**Reaching the unreachable project**

**Project Proposal**

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# Executive Summary

In the framework of helping the government of Rwanda reach its cervical cancer elimination objective, the “reach the unreachable project” will support the initiative through the provision of cervical and breast cancer services to far to reach communities. It will be done using the already existing health care channels, going to health posts and providing a transport facilitation to women who come to get screened. With the utilization of health posts as base and provision of transportation means will be removing the distance to care and financial needs barriers faced by a woman in those communities. Not only will this project provide screening services, it will also cater for any family planning needs the community might have.

This pilot project will be rolled in 1 sector, Gashora in Bugesera district, Eastern Province, where a team of skilled health care professionals will be going round for a 1-year period with the goal to screen 70% of all women living in that sector

The project will be said successful when the set target is reached through the provision of quality services.

# Background

## History

The burden of cancer continues to rise globally with an estimated 19.3 million new cases and 10 million deaths in 20201. Belonging to a low-income country heightens the weight of that burden with 70% of those deaths occurring in such countries2. Among those countries, Rwanda is not spared from the scourge of cancer. According to IARC, in Rwanda there were an estimated 10,704 new cancer cases and 7,662 deaths in 20203. Data from the National Cancer registry also show a continuous increase of cancers in Rwanda from 634 new cases in 2007 to 5,040 cases in 20194. The increasing cancer burden is due to several factors, including population growth and aging as well as the changing prevalence of certain causes and risk factors of cancer linked to social and economic development. Mortality from cancer in Rwanda, like in other developing countries, is high mainly because access to timely diagnosis and effective treatment services is not yet optimal.

Breast and Cervical cancers are respectively ranked top one and fourth affecting women globally, contributing to 32.7% of all cancers in women. (WHO) In Rwanda those cancer contribute 27.9% of all types of cancers in both sexes and 47.9% of all cancer affecting women. Both cancers are ranked first and second in terms of incidence, mortality and prevalence rate in 2020. is among high burden cervical cancer countries where cervical cancer is the most frequent in adults with an incidence rate of 28.2 /100,000 women (1229 new cases) and a mortality rate of 20.1/100,000 (829 deaths) in 2020 according to WHO; the preliminary data from the cancer registry also show similar figures.

Cervical cancer is one of the most preventable cancer and breast cancer has a 99% survival rate if caught early (CDC, ACS). Cervical cancer can largely be prevented through vaccination of young girls against Human Papillomavirus (HPV), and screen-and-treat programs for pre-cancerous lesions, which rely on simple, inexpensive, and easy-to-use tools that can be delivered at the lowest level of care. In order to be effective, women need to be screened just once every five years (even just two lifetime screenings can reduce the risk of developing cervical cancer by half and reduce cancer mortality by 80% (WHO 2013 guideline, WHO). On the other hand, breast cancer mortality can be reduced through early diagnosis. Self-breast exam, clinical breast [[1]](#footnote-1)exam and mammography (Tabar)

## Requirements

Problem

Gender disparities in social and economic outcomes, already larger in the developing world than in rich countries, have been exacerbated by the increasing number of cancer cases. In many LMICs, women are less likely to have access to healthcare and more likely to underutilize necessary healthcare. This is due to many factors such as adherence to traditional norms and lack of financial independency to name a few (Malawi). With a low access to healthcare, women are often diagnosed with cancer at an advanced stage leading to a low survival rate where cancer incidence is progressively increasing. According to a report published by WHO, a person in South Africa is 50% less likely to survive breast cancer than a person who is in a high-income country (WHO).

In addition to not being the primary health care decision maker, low education, limited available infrastructure and financial means contributing to a lower access rate to health care, women have to travel long distance to get to the nearest health facility to receive care. In Rwanda, it was estimated than on average a woman needed to walk for 47 minutes to reach the nearest health facility (WHO walk). As screening for cervical cancer and breast cancer are not provided at the health post level but provided at the health centre level, the time travel will be greater than what was reported, therefore limiting even further their access to care in a timely manner. [[2]](#footnote-2)

## Solution

In 2018, WHO announced a global call for cervical cancer elimination by 2030 and in 2020, Rwanda responds to that call among other countries. The country adopted the elimination strategy proposed by WHO and has since then started working towards it. As cervical cancer and breast cancer affect the same population, the country has put in place a one stop shop all strategy where a woman receive both screening for cervical cancer and breast cancer in one visit.

Following the same approach, the “reaching the unreachable project” is a project that wants to support the government of Rwanda in achieving its elimination goal through the following approach: bringing screening services to the woman by going as close as possible to her community and providing those services with a patient centered approach.

Going to the nearest health posts, this project will provide cervical cancer screening, a clinical breast exam and attend to any other family planning needs. To improve the distance and financial need barriers that might restrain women from accessing care a small transportation facilitation will be provided. As cervical cancer is a silent disease, women are not motivated as they do not feel sick until late in the disease stage. Thus, the small transportation allowance can act as a stimulus, leaving no one or a few unscreened.

The team of health care providers will be composed of an experienced gynecologist, two nurses and one general practitioner who will be rotating on a schedule base. Screening will be conducted at the nearest health post three times a week and will work with community health care workers to increase community awareness and inform on which health post is being used. Health care providers will be rotating on a weekly basis among the health posts of that sector.

As this project will be supporting the government effort towards cervical cancer elimination, a partnership with Rwanda Biomedical Center (RBC) and the Ministry of Health, the implementing agency, will be sought for cases where cancer is suspected, and biopsy collected. It will prevent loss to follow up and decrease the burden of care on those unfortunate women who will not have to travel for a cancer diagnosis. RBC will take charge of biopsy analysis and send results back to the respective health post.

The project will be piloted in 1 sector (Gashora sector) of the country, located in the eastern region. The decision to operate in that specific sector is in the collaboration between the already established organizations; Women Empowerment and Advocacy (WEA) and the Journey House Action Rwanda (JHAR) who have already identify the need for comprehension sexual reproductive health services close enough in their communities. The Gashora sector counts 3144 women eligible for cervical cancer and breast cancer screening according to the national guidelines and to provide a well-rounded sexual reproductive health service, family planning methods will also be offered to women desiring of the service.

The screening will be provided according to the already available national guidelines, assuring privacy and efficacy. Visual inspection with acetic acid as it is one screening method accepted in Rwanda, and it will be the one use to conduct cervical cancer screening in that sector. This method is cheap and effective among the ones available.

# Proposal

## Vision and Goals

Our vision is to screen cervical cancer and breast cancer for at least 70% of women leaving in Gsahora sector, in Bugesera district. The sector has 3144 total number of women between the age of 30-65 years and the target is to screen at least 2,201 women by December 2023

The project goals:

1. To secure an agreement with RBC by 31st January 2023
2. To procure all necessary equipment by 7th February 2023

To treat 85% of women with pre-cancerous lesions, biopsy 80% suspected cancer women and refer 90% of confirmed cancer to cancer centers by 21st December 2023,

## Deliverables

|  |  |
| --- | --- |
| **Project Deliverables** | |
| **Title** | **Description** |
| Equipment list | List of all equipment required for the whole process, from the screening to the diagnosis |
| Project proposal | bids that you put out with the intention of getting awarded/winning a business. It could be a competitive bid for concept designs or quotes from suppliers. |
| M&E reports | A report showing how many women attended to quarterly |
| Progress report | To indicate activities carried out during the project. |
| Budget report | To indicate budget used to carry out activities |

## Timeframe

*Reach the unreachable* project will be delivered over a period of 2 years, where the mobile clinic will be driven into communities of the 3 selected sectors 3 times a week. The goal is to attend to at least 20 women each time.



## Resources

|  |  |
| --- | --- |
| **Type** | **Quantity** |
| Facilitators | 4 |
| Mammography | 1 |
| Thermal ablation device | 2 |
| Leep device | 2 |
|  |  |
| Speculums | 60 |
| Consumables (family planning methods, cotton, alcohol, gloves, high disinfectant, bassinets, etc.) | 5 |

## Summary Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Qty** | **Unit Cost** | **Sub-Total** |
|  |  |  |  |
| Workshop Project planning | 1 | $2,500 | $2,500 |
| Stakeholder engagement (local leaders, religion leaders, community health workers) | 6 | $1,200 | $7,200 |
| **"See and Treat" equipment and consumables** | | | |
| Gynocular systems (plus shipping) | **1** | $3,500 | $3,500 |
| Equipment (Thermal ablation, Leep devices, portable mammography, colposcope) | **1** | $21,166 | $21,166 |
| Consumables | 2,201 | $2 | $4,402 |
| Purchase Family planning methods | 1144 | $4 | $4,576 |
| **Human resources and client incentive** | | | |
| Client transport allowance | 3144 | $2 | $6,288 |
| health providers and project managers remuneration | 4 |  | $57,460 |
| **SUBTOTAL** | | | **$107,092** |
| Project Management cost (5%) | 0.05 | $107,092 | $53,546 |
|  |  | **TOTAL** | **$160,638** |

## Reporting

Before the start of the project, communication of the project plan to the different stakeholders will be communicated (local governments, sponsor, communities and adjacent health facility) through a general physical meeting. Then a twice a year meeting will be held to share progress and discuss about challenges and barriers. Project reports will be sent via email to local government and RBC quarterly.

During the project period, status of the project will be communicated quarterly to the sponsor through email with a project report accompanying a brief summary. Detailed budget expenditure will also be provided on the same frequency.

## Risks & Issues

Risk and issues occur which try and prevent the project from producing the deliverables on time. The following two tables to list all of the known risks and issues upfront:

|  |  |  |
| --- | --- | --- |
| **Project Risks** | | |
| **Risk** | **Details** | **Likelihood** |
| Low attendance rate | Women not coming to get screened | Low |
| Volunteers not being available to conduct screening | As they are not getting paid they might not find the time to volunteer | Low |
| procurement delay | purchase and delivery of medical equipment taking long | medium |

|  |  |  |
| --- | --- | --- |
| **Project Issues** | | |
| **Issue** | **Details** | **Impact** |
| Little funding available to initiate project | Not receiving funds to start the project | High |

## Success Criteria

The success of the project will be measured as follow:

1. Reaching target of screening 70% of women living in those selected districts.
2. Sustainable partnership with RBC

1. (1) Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, et al. Global Cancer Observatory: Cancer Today. Lyon: International Agency for Research on Cancer; 2020 (https://gco.iarc.fr/today, accessed February 2021).

   ﻿1 WHO International Agency for Research on Cancer. Estimated number of deaths in 2020, all cancers, both sexes, all ages. Cancer today. Published 2020. Accessed January 14, 2022. <https://gco.iarc.fr/today/online-analysis-pie?v=2020&mode=population&mode_population=income&population=900&populations=900&key=total&sex=0&cancer=39&type=1&statistic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&nb_items=7&group_cancer=1&include_nmsc=1&include_nmsc_other=1&half_pie=0&donut=0>

   <https://www.wcrf.org/cancer-trends/worldwide-cancer-data/>

   <https://www.who.int/news-room/fact-sheets/detail/cancer>

   <https://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-survival-rates.html>

   <https://www.cdc.gov/vitalsigns/cervical-cancer/index.html#:~:text=Up%20to%2093%25%20of%20cervical,that%20cause%20most%20cervical%20cancers>.

   https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3240

   abár, L., Chen, T. H., Yen, A. M., Dean, P. B., Smith, R. A., Jonsson, H., Törnberg, S., Chen, S. L., Chiu, S. Y., Fann, J. C., Ku, M. M., Wu, W. Y., Hsu, C. Y., Chen, Y. C., Svane, G., Azavedo, E., Grundström, H., Sundén, P., Leifland, K., Frodis, E., … Duffy, S. W. (2021). Early detection of breast cancer rectifies inequality of breast cancer outcomes. *Journal of medical screening*, *28*(1), 34–38. <https://doi.org/10.1177/0969141320921210> [↑](#footnote-ref-1)
2. WHO / IARC. (2005). IARC Handbooks of Cancer Prevention (Volume 10): Cervix Cancer Screening. Geneva: WHO.

   Kitchener, H. C., Castle, P. E., & Cox J. T. (2006). Achievements and limitations of cervical cytology screening. *Vaccine, 24*(3), S63-S70.

   Ferlay, J., et al. (2015). Cancer incidence and mortality worldwide: Sources, methods and major patterns in GLOBOCAN 2012

   <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00497-w>

   <https://www.who.int/initiatives/global-breast-cancer-initiative/breast-cancer-inequities>

   <https://www.who.int/news-room/feature-stories/detail/rwanda-s-primary-health-care-strategy-improves-access-to-essential-and-life-saving-health-services#:~:text=In%20Rwanda%2C%20the%20'land%20of,an%20average%20of%2095%20minutes>. [↑](#footnote-ref-2)