

**FORMAT FOR FINAL TECHNICAL REPORT ON  
AGREEMENT FOR PERFORMANCE OF WORK  
- WHO Collaboration Activities -**

- 1. WHO Project Number: Sticker no SE/06/42697**
- 2. Title and dates of the activity: “Pilot Programme for prevention and control of Oral, Breast & Cervical Cancer and provision of Palliative care”. 16<sup>th</sup> Oct 06 To 15<sup>th</sup> Oct 07**
- 3. Objectives:**
  - The basic objective is to facilitate early detection of oral, cervical and Breast cancers.
  - Utilization of Health Care services for early detection.
  - Sustain cognitive & behavior change in general population about biological phenomenon of cancer and different risk factor.
  - Promotion of Domiciliary palliative care.
- 4. Activities undertaken:**

Though the project period initiated from 16<sup>th</sup> October 2006, the first installment amounting Rs. 1,13,600/- (Rupees One lakh Thirteen Thousand Six Hundred) only was released in favour of Principal, Agartala Govt. Medical College at the middle of Dec. 06 vide Ref no. SE/06/42619 date 4-12-06.

As the recruitment of Staff for the Project was the top most priority, the process of recruitment started at 3<sup>rd</sup> week of Dec. 06 and completed by 1<sup>st</sup> week of January 07 through walk in Interview.

A formal meeting, with appraisal of project & Planning of activity conducted with all Staff on 12-01-07.

As the Project activity under the Jurisdiction of Mohanpur Block, the Block Development Officer, Chairperson, Vice Chairperson, Local MLA who is also Opposition Leader of State Legislative Assembly were formally appraised about the objectives of Project activities. Everybody advised to attend the Panchayet Samity Meeting on 31-1-07.

Accordingly Principal investigator along with all the Project Staff attended the meeting. During the Proceedings of Panchayet Samity meeting among the P R I members, forty five minutes were allotted to Principal investigator to elaborate all the Project activity and also a general advocacy Programme on Cancer Prevention. Later on Chairperson Panchayet Samity, BDO requested to all attendees of P R I members to extend support as much as they can.

**TRAINING** Training and Capacity Building of Health workers, AWW workers P R I members, N G O's is most vital and one of the important Component of Project objective.

Accordingly discussion held with M O I/C Mohanpur C H C cum Rural Health training Centre for Agartala Govt. Medical College and dates were fixed on 7-2-07 and 17-2-07. Training was for full day. 25 (Twenty Five) Health workers in each batch, total 2 (Two) batch. Venue was seminar Hall of RHTC.

Trainer of the Trainees were Principal investigator, Medical Officer of the Project, who is also Rtd. Cancer Specialist, Public Health Nurse.

**Teaching learning objectives** were cognitive development about risk factors of Cancers, recognition of early sign & symptoms, Prevention strategies. Psychomotor skill development like self palpation of Breast, recognition of long standing mouth ulcers and affective skill like positive attitude towards Cancer Patients.

. Training Materials developed in Bengali, English version photocopy of from National Cancer Control Module was distributed.

**Training methodology** followed participatory discussion, modular learning method and also clinical case description, demonstration of self palpation of Breast. Pre & Post test evaluation Conducted

After the training, Health workers were Evaluated to demonstrate skill for self examination of Breast, Knowledge different risk factor for Cancer, symptoms and signs of early Cancer, Positive attitudinal changes for extending helping hands towards Cancer patient, as out of fear people do not come to Hospital or Health care providers for early detection.

After the Health workers training next training was undertaken for AW worker Out of 104 (One hundred Four) A W worker 100 (One Hundred) were trained. Training was for one day for each batch. 25 (Twenty Five) were participates in each batch.

Principal Investigator, M O I/C CHC, Medical Officer of the Project, Public Health Nurse were the resource person for the training.

**Teaching learning objectives** were cognitive development about risk factors of Cancers, early sign & symptoms, Prevention strategies. Psychomotor skill development like palpation of Breast, recognition of long standing mouth Ulcers and affective skill like positive attitude towards Cancer patient. Training Materials developed & distributed in local language.

**Training methodology** was modular discussion, group works, demonstrate of self Breast examination skill etc. Evaluation process was Concurrent. Next phase of training was undertaken for P R I members, NGO's, SHG's. Discussion held at Block Head quarter with B D O and Chairperson Panchayet Samity. It was decided to organize training Programme at Seminar Room of Block Head quarter in two days with 50 (Fifty) participants in each day. Date was 25<sup>th</sup> June 2007 and 20<sup>th</sup> July 2007. BDO took kin interest to organize the training Programme. BDO issued Official letters to PRI body members to attend the training Programme cum awareness generation session. During the training Programme BDO, Chairperson, Vice Chairperson of Panchayet Samity took active role including participation. Training materials were developed and distributed among the participants. Copies of coloured poster also distributed to display in respective Panchayet Office. Trainers were Principal Investigator, Medical Officer of the Project, M O I/C CHC.

**Training methodology** was mostly discussion of risk factor, modular discussion, discussion about real life experience, demonstration of self Breast examination skill. Evaluation Process was Concurrent.

#### **Activity related to early detection.**

One of the basic objectives of the Project was to facilitate early detection of Oral, Cervical & Breast Cancer and utilization of Health care Services. Activity related to early detection was planned through camp approach at different sub centre level during the Project period. 20 (Twenty) Camps were planned and 20 (Twenty) Camps organized. Out of 20 (Twenty) Camps 3(Three) Camps were at CHC level. Sub centre were selected for early detection camp, as sub centers are rendering Basic Health care services in Community and also implementing different Public Health Programmes.

#### **PLANNING OF THE CAMPS**

Suitable dates for holding Early detection camps were finalizes in the monthly meeting of CHC with extensive consultation with health workers considering local situation and involvement with Panchayet Raj Bodies.

#### **Community mobilization Process**

Two days or Three days Prior to early detection Camp a planning meeting which was named as "**Pre Camp Community Appraisal Meeting**" was organized along Panchayet Pradhan & Members, A W workers, NSS members ASHA's, NGO's SHG's, opinion and religious leaders.

**Objective** was to ensure active Community participations & to ensure Certain Ownership of these activities.

Total duration was for two hours to two and half hours. All the participants were apprised by principal Investigator about cancer prevention, risk factor and role of early detection. This activity helped very much to facilitate Inter personal Communication with the members of Community which will help to reduce substantially fear of Cancer and also risk factor.

The participants shouldered the responsibility to arrange for wide publicity in the Community. **Leaflets** were printed in local language, inviting men & women 30 to 60 yrs. age group to attend the Camp with symptoms of long standing mouth Ulcer, women having Lump in Breast. Excessive discharge Pervagina, irregular menstruation, lower abdomen pain etc. Drum beating in market place, extensive miking the day prior to camp and camp day also organized.

### **Activity in Camp**

A separate room was identified to examine female patient. Camps were attended by a Gynecologist, Cancer Specialist, Principal investigator & Co- Investigator.

Women who were coming with discharge Per-vagina, irregular menstruation, lower abdominal pain were interviewed by principal investigator or Co-Investigator or Gynecologist.

During the interview process women were explained what test will be performed and what is the implications and what will be next procedure. Those women who gave informed consent for per vaginal examination by visual inspection of Cervix by applying Acetic Acid tests were performed on them.

Those who were VIA positive were asked to attend another camp at CHC level for PAP smear test. Treatment was also given to those women clinically detected suffering from Vaginal candidiasis and Bacterial or other kind of Vaginitis.

Women coming with Lump in Breast were examined, FNAC performed.

Regarding mouth Ulcer all the Ulcer cases were examined by inspection and palpation. Results are mentioned in separate headings.

### **LESSONS LEARNT FROM EARLY DETECTION CAMP ORGANIZATION**

- 1) VIA is a very simple techniques and very much objective in nature.
- 2) Can be performed by multipurpose Health worker at Sub- Centre level.
- 3) VIA at Sub- Centre level will be improving the utilization of services.
- 4) Early detection Camp at Sub- Centre level will enable the Community to develop certain “**Ownership of Programme**”.
- 5) VIA positive cases can be referred to PHC / CHC for PAP test on a stipulated day under guidance of expert Gynecologist / Pathologist.
- 6) Continuous & Sustained IPC (Interpersonal Communication) by Health worker will help to reduce the over all exposure to risk factor for Cancer.
- 7) Pre – Camp “**Community appraisal**” meeting helps to reduce the fear of Cancer among the participants, strengthens & ensures Community participation and also extension of all possible support and help.

### **REPORT ON PALLIATIVE CARE FOR CANCER PATIENT**

Organization (NGO) responsible for materialization of project:

#### **Hepatitis Foundation of Tripura (HFT)**

#### **Area of Activities :**

Mohanpur block area under Agartala (Sadar) Subdivision of west Tripura District, Tripura.

## **Objective:**

- (1) Provision of palliative care & support for cancer patient on pilot basis under the project, "Pilot program for prevention and control of oral, breast and cervical cancer and provision of palliative care".
- (2) Human resource development to provide palliative care.
- (3) Provision of care at the door step of patients.
- (4) Provision of physical, mental & social support to the patients.
- (5) Counselling of family members of cancer patients for supportive care.

## **Methodology adopted :**

- (1) As per the provision of the project two volunteers were selected among members of: Hepatitis Foundation of Tripura, who were hailing from Mohanpur block area.
- (2) Meeting of the members of Hepatitis Foundation of Tripura was held on 11 February 2007 and following discussion were held.

1. Working strategy for palliative care project.
2. Training of volunteers & other members ( Capacity Building )
3. Dr. Aroop Roy Barman, MD (RT) (AIIMS), Radiation Oncologist, State Cancer Hospital; Agartala, briefed about the palliative care service.
4. Project guide line narrated by Principal Investigator.
5. It was decided that the training of volunteers & members would be conducted from 15<sup>th</sup> February' 07 for 15 days
6. Information regarding patients who required palliative care were collected.
7. Geographical map of Mohanpur Block was collected.
8. Awareness among Health care providers working in the Mohanpur Block.
9. Multiple Health camps were to be organized to increase credibility & acceptance among the people.

## **Brief outline of Activities :**

### **1. Capacity Building :-**

a) Training of two volunteers were organized in Cancer Hospital of Agartala Govt. Medical College, Agartala for 15<sup>th</sup> February, 2007 to 02-03-07. The Training was organized at bed site, under supervision of Dr. Aroop Roy Barman, Oncologist.

b) Along with two volunteer another 8 members of were HFT has participated in the Training Programme for strengthening the project.

c) Training of Health Care Personnel: On 4<sup>th</sup> March'07 training /Awareness Programme of Health Care Personnel was organized and 25 persons attended in the Programme. Dr. Aroop Roy Barman, Oncologist, Dr. Subrata Baidya, Principal Investigator of the project and Dr. Pradip Bhowmik, President, HFT was present as resource persons.

d) Group Meeting /Health Camp of Family members of Cancer Patient: were organized for the family members of cancer patients at five places of Mohanpur Block on the following dates.

- i. Mohanpur 11-03-07
- ii. Kamalghat 18-03-07
- iii. Gandhigram 25-03-07
- iv. Taranagar 08-04-07
- v. Satdubia 22-04-07

#### **Activities performed:**

Group meeting was for members of the cancer patient - by

- a) Resource Persons
- b) Volunteers
- c) Members of HFT

Health Camp - for providing Health care to the people in general and cancer patients in particular were organized with the help of Oncologist, Medical officer / Specialists & Nursing Staff.

## **2. Collection of Information & enrolment procedure**

- Information regarding the area: - geographical situation & distribution.
- Collection of list of known patient from Cancer Hospital, Agartala.
- Searching for patient not enrolled in the Cancer Hospital with the help of health care workers of the area, community leader & local people.

## **3. Operational procedure :**

- i. The total area of the Mohanpur Block was divided into 5 divisions as :  
(1) Mohanpur (2) Kamalghat (3) Gandhigram (4) Tara Nagar (5) Satdugia.
- ii. The volunteers visited every division at least once in every 15 days.
- iii. Volunteers went to the residents of every patient and had in depth discussion about patient's problem with the patient and their relatives.
- iv. Palliative Medicine were supplied to the patient according to their problem.
- v. In case of necessity - oncologist, physicians & surgeons were consulted regarding medicine.

- vi. Patient's relatives were advised to contact volunteer in case of necessity at any time of the day or night.
- vii. Many a time patients were demanding for other services like some particular food items or fruits and were supplied.
- viii. Members developed good rapport with the patients, their relatives and with locality so much so that organization received phone calls from other areas with the request to extend similar service to there area.
- ix. In total 61 (sixty one) number of cancer patient was served during the stipulated period.

### **Lessons Learnt from Palliative care services**

- i. Cancer patient's needs not only medical care but also regular supervision and feeling of concern is very much important in ameliorating their agony.
- ii. Door-to-Door service is more important then Hospital based approach.
- iii. Development of dedicated volunteers from the community is the key to the success of such program.
- iv. Regular Training of volunteers is also required.
- v. Community approach should be through some organization like PRI'S or NGO.
- vi. A group approach is always better than individual approach.
- vii. Group meeting with the relative of patients is very useful.
- viii. Telephonic suggestions and contacts in this era of communication is also an important mode of providing service.

### **5. Achievements of the activity undertaken in relation to WHO Programme area**

Total no. of People attended camps for screening = 516

- Screening by VIA methods = 429
- Screening for Oral cancer = 55
- Screening for Breast Cancer = 34

### **Result of Cervical cancer Screening**

VIA Conducted	VIA Positive	Percentage
429	87	20%

VIA Positive subsequently Pap test conducted 75

2 (Two) Cases detected as CIN I

1 (One) Case detected as CIN II

1 (One) Case detected as CIN III

30(thirty) Cases detected as severe inflammation, 5 (five) cases Squamas Metaplasia

## **Result of Breast lump Screening**

34 women screened for Breast lump. 2 cases were detected as Carcinoma Breast. 18 cases had Fibroadenosis.

## **Result of Oral Ulcer Screening**

54 Males & Females were screened for Oral ulcer: 1(one) case carcinoma lip. 9cases -clinical Leucoplacia, mouth. Others were Glossitis & Angular Stomatitis.

One female reported with swelling of thyroid gland. FNAC was done & diagnosed as a case of follicular variant of papillary Carcinoma.

**6. Whether the technical report submitted and accepted by the Government/ Ministry of Health and Family welfare: Not yet submitted.**

### **7. Any Other Comments:**

#### **SWOT Analysis of this Project activity**

##### **Strength:**

- 1) Almost all the Sub – Centers are located in pucca building house and equipped with examination table, store, boiling equipments, RTI Medicines and antiseptics.
- 2) Strong Panchayet Raj systems helping Sub – Center under NRHM Programme up to Sub-Center level.
- 3) Vertical extension is easier.
- 4) Result oriented and objective in nature activity will be widely acceptable by the health workers.

##### **Weakness:**

- 1) Fear of Cancer people may not come forward for early detection if there is no strong IEC like IPC.
- 2) Regular availability of Pathologists/ Gynecologist at PHC / CHC will be very tough

##### **Opportunity**

As the health workers are already trained in integrated skill training Programme under RCH, short training for VIA, self palpation of Breast examination & Interpretation of mouth Ulcer will be easier

Submitted by Dr Subrata Baidya.  
Asstt. Professor. Community Medicine.  
Agartala Govt. Medical College.  
Tripura 799006