



CERVICAL CANCER PREVENTION AND TREATMENT IN ST. PHILIPS - ESWATINI

Info:

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Organization profile

Vision:

Restoring life

Mission:

To share the love of Jesus Christ by promoting the well-being of individuals and families through comprehensive integrated health care, child care, education and social services to the most poor and vulnerable.

Values:

- Hope (Kwetsemba)
- Mercy (Sihawu)
- Passion (Kutinikela)
- Quality (Lizinga)
- Justice (Ubulungiswa)
- Respect/empathy (Ubuntu)

Objectives:

- Promote opportunities through education, training and livelihoods. Increase students learning outcomes at various levels, especially early grade reading achievement (of the primary age population) and increasing the workforce skills and employability skills of youth;
- Improve the well-being of the served communities and mitigate the negative effects of HIV/AIDS, TB and other infections. As a result, the communities will live a quality and productive livelihood;
- Deliver focused, sustainable and quality case management service with a particular focus in child welfare within the family setting and protection, including gender based violence (GBV).

Cabrini Ministries (CM) is a faith-based organization located in the Lubombo Lowveld of Eswatini. It was officially incorporated in 2006, although its work had begun in 1971 when the Missionary Sisters of the Sacred Heart of Jesus (MSC) first arrived at St. Philip's Mission establishing community care programs in response to the needs of the local population. CM focuses on mitigating the challenges facing local communities including high poverty, poor health, increasing nutritional needs, lack of education and the need for child protection.

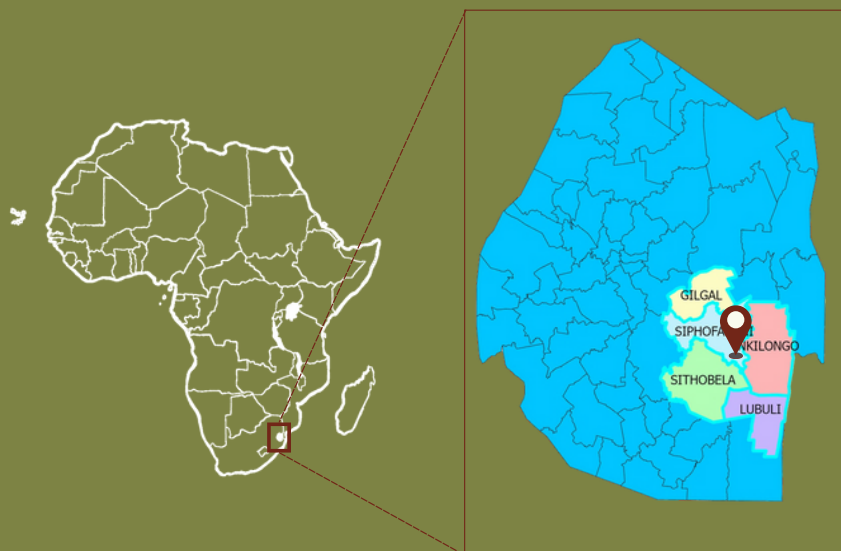
At its initial stages, CM focused its interventions on responding to the crisis caused by HIV/AIDS and TB and the devastating effects of these illnesses including the increased number of orphans and vulnerable children (OVC).

Most recently CM services have expanded to include a response to GBV through case management, cervical cancer screening, and services focusing on people living with disability.

CM is currently operating in 3 key areas, Education, Health, and Social Services, with an integrated and family-oriented approach.

CM employs 75 skilled and experienced staff, and has a network of 151 community mobilizers. Most of them originate from the same community they serve, thus understand the local context and challenges, and collaborate well with community structures from traditional leaders to volunteers in providing targeted comprehensive services.

In order to inform its program, maximize its resources, and avoid duplication of work, CM has a synergistic collaboration with local, national and international entities.



CM serves a population of about 128,000 people in five tinkhundla (constituencies) of the Lubombo region.

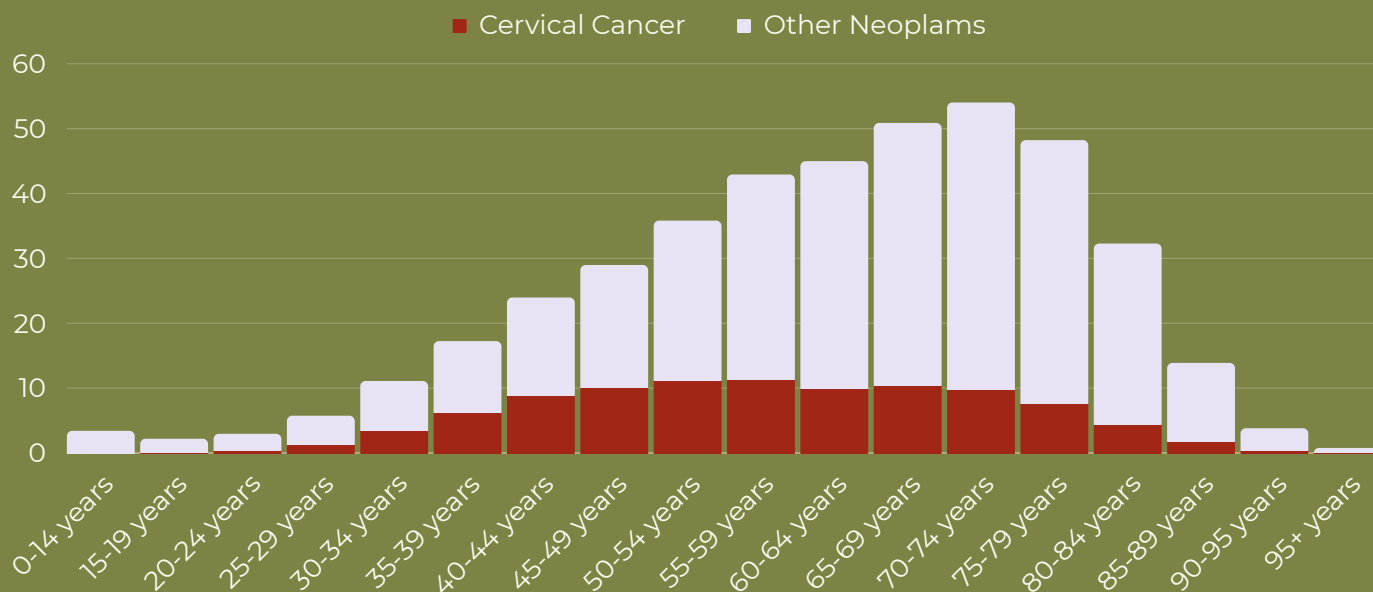
Most of the population in the area lives in rural area with limited access to healthcare and education services, both because of poverty and distance from urban centres.

More than 70% of the population lives below the poverty line. 25% of the population is HIV positive.

HPV and cervical cancer

Cervical cancer is the first most common cancer among women between 15 and 49 years of age and the first leading cause of cancer death among women in eSwatini (WCRF International).

With 341 new cases diagnosed and 238 deaths in 2020, eSwatini has the highest incidence and death rates of cervical cancer in the world (84.5/100,000 vs 13.3/100,000 world rate, and 55.7/100,000 vs 7.3/100,000 world rate).



Cancer death per 100,000 women in eSwatini in 2019 (IHME)

Cabrini Ministries eSwatini

While HPV infection is a necessary cause of cervical cancer, other factors play a significant role in advancing the infection to cancer, such as tobacco smoking, multiple pregnancies and HIV infection.

Though a national cervical cancer screening programme was introduced in eSwatini in 2009, through an integration of visual inspection with acetic acid (VIA) and/or cytology with surgical procedures such as cryotherapy and ring electrosurgical excision (LEEP), very few women accessed the service. HPV vaccination for girls between 9 and 14 years of age only started in 2023.

However, lack of awareness of the services and social and cultural barriers, prevent many women to access prevention services.

In order to address such barriers, less invasive and painful HPV screening methods have been identified, such as vaginal self-sampling; however, it still presents some level of discomfort for women, who may also fear not to get the sample correctly.

In 2013 a research group at the University of Milan developed and validated an alternative test to identify HPV DNA in urine samples. This is a non-invasive and easy-to-collect sampling method, attractive to many women as it makes it possible to avoid medical examination and bypass socio-cultural and religious implications.

In 2022 CM started a partnership with the University of Milan to start piloting the urine-based screening at St. Philips clinic, in view of setting up a comprehensive, affordable and accessible HPV screening service in St. Philips. In January 2023, Cabrini Ministries officially launched an HPV screening program using Dry Urine Samples (DUS).

The lab has been upgraded, and nurses and lab technicians at the clinic have been trained on how to perform the collection of samples, on how to manage and test them, and how to manage and analyse the results, as well as on how to raise awareness about the service among the communities.

The program has proven to be effective and attractive to women due to the fact that it is non-invasive. The pilot also revealed that the majority of the girls and women who were screened, especially those who are HIV positive, have precancerous cells which can be treated at a low cost if identified at the early stage.

It is therefore essential for HIV positive women to test for cervical cancer once a year, while HIV negative should test once every other year, thus it is vital to let them be aware of the service.

As the pilot phase is coming to an end, CM is working to expand the programme and to give it continuity and sustainability to benefit many more women.

Action Plan 2024/2025

Goal

To reduce the burden of cervical cancer among women in reproductive age in St. Philips, eSwatini.

Cabrini Ministries eSwatini

Specific objective

To increase the uptake of early screening, diagnosis and treatment for HPV and cervical cancer among high-risk population.

Activities

Community health education and sensitization on the importance of regular screening and testing for cervical cancer:

- Morning health education sessions will be held from Monday to Friday at St. Philips clinic, where a nurse will raise awareness among clients in the clinic's waiting room;
- Weekly health education sessions will be held at the local Child Support Centre, where adolescent girls and young women (AGYW) meet for their support sessions;
- Outreach community education sessions will be delivered twice a week (Thursday and Fridays) in the communities surrounding St. Philips. A nurse and trained community cadres will facilitate the sessions.

HPV and cervical cancer early screening and treatment:

- Urine based testing
- VIA for HPV positive women
- Thermocoagulation for minor precancerous lesions
- Follow up for regular testing

Referrals for further cervical cancer management and treatment:

- Facilitating appointments and transport to hospitals for management and treatment of major precancerous lesions or cancer
- Follow up for further testing and treatment

Impact

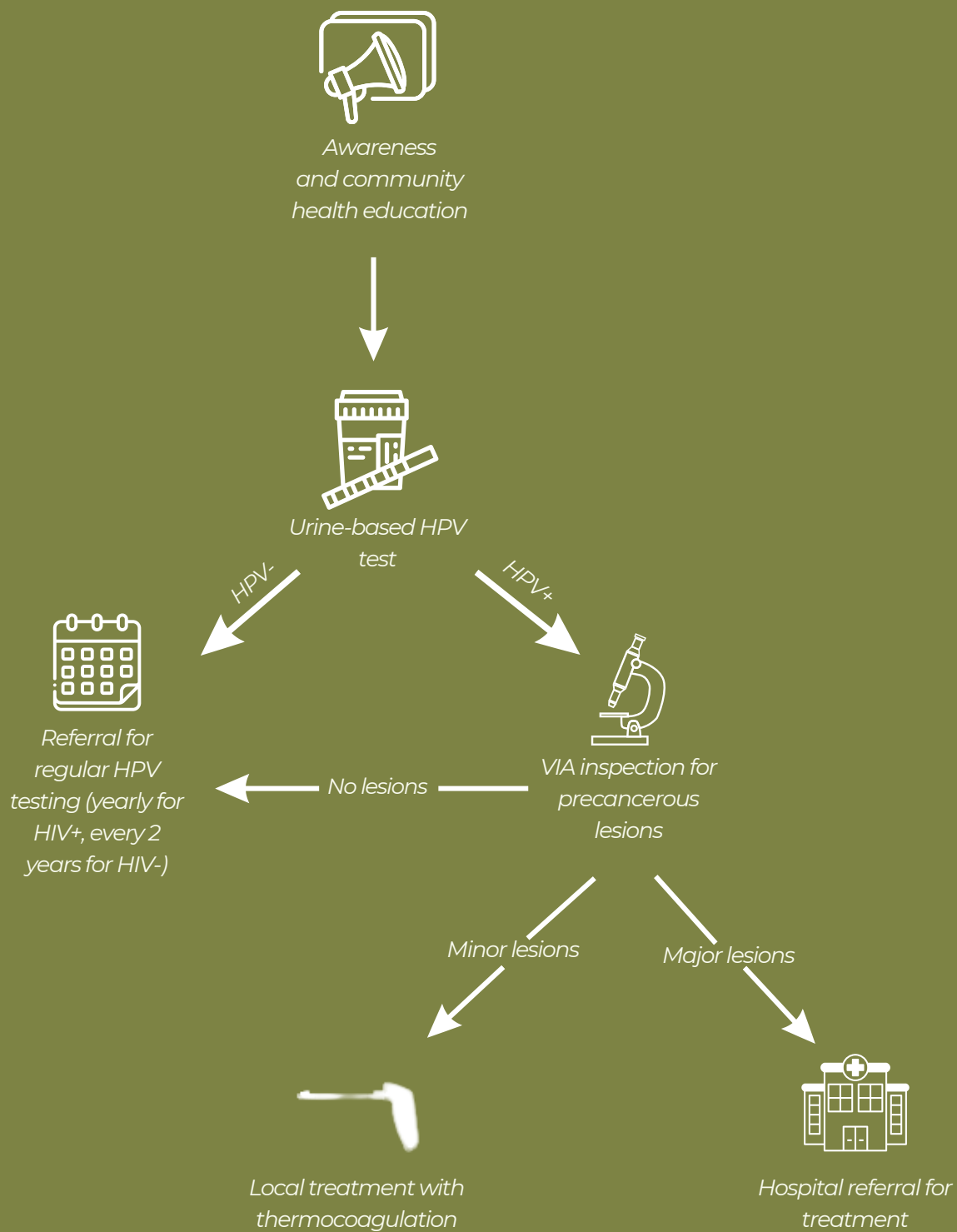
In one year we expect to reach improve the health and life of girls and women between 12 and 49 years of age.

In one year, we shall reach out to 4.000 women with health education, encouraging them to access HPV and cervical cancer prevention and treatment services. They will become aware of the risks of HPV infection and of the importance of early screening for preventing the development of cervical cancer. They will be able to adopt a healthy lifestyle and engage in proactive health seeking behaviours.

We aim at screening at least 2.000 women with the urine test. Based on the samples collected and tested so far, we expect to get 1.300 HPV positive results. These women will therefore be inspected for abnormalities and precancerous lesions. We expect 40% of them (520 women) to have already developed precancerous lesions. Those with minor lesions (46% - 239 women) will receive immediate treatment at St. Philips clinic, while those with major lesions (53% - 280 women) will be referred for further management and treatment to nearby hospitals that offer such services.

Regardless of the results, women will be followed up to ensure regular screening and adherence to their cancer management or treatment plan.

Project flowchart



Cabrini Ministries eSwatini

Budget

HPV education, screening, treatment and referral	Unit cost ETB	# Units	SZL	EUR
Human resources (field worker, focal nurse, sanitization offices, lab technician) - monthly	5.000	12	60.000	3.000
Equipment (sterilization machine, video colposcope) - lumpsum	65.000	1	65.000	3.250
Medical supplies (lab reagents, materials, etc.) - lumpsum	80.000	1	80.000	4.000
Communications (clients follow up, community meetings arrangements, referrals) - monthly	1.000	12	12.000	600
Transport (community education, referrals) - monthly	2.000	12	24.000	1.200
Admin support (accounting, reporting, bank fees, stationery & office supplies, etc.) - monthly	3.500	12	42.000	2.100
SUBTOTAL			283.000	14.150



Health education session at the community centre



Lab technicians trained in data management

