

Free cervical and breast cancer screening for 1000 women in Nepal

Nepal
Surendra Shrestha



Organization type:

nonprofit/ngo/citizen sector

Budget:

\$10,000 - \$50,000

Website:

<http://www.nnctr.org.np/www.naccf.net>

 SHARE

- [Health care](#)
- [Health education](#)
- [Maternal health](#)
- [Reproductive health](#)
- [Women's issues](#)

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

We aim to improve the accessibility of health services for women in Nepal. Cervical and breast cancer are the top two cancers affecting women in Nepal, yet, when we began our work in 2002 there were simply no services available to screen for these diseases, and the level of awareness of the Nepali women about these cancers was almost none.

By providing free screening camps for the women of Nepal, we hope to increase the number of women that are safe from these diseases. In addition, by educating the women and communities about these diseases we improve awareness, decrease the stigma associated with women's health issues and empower the women to take charge of their own health, and make the time to prioritise preventative medicine.

About Project

Solution: What is the proposed solution? Please be specific!

Health programs for women have been lacking in Nepal, with no government program for cervical and breast cancer screening, and this presents many challenges to those undertaking the projects. Illiteracy rates for women, especially in the 30-60yr age group that our program targets are very high. This means that our awareness programs need to be verbal and pictorial rather than text. To combat this we have developed pictorial brochures, provide oral presentations to the beneficiaries and use radio as a form of media. There has also been a lot of stigma attached to women's health problems, such that women are very nervous to come forward for any treatment. Over time our programs has improved the awareness of the women about prevention of these health problems, and decreased the stigma attached to them such that more women now come forward for treatment. Our screening camps are completely mobile, our Nepali team have received training from international collaborators in the VIA/VILI visual screening method for cervical cancer and the physical examination method for breast cancer. This means we can access underserved areas, and can provide results on the spot rather than attempting to track each patient at a later date. Our Nepali team is primarily women, and in addition to cervical and breast cancer, the beneficiaries attending our camps also use this time to talk personally with the nurses about other health issues that they do not feel comfortable/or have not had the opportunity to discuss in their community.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

This program aims to provide free of cost cervical cancer screening and follow-up services to Nepali women aged 30-60 years. The camps are taken to the communities by a mobile team of specially trained nurses. These screening camps are able to detect cervical pre-cancerous lesions, uterine prolapse as well as infection using the VIA/VILI method, with an alarming 40% of clients presenting with cervical infection. In addition, women are screened for breast cancer using the physical examination technique. We are able to provide free medication for infection at the camp and also use the camps as an opportunity to educate the clients in order to improve their awareness of cancer. The results of the screening and necessary medications are provided on the spot, and positive patients are referred for follow-up at no cost. Before the screening camp is performed, key community leaders and women's health advocates are contacted in the community, and an education programme is provided at the community level which describes cancer, cervical and breast cancer in particular, and the importance of preventative medicine. At the screening camps, the women beneficiaries are provided with brochures and an education and awareness session relating to cervical and breast cancer along with other women's health issues. Together, these activities improve the awareness of women in Nepal about preventative medicine, and identifying and treating women that require treatment will reduce the mortality and morbidity related to these diseases in Nepal.

About You

Organization:

The Nepal Network for Cancer Treatment and Research/The Nepal Australian Cervical Cancer Foundation

About You

First Name

Surendra

Last Name

Shrestha

Twitter

Facebook Profile

About Your Organization

Organization Name

The Nepal Network for Cancer Treatment and Research/The Nepal Australian Cervical Cancer Foundation

Organization Phone

977 11 664524

Organization Address

Ghokechaur, Banepa-1, Kavre, Nepal

Organization Country

, BA

Country where this project is creating social impact

, BA

How long has your organization been operating?

More than 5 years

Is the project that you are entering related to this organization?

Yes

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen..

Innovation

What stage is your project in?

Operating for more than 5 years

Tell us about the community that you engage? eg. economic conditions, political structures, norms and values, demographic trends, history, and experience with engagement efforts.

Political instability, low income, geographical isolation and gender inequality are just a few reasons why there are currently no mass cervical cancer screening programs in Nepal. This unfortunate situation has resulted in cervical cancer being the most frequent cancer in Nepali women. More upsetting is the fact that cervical cancer is an entirely preventable disease if detected early.

Without a stable government, it is difficult for the health sector to formulate and implement national programs, and this, along with the current global focus on communicable diseases rather than non-communicable diseases has meant a lack of services for women's cancer, and a high cervical and breast cancer rate.

The women in Nepal live in a very patriarchal society, and the majority practice arranged marriage. This family structure, as well as the stress for women to prioritise the health of their husband and children has meant that women suffer in silence, as well as a high women suicide rate. Levels of illiteracy in the population of women aged 30-60years is as high as 75%, and due to geographical challenges, women are often many days walk from the nearest health facility. Most women's only access to health services is the Female Community Health Volunteers in their communities.

Women in Nepal are very grateful and embracing when health services are offered to them, so long as they do not need to travel far and the cost is minimal. Thereby our free mobile screening camps have worked well in engaging the women in the community. And, our awareness and education programs have successfully reduced the stigma associated with women's health issues. An example of this is that our first screening camp in 2002 had only 12 beneficiaries willing to attend for screening, but our current programs have more than 200 women.

Share the story of the founder and what inspired the founder to start this project

The founder of this project, Dr Surendra, B Bade Shrestha has been working actively in Nepal his entire life. As mayor of the Banepa area for more than 20 years he advocated many successful health projects including sanitation and toilet facilities for every home.

Throughout this time, he was also actively involved in a Nepali NGO the Nepal Cancer Relief Society. Upon his retirement from politics, it was apparent to him that cancer services for women were horribly scarce in Nepal, and he set about doing something about this. With a collaboration with the International Network for Cancer Treatment and Research (INCTR, Belgium) the Nepal NGO the Nepal Network for Cancer Treatment and Research (NNCTR) was founded. The aim of this organisation was to strive to increase awareness about cancer in Nepal, and specifically provide screening services for breast and cervical cancer in the country. In addition however, Dr Shrestha uses his political and networking knowledge to work closely with the government and other NGO's in a way that makes the programs more sustainable, and leads to a larger impact. Since Dr Shrestha started this work in 2002, more than 20,000 Nepali women have received free cancer screening. With the help of private/INGO financial support these programs continue until the Nepal government can provide a sustainable and thorough program itself.

Social Impact

Please describe how your project has been successful and how that success is measured

Since 2002, our organisation has screened more than 20,200 women for cervical cancer and 7,400 women for breast cancer. This has meant that women presenting with pre-cancerous cervical lesions undergo treatment for removal and their risk of cervical cancer is almost eliminated. For those presenting with breast anomalies they receive follow up treatment at our affiliated hospitals and their risk of developing breast cancer is also reduced.

Success for our project is primarily measured as the number of women receiving screening services. Unfortunately, Nepal lacks a national cancer registry, so while it is known that cervical and breast cancer are the most frequent cancers of Nepali women, it is still too difficult to measure the impact of our current programs at a national scale.

We feel there are other measures of success for our program, one being the high rate of attendance of women to our camps. Most screening camps cater for more than 200 women in a single day now, with our first ever screening camps having only a handful of attendees.

Also, the improved awareness of cervical and breast cancer in the communities that we run our services is also becoming apparent by the acceptance and collaboration offered by the surrounding communities.

In this transitional time for global health, the priority for non-communicable diseases (within which lies cancer) is increasing, and this will soon occur in Nepal. We have been working with the Nepal government for many years now advocating cervical cancer and breast cancer screening. With the help of our efforts, it is likely that over the next five years Nepal will implement a plan to screen 50% of women in Nepal for cervical cancer, and our organisation will be a part of this program, particularly in the provision of training for the screening techniques. And we see this as a measure of success for our projects acting as a foundation for this next sustainable progression. But, as things take time in Nepal, there is still an urgent need for programs on the ground now.

How many people have been impacted by your project?

How many people could be impacted by your project in the next three years?

1,001-10,000

Winning entries present a strong plan for how they will achieve growth. Identify your six-month milestone for growing your impact

After 6 months, we will have completed cervical and breast cancer screening for 1000 women.

Task 1

Identify communities for screening camps, provide awareness/orientation programs for the communities, mobilize community support (women leaders and volunteers), select a date and promote attendance.

Task 2

Transport the mobile screening team to the community; provide cancer awareness programs along with screening for cervical and breast cancer. Collect appropriate paperwork.

Task 3

Initiate follow-up procedures for any women requiring referral. Arrange appointments at our affiliated hospitals ensuring the women attend these

appointments. Analyze data.

Identify your 12-month impact milestone

Ensure every woman requiring referral attended a colposcopy appointment (cervix) or mammogram (breast). Provide follow-up care for 12 months. Complete data analysis, prepare a report.

Task 1

Contact target communities, provide community awareness and cervical and breast cancer screening camps.

Task 2

Ensure every woman requiring referral receives follow up treatment for a period of 12 months.

Task 3

Complete data analysis and prepare a report on the findings for dissemination.

How will your project evolve over the next three years?

Our hope is that the foundation laid by our projects since 2002 will lead to the government implementing a national cervical cancer screening program, and we are working side-by-side with them to achieve this. As the government begins to implement its new initiative for cervical cancer screening of 50% of Nepali women over 5 years we will provide skills training, and continue to screen women in government non-targeted areas. The current government plan does not include breast cancer screening. Therefore we will ensure that breast cancer screening is continued in Nepal by our organisation, and advocate that this screening is included in a national program in the future.

Sustainability

What barriers might hinder the success of your project and how do you plan to overcome them?

The cervix, breasts and other reproductive organs are still very much not discussed in the Nepal community. Women suffer for decades with uterine prolapse and high degree cervical cancer before ever attempting to talk to a health professional, or even a family member. In many areas of Nepal it is still practised that the woman lives outside in a small hut (normally for the livestock) during her period.

As a result, running health camps catering for these sensitive issues is very difficult and requires some innovative procedures to assure a successful camp. Our methods to date have been to first contact the community and provide an awareness session for key community leaders and champions. This includes the men of the community, and key women leaders. By convincing them that cervical and breast cancer screening is an important health initiative for the women of their community, it is these key community leaders that act as advocates for the program.

Along with the fact that women's issues are often stigmatised, it is also difficult to get the information to the potential beneficiaries about the health service we provide. To advise women in the community about the program, the community women volunteers use megaphones and walk on foot door to door to advise the women on the program, the date it will occur and the location.

Then, once the women attend the health camp on the day, our staff carefully explain the process that will occur so that the women feel comfortable with the procedure, and the key women leaders lead by example and are often the first to undergo screening so they can promote the experience to those in wait.

Tell us about your partnerships

The Nepal Network for Cancer Treatment and Research (NNCTR) was formed in 2002 as the Nepal affiliate of the International Network for Cancer Treatment and Research (INCTR). INCTR have been supporting the NNCTR organisation since that day. We have completed a successful project with the UNFPA and IARC screening 5000 women in Nepal in 2002-2005.

We collaborate with PHASE Worldwide (particularly the UK), an organisation which promotes skill sharing and training. From this collaboration, UK doctors have visited Nepal and provided specialist training to our nurses and doctors. In addition, 6 Nepali doctors and nurses have travelled to the UK to complete cervical cancer screening and colposcopy training courses. We continue to collaborate with PHASE to this day.

In 2008 the Nepal Australian Cervical Cancer Foundation (NACCF) was formed, with Dr Surendra B Bade Shrestha the chairperson of both NNCTR and NACCF. NACCF is the Nepal affiliate of the Australian Cervical Cancer Foundation (ACCF) and with the support of ACCF, NNCTR/NACCF have been delivering the cervical cancer vaccine (Gardasil) to school girls in Nepal, with 4,300 girls vaccinated to date last year and an ongoing program of 10,000 girls in 2011.

Our organisations have continued to steadily screen Nepali women for cervical and breast cancer since 2002, and in recent years we have received funding from the Nepal-Australian Embassy Direct Aid Program (DAP) and the Australian Himalayan Foundation to continue this screening work. We have screened more than 20,000 women to date, but so many more women are in need.

Explain your selections

Our organisation receives financial support from individuals, foundations and International non-government organisations. We do not collect any funds from our beneficiaries, nor from the regional and national government in Nepal.

We rely on private and non-government funding sources, and this has limited our capacity to reach many Nepali women for our services.

We do receive non-financial support from our participating communities and the regional government. To undertake a screening camp we ask that the community (after we have provided an orientation/awareness session) take the role of advocacy to draw participants to our camps. We also ask that they provide us with a location to perform the camp (usually a school/health centre), and if possible, lunch for our team of nurses and volunteers. For our cervical cancer vaccination programs we receive support from the local district health offices in two districts. These district offices are providing cold-chain storage and manpower.

How do you plan to strengthen your project in the next three years?

We hope to build upon these local support networks and bring our cervical and breast cancer screening programs to these vaccinated districts so that both mother and daughter receive awareness and health programs.

With a government initiated cervical screening program, we hope to be able to divert some of our future funding toward screening training and awareness programs in the screened communities rather than the 'on the ground' screening process. This will increase the capacity of the country's health professionals to provide a quality screening service.

We can then also divert some of our attention to breast cancer screening and work as an advocate for this cancer and potentially other women's issues. For example, we see approximately 8% of women in our camps presenting with uterine prolapse, for this we provide counselling on preventative measures, and for primary uterine prolapse we provide a pessary ring. However, women with severe prolapse require surgery, and we currently have to refer these women onto the government public waiting list for such a service. The government does subsidise this treatment, but it is expensive for the women, and there is a long waiting list. In the past we have received funding from UNFPA to provide surgery for such women, but currently our budget does not allow this, so in the future we can help provide these expanded services to the Nepal women, acting to fill the gaps

that the national health services cannot yet target.

Challenges

**Which barriers to health and well-being does your innovation address?
Please select up to three in order of relevancy to your project.**

PRIMARY

Limited diagnosis/detection of diseases

SECONDARY

Lack of physical access to care/lack of facilities

TERTIARY

Lack of access to targeted health information and education

Please describe how your innovation specifically tackles the barriers listed above.

No national programs are available for cervical/breast cancer screening. Cervical cancer is entirely preventable if detected early, yet it is the number 1 cancer of Nepali women. Our mobile camps with specially trained nurses provide diagnosis. We travel to small districts which lack even basic hospital services. Women here walk days to access healthcare, an investment of time which is often not possible with families. Health camps are one solution for these areas. Targeted women's health information is rare. Nepal health problems are diverse and not targeted to cancer. We target our health camps to women, provide education to empower women prioritize preventative medicine. We also provide awareness programs to the community men so they encourage their wives/mothers/sisters to be healthy.

**How are you growing the impact of your organization or initiative?
Please select up to three potential pathways in order of relevancy to you.**

PRIMARY

Influenced other organizations and institutions through the spread of best practices

SECONDARY

TERTIARY

Enhanced existing impact through addition of complementary services

Please describe which of your growth activities are current or planned for the immediate future.

Our organization's team of nurses and doctors have received specialist training from our collaborative partners PHASE UK. We have been working in the cervical cancer screening area since 2002, and as such we are equipped with excellent skilled staff, but also networks. Our team is working with the current Nepal government towards a government initiative to provide cervical cancer screening to 50% of women in Nepal. From our foundation of working in this area for a significant number of years, we envisage the program to expand to encompass the country, and our skilled team will provide training in this specialist service, as well as education in more communities.

Do you collaborate with any of the following: (Check all that apply)

Government, NGOs/Nonprofits.

If yes, how have these collaborations helped your innovation to succeed?

INGO's provide significant training and skills to our team helping us to complete our screening programs at a high quality, and assuring quality assessment and follow up is achieved. For example, we are now working with PHASE UK for UK trained pathologists to train the Nepal pathologists in diagnosing the cervix biopsies as this was identified as a weakness in the programs.

We are currently collaborating with two district health offices and a government hospital to deliver the cervical cancer vaccine, and hope to expand these areas to include screening. These government centres add validity to our programs and help significantly with public acceptance. We also collaborate with 6 major hospitals in the capital Kathmandu to assure patient follow up is achieved with high quality.

Source URL: <https://www.changemakers.com/morehealth/entries/free-cervical-and-breast-cancer-screening-women-nepal#comment-0>