in the community.
2. Strengthen the implementation of population-based screening to provide timely care and management supports.
3. Upskilling the PHC health team to deliver essential NCD services.

Intervention site:

Project site I: Sualkuchi Block in Kamrup Rural District

Project site II: Barpeta Roadblock in Barpeta District

Project site III: Pohumora SC, Rangachiahi SC and Ratanpur Miri MPHC in Majuli District

Key Highlights of the Second Quarter

- Orientation of six CHOs on screening and counselling for the common on 15 July
- Training and orientation of 14 ANMs on screening and counselling on 27th August
- Training community volunteers on Common Cancer counselling skills
- Arranging three special cancer camps, 19 screening camps among other outreach camps
- Digitalisation of 3,000 patients NCD records.
- Community Awareness via five Street plays

MAJOR ACTIVITIES

Orientation of CHOs on screening and counselling for the common cancers

Need: To upskill common cancer screening skills among CHOs for population-based screening of common cancer in BPHC

Specific Activity in this quarter: A one-day training session was conducted for the CHOs in Sualkuchi Blocks followed by screening-cum-training day. The session conducted on the 12th of July 22 included discussion on topics like:

- Counselling of patients
- Equipment and Sterilization

Process Followed: A special team from Dr. B. Borooah Cancer Institute provided a hands-on training to the CHOs on the 12th of July. The session was organised at the Sualkuchi BPHC and was conducted by Dr. Satirth Barman from Dr. B. Borooah Cancer Institute, Dr. Bhaswati Pathak, SPM PPHF and Dr. Dipak Das, SDMHO Assam.

Outcome: A total of 6 CHOs were oriented and prepared for cancer screening activities. Pre And Post training evaluation . Total 13 questions were asked as a part of pre and post assessment. The highest score during pre-test was 10 and during post Test the highest score was 12.

Training and orientation of ANMs on screening and counselling

Need: To upskill ANMs for for population-based screening of NCDs in BPHC

Specific Activity in this quarter: A training cum orientation session for the ANMs was arranged in the Sualkuchi BPHC on the 21st of August,2022.

Process Followed: The session on cervical cancer screening was conducted by Dr. Shyamanta Kalita along with Dr. Dipak Das, SDMHO Sualkuchi BPHC. The training included topics like:

- Anatomy of the uterus, cervix, and breast
- The burden of cancer
- The VIA procedure and Clinical Breast Examination
- The equipment required in screening of Cervical cancer
- The sterilization of equipment's
- The detection of precancerous lesions

ICMR manuals for cervical cancer screening were distributed among the ANMs for referring during the training session. The procedure was practiced on breast and gynaecological models for better understanding of the method.

Outcome: A total of 14 ANMs attended the training. During the pre-test evaluation, four

participants got more than 50 % i.e more than 6.5 marks out of 13. During the post-test evaluation, nine participants got more than 50 % i.e more than 6.5 marks out of 13.

Orientation of community volunteers on Common Cancer counselling skills

Need: To upskill the community volunteers trusted by females to enhance the follow up and referral of the women suspected of cancer.

Specific Activity in this quarter: The Field volunteer workers at the Sualkuchi Block were oriented on 15th July, 2022 on pre-screening for cancer counselling , the need for it and how they needed to take care of the women visiting the camps for cancer screening. A total of 7 field volunteers, most of whom were women, had taken part in the discussion.

Process Followed: The field volunteers were constantly present during the cancer screening sessions and made sure the CHO or ANM had done a pre-counselling session before screening the women. Pre counselling involved taking proper history, explaining the procedure, the need, and benefits to do it and receive proper consent before performing the screening.

Outcome: There were lesser incidences of post screening complications and errors. The women consenting for cervical cancer

screening were able to understand the process well. A total of seven such field leaders had taken the initiative to help follow-up the process of post screening.

Arrangement of special cancer camps and other outreach camps

Need: To strengthen population-based screening and overcome community hesitancy for screening, either due to the distance to the nearest health facility or the lack of awareness, PPHF reached out to people by arranging outreach camps.

Specific Activity in this quarter: As planned in the first quarter of second year of SCREEN Assam, PPHF collaborated with Dr. B. Borooah Cancer Institute to screen women in the 30+ age group for cancers (oral, breast and cervical). In the second quarter, three special camps were organised in the Sualkuchi Block. Moreover, 19 general camps were organised where screening of diabetes, hypertension was done.

Process Followed

First Quarter: April to June: Total 7 camps conducted

Second Quarter: July to September: Total 22 Camps conducted

Outcome: Total 29 camp conducted and 764 people were screened

Total screened		Total suspected		Total referred	
Hypertension	764	Hypertension	411	Hypertension	53
Diabetes	764	Diabetes	137	Diabetes	
Oral cancer	448	Oral cancer	1	Oral cancer	1
Breast Cancer	282	Breast Cancer	2	Breast Cancer	2
Cervical Cancer	19	Cervical Cancer	4	Cervical Cancer	4

Digitalisation of NCD records

Need: All patient data must be converted into an electronic format for proper patient data record maintenance, regular follow ups and referrals. All data of NCD registers are being digitized to an electronic format for easy access and keeping a track of all that needs to be followed up at regular intervals. The aim of this record was to assist the CHO, ANM and ASHA to keep a track of an individual patient's screening and follow up status. This helps in completing the entire loop of NCD management in a patient.

Specific Activity in this quarter: With a target of 7,000 in Sualkuchi, 3,000 records have been digitalised till date and are in process. Digitization of data from Barpeta Road has begun.

Process Followed: The data of 3,000 patients was digitized into a prepared format that included individual patient records, like name and age of the patient, address, contact, occupation, the nearest subcentre and the ASHA responsible.

Outcome: The CHO and ANMs are now able to map all the people screened in their designated population. The digitization of records helped keep a track of the patients connected to each ASHA and enabled a process of intimating the patient through the designated at the time for a follow up or referral. The details of 3,000 patients were updated.

Community Awareness via Street plays

Need: Street plays are an effective method of creating awareness among the community about the Non communicable diseases.

Specific Activity in this quarter: Street Acts were organized in the public gatherings to create awareness about the importance of screening for NCDs. The importance of prompt

referral and the role of public for taking care of their own health was emphasized.

Process Followed: A script was prepared which focused on non-communicable diseases especially diabetes, hypertension, and its complication. The main motive was to let people know about the importance of screening and frequent check-ups at their nearest health centre. Additionally, IEC materials were distributed among the spectators who were encouraged to visit their nearest subcentre for blood pressure and diabetes screening.

Outcome: Total 5 street plays were conducted, each reaching at least 100 people. The play were organized at different venues in Sualkuchi Block. These included Sualkuchi Bazar area (July 2-9), Halogaon Point, Namghor Point, Adaboi Ganesh mandir Area (August 8), and Halogaon near Mini PHC (August 24). People realised about the Tuesday and Friday NCD screening days that take place at the subcentres, every week. The printed IEC materials worked as a reminder to visit the subcentres. There was an improvement observed in the number of people visiting the subcentres for screening.

Stories from Field

“

I used to feel very weak and less motivated to go for a regular screening. However, these outreach camps are helpful for someone like me who is unable to visit to SC/PHC. Thank you team PPHF.

Mr. Madhab Deka, 55 years
Farmer
Sualkuchi Block, Assam

”

“

Tokradia, a remote HWC is very thankful to PPHF for organizing this collaborative NCD camp with B Borooah Cancer Institute for the screening of our HWC Population on our request. Such screening camps are really helpful for early detection of cancer in the community as a whole

ikram Chetry Male, 32 years,
Occupation: CHO
Intervention site: Sualkuchi Block Tokradia

”

Learnings, Challenges and Plan for the Next Quarter

Challenges

How we address challenges and our learnings

Lack of Knowledge about Cervical cancer: The awareness about the cause, risk factor and early symptoms is nearly negligible among the common population.

- ✧ Extensive IEC activities on cancer, its cause, consequences, and methods of screening need to be explained to the common population, including both men and women. In this context, PPHF developed scripts for drama and acts with a plan to conduct them in the next quarter. The aim is to create awareness about cancer screening in the community.
- ✧ PPHF has targeted not only women in the community but also the men and adolescent girls. This wholesome approach is carried out through street acts, IEC materials and community mobilization drives.

Stigma for cancer and screening methods: Social stigmas: The screening for cervical cancer is called VIA (Visual Inspection with Acetic Acid) which is a min-invasive procedure. However, given the conservative nature of Indian society, it is challenging to obtain women's agreement for cervical cancer screening as it involves a topic of privacy and secrecy that Indian women find challenging to discuss

The conservatism of the community can be overcome by arranging patient support group. PPHF has encouraged a culture of support groups lead by the CHOs ANMs and the Field volunteers. ANMs and CHOs are trained on the importance of counselling. Field volunteers who mainly comprise of women are oriented on the support that must be provided before and after screening for the cancers Discussion about the procedure among newer patients in the presence of those who have already undergone screening can help to unveil the hesitation among the women to undergo screening.

Inadequate record of history before procedure: History taking is of utmost importance before screening. Lack of attentions to detail in this aspect lead to unpleasant patient experience and increase chances of patients undergone process would demoralise other women to undergo same process.

- ✧ PPHF engaged a skilled team of counsellors with high expertise in pre and post cervical cancer screening, history taking and counselling. The team accompanied the special cancer screening team from Dr. B. Borooah Cancer Institute
- ✧ Moreover, the screened women were made aware about the disease, the procedures and the complications that might follow. The screened women were assured about the benefits of undergoing the screening process

Equipment, procedure, and logistic challenges

- ✦ The correct use of the instrument
- ✦ Preparation of acetic acid:
- ✦ Choice of blades for PV examination
- ✦ Sterilization of Cuscos's speculum: The sterilization of the instrument is crucial. With a target of 30 women screened per day with three sets of Cuscos is a challenge faced in the field. Moreover, the autoclaving process takes 45 minutes which is a long duration.

- ✦ PPHF made sure that the field team from the government received frequent training and discussion of complications during the procedures.
- ✦ During the screening for cervical cancer, the technical aspects like the concentration of acetic acid, the size of blades used etc were recognised and discussed with the special team from Dr.B.Borooah institute . The same was discussed and notified to the Government team.
- ✦ A checklist of all technical pointers was developed to help the screening team to reduce errors.
- ✦ Development of a pre and post counselling document has been proposed that could be of great assistance to the team.

Follow up and referral challenges:

Once the VIA screening is over, the next step is following up and referral of the suspected women with premalignant lesions. This is of great challenge because many women hesitant to undergo the procedure again. Also, the fear of getting detected as positive for malignancy is one the reason for their reluctance.

PPHF proposed that a skilled and mature counsellor is needed. The counsellor is essentially a mature ANM or GNM who shall be the point person of contact between the suspected and the clinical people group. The lady must have undergone the procedure, should have knowledge about the after steps and should also have enough empathy to encourage and support the suspected women.

NCD is still not part of integrated essential service delivery package at state level: Challenges are faced at all levels due to lack of a comprehensive approach where NCDs are viewed as a vertical program rather than an integral part of service packages.

PPHF proposed the inclusion of cervical cancer and breast cancer screening with MCH programs as it can be an opportunity to screen all women for cervical and breast cancer. The first ANC visit can compulsorily include breast clinical breast examination and cervical cancer screening.

Plan for the next quarter

1. Completion of 50 NCD screening camps
2. Initiation linking all those diagnosed to the Ayushman Bharat and ABHA card generation.
3. Conducting of 10 Street plays
4. Completing the digitization of all records
5. Focus on common cancer screening training and screening camps in Majuli



Image 1: Collaboration with the SHG for mobilizing people for cancer screening



Image 2: Screening for diabetes in an elderly woman



Image 3: Counselling being done by CHO and screening for hypertension by a male MPW



Image 4: Screening for Oral cancer by specialists from Dr. B. Barooah Cancer Institute



Image 5: A scene from street act



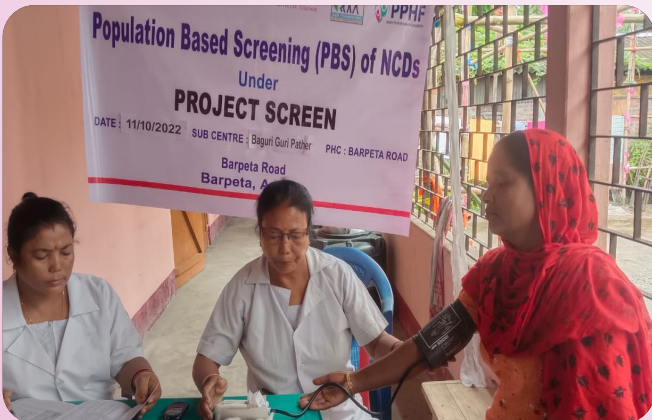
Image 6: Demonstration of Breast cancer screening by State recognised trainer



Image 7: ANM practicing breast cancer screening on training model



Image 8: ICMR modules for cancer screening being used to deliver training. Dr. Shyamanta helping the ANM refer to the manual for better understanding



ABOUT PPHF

PPHF is a non-profit organisation that works towards transforming lives for improved health and wellbeing through locally- driven solutions.

PPHF works closely with communities and key actors on sustainable solutions for public health challenges. These include :

1. Women, Adolescent and Child health
2. Non-Communicable Diseases
3. Nutrition
4. Infectious diseases- T.B, Malaria, COVID-19
5. Environmental Health

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices.

Contributor:

People To People Health Foundation

Disclaimer

@PPHF India October 2022

This publication is protected by copyright guidelines but the text may be used free of charge for the purpose of policy advocacy, programme implementation, education and research, provided the source is rightfully acknowledged.

Contact us:

People to People Health Foundation

K-40, Third floor, Jangpura Extension, New Delhi 110014

Phone: 011-35121441 | Mobile: +91 98719 50708

E-mail: connect@pphfglobal.org | Web.: www.pphf.in

