

# Improving Cervical Cancer Screening in Nori District

Non-communicable Disease Group

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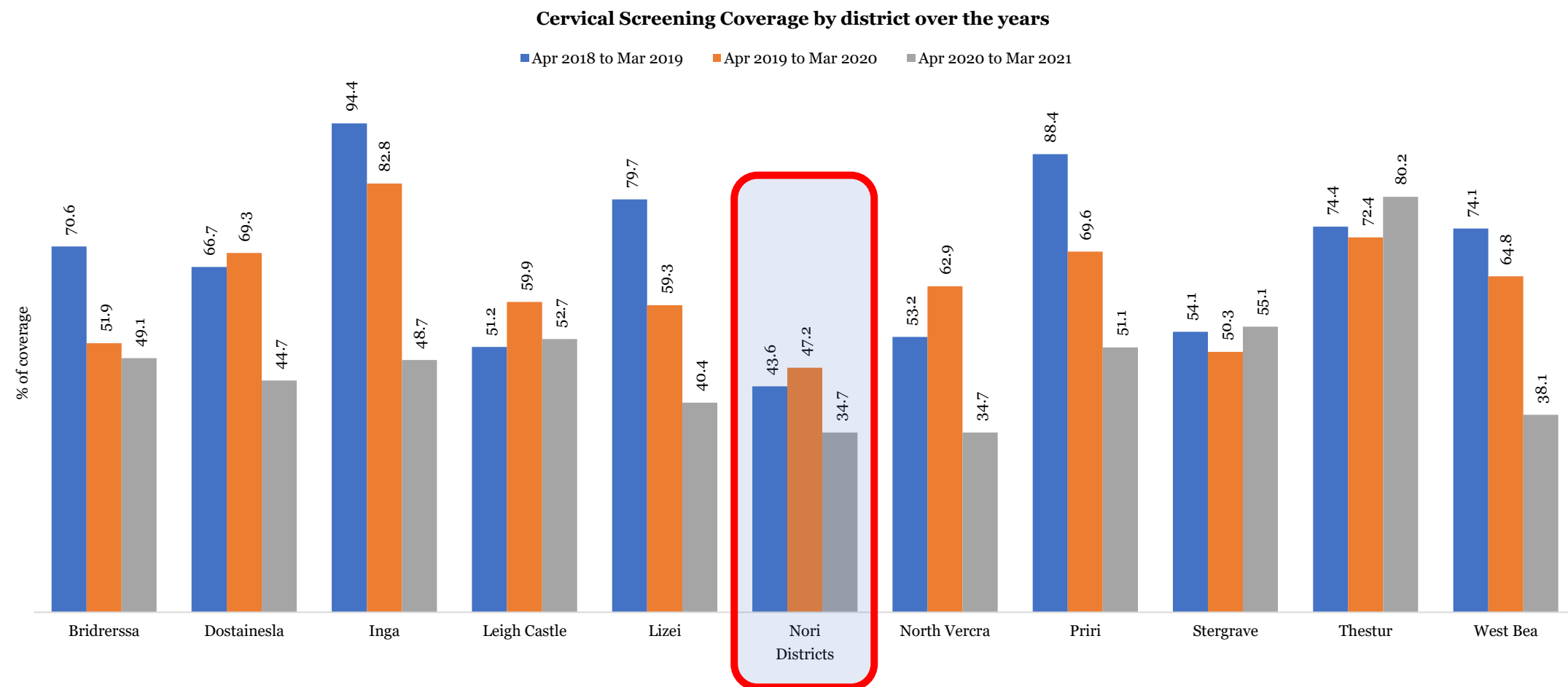
# Background

- Cervical cancer is the fourth most common cancer among women globally, with an estimated 604 000 new cases and 342 000 deaths in 2020.
- About 90% of the new cases and deaths worldwide in 2020 occurred in low- and middle-income countries
- HPV is mainly transmitted through sexual contact and most people are infected with HPV shortly after the onset of sexual activity
- Cervical cancer can be cured if diagnosed at an early stage and treated promptly
- Pap smear is a procedure to test cervical cancer in women

# Background of Nori District

- 1,000 women are eligible for cervical cancer screening annually
- In 2021, 34.7% of these eligible women performed cervical cancer screening.
- This is below 51% national coverage in 2019 and the national target of 70%
- In Nori, awareness of cervical cancer screening is 20% which is very low among the population
- This translate directly to low screening rate
- In order to attain the national target of 70%, there is the need educate the community to partake in cervical screening

# Screening Coverage by Districts



# Aim

- To increase cervical cancer screening in Nori to 70% in 2022/2023
- Specific Objective
  - To conduct at least 4 community health education and cervical screening activities monthly in Nori

# Measurement -1

## Cervical Cancer Screening Rate

- **Rationale:** This measure indicates the proportion of eligible women who have undergone screening, reflecting the program's reach and accessibility.
- **Operational Definition:** The number of screened women divided by the total number of eligible women, expressed as a percentage.
- **Data Collection:** Collect data from screening centers in the community regularly

# Measurement -2

## Cervical Cancer Screening Completion Rate

- **Rationale:** Measures the proportion of women who initiated the screening process and completed all necessary steps.
- **Operational Definition:** The number of women who completed the entire screening process (e.g., test, results, treatment) divided by the number who initiated screening.
- **Data Collection:** Monitor individual patient records in screening centers in the community. Collect and analyze this data on a regular basis.

# Design

- **Community Awareness Campaigns:** Develop culturally sensitive awareness campaigns to educate women about cervical cancer, its risks, and the importance of screening. Utilize various media channels, community meetings, and local influencers to reach a broad audience.
- **Mobile Screening Clinics:** Establish mobile screening clinics that travel to rural and underserved areas. These clinics offer convenient and accessible screening services.



# Design

## **Rationale for the Intervention:**

- **Accessibility:** Mobile clinics address the geographical barriers faced by rural populations, offering screenings at their doorstep.
- **Awareness:** Awareness campaigns dispel myths, reduce stigma, and encourage women to seek screening services.
- **Convenience:** Integrating screening to their door step, increases women's compliance and reduces the need to visit healthcare facilities.

## **Stakeholders**

- **Government Health Departments:** Provide policy support, funding, and regulatory guidance.
- **Healthcare Facilities:** Collaborate to offer screening services and facilitate training.
- **Community Leaders:** Support awareness campaigns and encourage community participation.

## **The project team comprises:**

- **Project Manager:** Oversees the entire intervention, coordinates stakeholders, and ensures timelines are met.
- **Medical Experts:** Provide technical guidance on screening protocols, quality assurance, and training.
- **Communication Specialists:** Develop and execute awareness campaigns and educational materials.
- **Data Analysts:** Collect, analyze, and interpret data to assess intervention impact

# Design

## **Anticipated Problems :**

- Cultural and Language Barriers: Addressed through culturally tailored materials and community engagement strategies.
- Infrastructure Limitations: Mitigated by using mobile clinics and leveraging existing healthcare facilities.

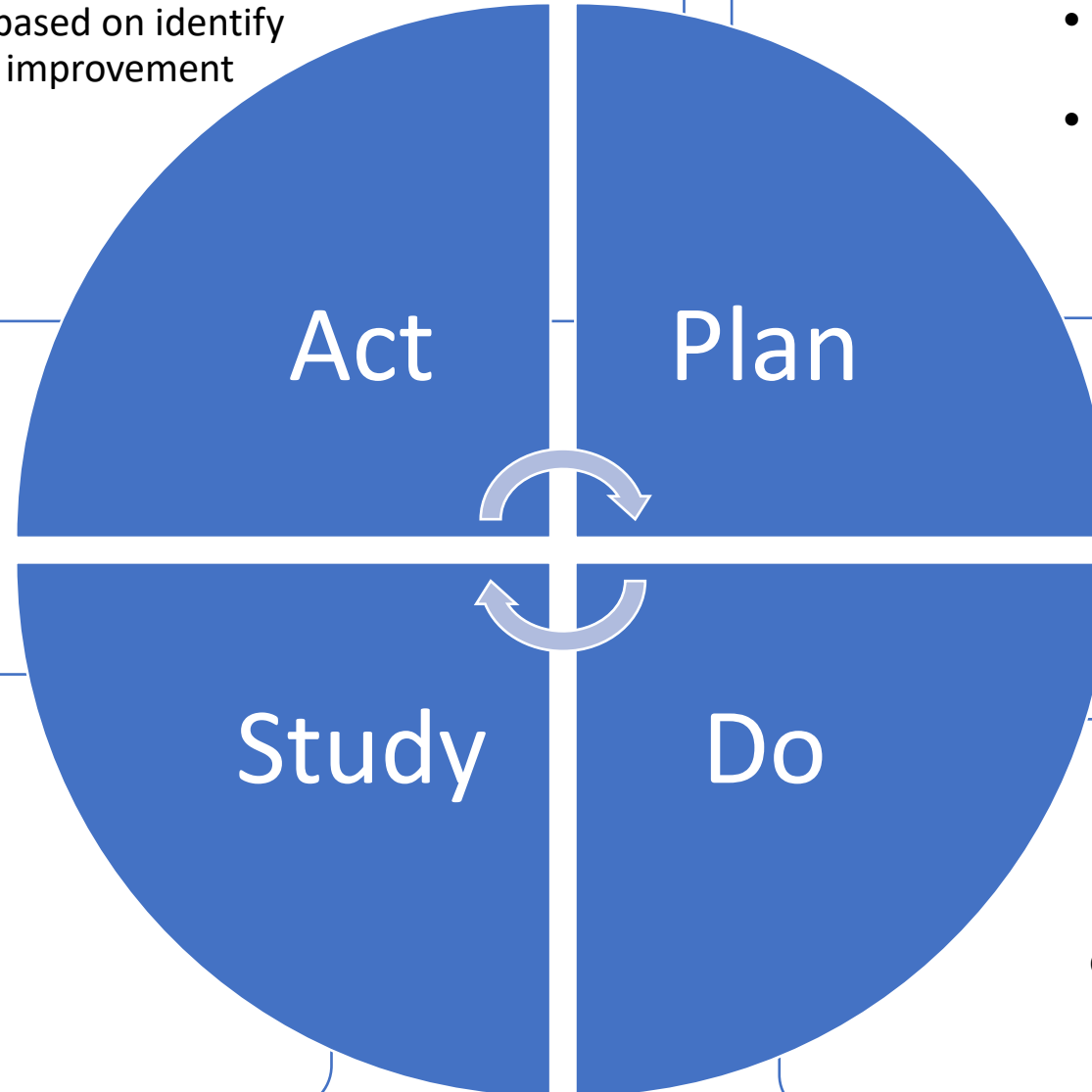
## **Sustainability measures:**

- Capacity Building: Train local healthcare workers to sustain the quality of screening services.
- Data-Driven Decisions: Continuously analyze data to identify gaps and areas for improvement.
- Government Support: Advocate for continued funding and policy backing from government health agencies.
- Community Ownership: Foster community involvement to ensure the intervention remains relevant and accepted.

# Implementation

- Act on findings from Pilot data.
- Update implementation plan based on identify barriers and opportunities for improvement

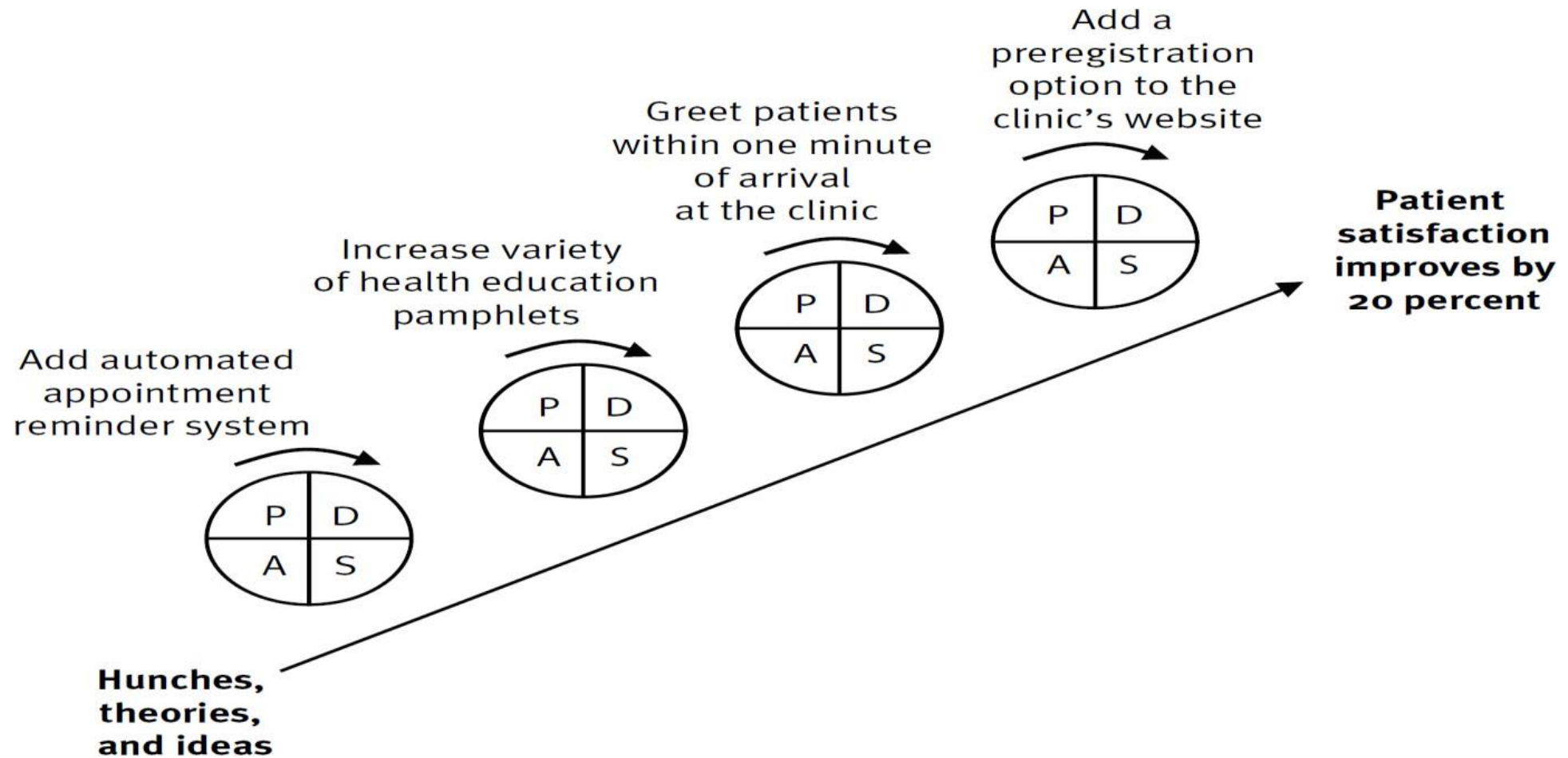
- comprehensive needs assessment.
- Identify resources , key locations that will maximize coverage
- Identification of Key personnel (Project manger, Champion from the community, Healthcare workers, Data Analyst, Logistics team and community champions



- Analyze and pilot data
- Analyze and compare quarterly data to baseline and target
- Identify potential barriers

- We will conduct a community engagement.
- Conduct a pilot screening exercise
- Gather data on Pilot screening

# Rapid Cycle Improvement



Thank you