ESCALATING CERVICAL CANCER SCREENING USING VISUAL ACETIC ACID (VIA) AMONG WOMEN OF REPRODUCTIVE AGE

Shabangu Ncamiso¹, Dlamini Colile.P.², & Tagutanazvo, Oslinah, B.²

¹ Mankayane PHU (Swaziland) , ² University of Swaziland.
Cervical cancer is one of the leading cancers affecting mostly women of child bearing age in Swaziland, because of its comorbidity with HIV/AIDS.

Treatment of cervical cancer is expensive yet preventive measures are poorly accessed.

The Human Papilloma Virus (HPV) increases the incidence of cervical cancer and yet the HPV Vaccine is not yet available.

[Ministry of Health (MOH), 2013].
• Early identification of precancerous cells and timely intervention can reduce the morbidity and mortality related to cervical cancer.

• The screening for cervical cancer using the Visual inspection with acetic acid (VIA) is cheaper and effective especially during the precancerous stage.

• Hence escalating screening for cervical cancer using VIA can assist to promote early interventions.

• A proportion of nurses and midwives have been trained on conducting VIA but statistics indicate that the uptake of this service is poor across primary health care facilities (MOH, 2014)
• To improve the quality of life of women of child-bearing age through early detection and treatment of cervical cancer.
OBJECTIVES

• To establish a team of health workers and community leaders to facilitate access to screening for cervical cancer among women of child bearing age.
• To train nurses on VIA screening and Cryotherapy
• To increase the number of women who report for cervical screening
• To collaborate with Rural Health Motivators in sensitizing women of reproductive age to report for screening for cervical cancer.
• Kouzes and Posner’s Leadership Model was adopted to guide the project.

• Using the participatory approach, a team of nurse-midwives, rural health motivators (RHM), community leaders and doctors were involved in a quality improvement project for 18 months.

• The project focused on escalating screening for cervical cancer among women of child bearing age.

• Fourteen (n=14) nurse-midwives were trained on performing VIA while 60 RHMs and 14 community leaders were educated and involved in creating awareness on VIA in their communities among women and males respectively.

• Education for males focused on how they could support their partners.

• The women who responded were screened for cervical cancer.
METHODS

• Screening using VIA was done for women aged 40 years and below
• A pap smear was performed on women aged above 40 years
• A tool was developed to capture the data which was used for monitoring progress.
• This tool was later adapted by the MoH for use at national level.
IMPACT

• A total of 234 women aged 16-39 enrolled in the project.
• Of these 17% (n=42) had VIA positive results and 95% of these (n=40) received cryotherapy and n=2 were referred for further management.
• A total of 143 women were above 40 years and these were scheduled for pap smear.
IMPACT

From this project:

• the facility implemented a programme that afforded women of reproductive age the chance to screen for cervical cancer

• VIA was integrated into maternal-child health services at this Public Health Unit.

• The community leaders were involved in creating awareness on the importance of screening women for cervical cancer.

• There was a notable increase in male involvement in promoting the health of their partners.
BENEFICIARIES

- Women (16-39 years): 234
- Women (above 40): 143
- Rural health motivators: 75
- Nurse-midwives: 15
- Physicians: 1
- Administrators: 3
- Support staff: 9
- Student nurses: 40
- Community leaders: 14
• Screening for cervical cancer using VIA allows for early detection and treatment of cervical cancer and subsequently reduces the related morbidity and mortality.

• Collaboration among clinical staff and the community assisted the team to advance a common goal.

• This project served as an exemplar for similar interventions in the community where fostering leadership training among health professionals, ancillary staff and the communities can improve the quality of life of the affected people.
DISCUSSIONS

The challenges encountered presented opportunities for:

• personal and professional growth

• cohesion of the team

• the generation of better ideas and

• refining of the processes and systems.
Creating awareness will continue through reaching out to

- women in existing outreach sites
- girls attending local secondary schools through the school health programme.

- Integration of cervical and breast cancer screening services in all the departments offering maternal and child health services at the PHU.
- VIA will be introduced in the surrounding clinics not yet providing this service.
- A discussion has been initiated at the PHU on ways to generate funds and seek assistance to provide both screening services and cryotherapy under one roof or within the same room.
MENTEE IMPACT

LEADERSHIP SKILLS DEVELOPMENT & LESSONS LEARNT:

• Increased self-awareness on how one influences others to share a vision and act accordingly.
• Building trust, enabling and encouraging the team
• Recognizing and believing in individual capacities
• Learning to let go of control by enabling and motivating others to act.
• Organizational skills have been identified but are yet to be fully developed
• Resource mobilization to fund the project has been a challenge
• However, working with the Sexual Reproductive Unit under the MoH and in consultation with other development partners and working with a positive team led to the generation of simple but great ideas that helped in the short term, and some that will be tested for the sustenance of the project.

CHALLENGES:

• Change is always difficult to embrace especially integrating the VIA into maternal services
• Having to cope with and to adapt to movement of team members due rotation of nurse-midwives at the PHU.
• Conflict management is still (remains) a challenge.


ACKNOWLEDGEMENTS

• Johnson & Johnson International for sponsorship in collaboration with

• Sigma Theta Tau International Honor Society of Nursing through the Maternal and Child Health Nursing Leadership Academy (MCHNLA).