

# International Cancer Control Partnership ECHO Program

## Case Presentation Slide Template

- Limit presentation to no more than **10** minutes
- Suggested number of slides no more than 8
- Slides and short bio-sketch of presenter is due 2 days prior to the session

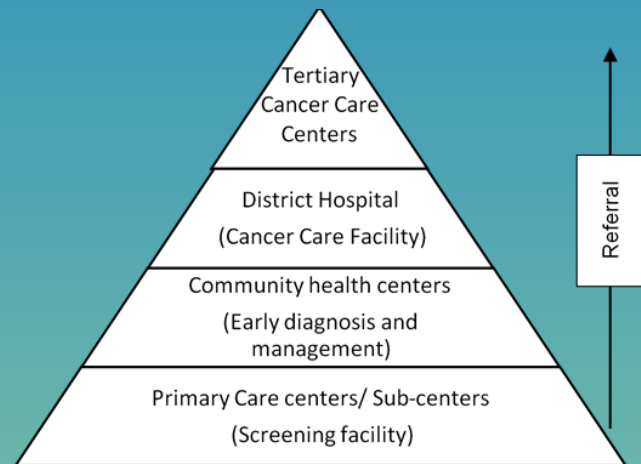
**PRESENTER:** NEHA DUMKA

**SESSION TOPIC:** NCCP IMPLEMENTATION –  
BUILDING WORKFORCE CAPACITY

**PRESENTATION DATE:** 9 MARCH 2021

# NCCP Implementation

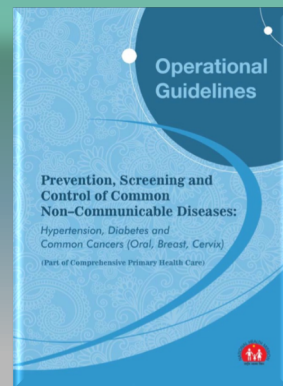
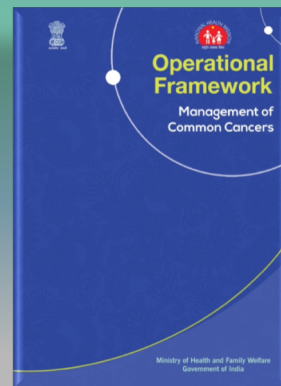
| Type of Cancer | Age of beneficiary | Method of Screening                      | Frequency of screening | If positive                                                                                                                                                |
|----------------|--------------------|------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Oral           | 30 -65 years       | Oral Visual Examination (OVE)            | Once in 5years         | Referred to Surgeon/Dentist/ENT specialist/Medical officer at CHC/ DH for confirmation* and biopsy.                                                        |
| Cervical       | 30-65 years        | Visual Inspection with Acetic acid (VIA) | Once in 5years         | Referred to the PHC/CHC/DH for further evaluation and management of pre-cancerous conditions where gynecologist/trained Lady Medical Officer is available. |
| Breast         | 30-65 years        | Clinical Breast Examination (CBE)        | Once in 5years         | Referred to Surgeon at CHC/DH for confirmation using a Breast ultra sound probe followed by biopsy as appropriate.                                         |



## Principles of screening at the community level :

1. No individual should need to travel more than half an hour to be screened
2. Privacy to be assured at screening site
3. Standard protocols to be followed

### Public health infrastructure in India



# Universal Screening of common NCDs – Service Delivery Framework

- ❖ ASHA to do risk assessment of the target population using a Community Based Assessment Checklist (CBAC) and mobilize the community to get screened for NCDs
- ❖ CBAC - data related to age, family history, waist circumference, and risk behaviors
- ❖ Once identified, all in this age group will be informed about screening and its benefits
- ❖ Concerned MPW/ANMs, LHVs, SNs and CHOs to be trained in
- ❖ Oral Visual Examination (OVE) / Clinical Breast Examination (CBE) / Visual Inspection using Acetic Acid (VIA)
- ❖ LHVs and SNs to serve as mentors and trainers to the SHC staff

# Capacity Building Plan

## ASHA

- Five-day training
- Skills: Self Oral Examination and Breast Self Examination

## Multi Purpose Worker

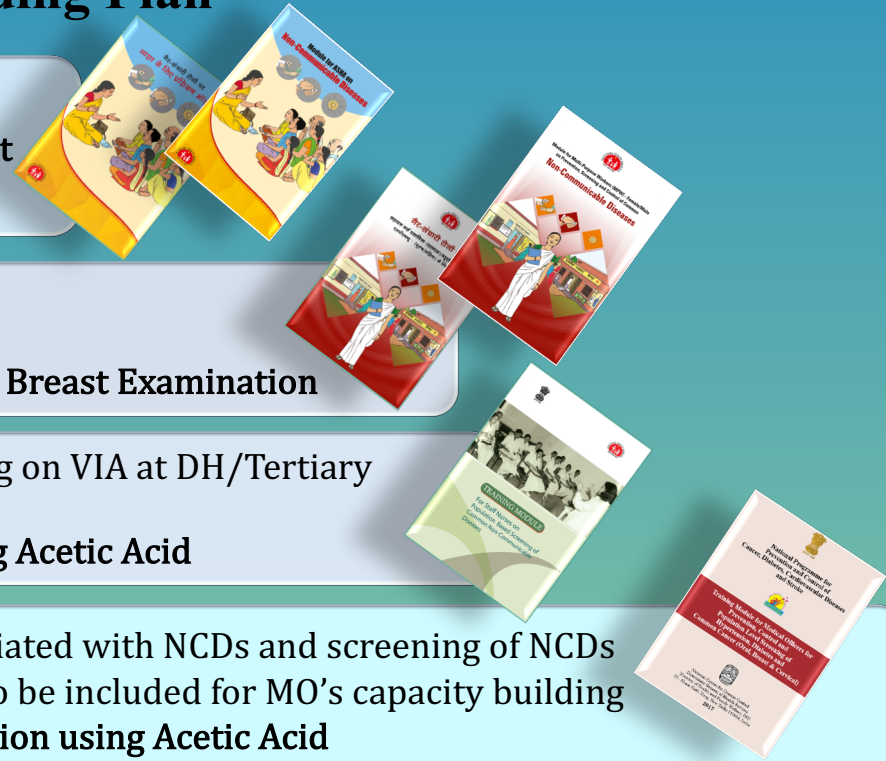
- Three-day training
- Joint training with ASHA
- Skills: Oral Visual Examination, Clinical Breast Examination

## Staff Nurse

- Three day training + Two weeks training on VIA at DH/Tertiary level
- Skills: OVE, CBE, Visual Inspection using Acetic Acid

## Medical Officer

- Health promotion, Risk factors associated with NCDs and screening of NCDs
- In addition- STGs and telemedicine to be included for MO's capacity building
- Skills: STGs, OVE, CBE, Visual Inspection using Acetic Acid



Secondary Level training for specialists – Oral Cancer / Breast Cancer /Cervical Cancer

**4,93,796 ASHA  
trained**

*Approx. 10 Lakh ASHA (Rural and  
Urban)*

**1,02,855**

**MPW-F trained**

*2,34,220 (Rural)*

*16,820 (Urban)*

**36,368**

**MPW – M trained**

**31,241**

**Staff Nurse trained**

*30,071 (Rural)*

*5,938 (Urban)*

**27,651**

**Medical Officer trained**

*29,799 MO-PHC (Rural)*

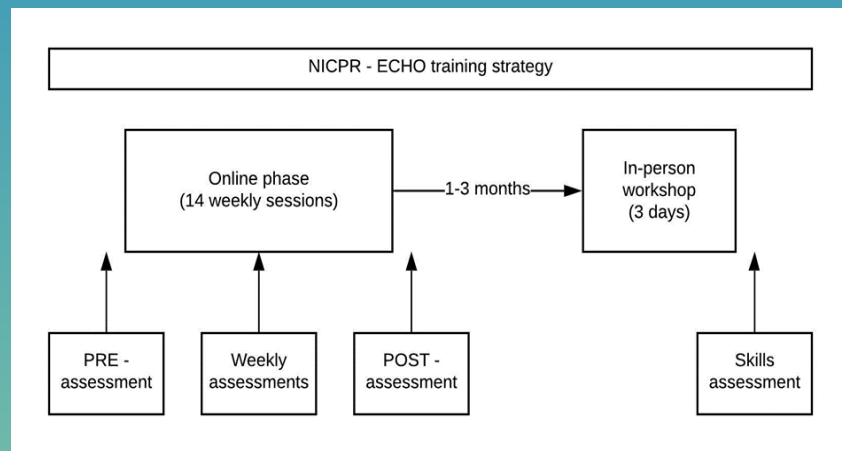
*4,457 (Urban)*

*Source: 1. Towards Universal Health Coverage,  
A Compendium of HWC Operationalization – November 2020, MoHFW, GoI  
2. RHS 2018-19, MoHFW*

# Details of the NCCP implementation strategy:



| Program                                                                       | Completed | No. of HCPs Trained |
|-------------------------------------------------------------------------------|-----------|---------------------|
| <b>Cancer Screening Training Program for Medical Officers (CSTP-MO)</b>       | 13        | 1654                |
| <b>Advanced Cancer Screening Training Program for Dentists (ACSTP-O)</b>      | 5         | 854                 |
| <b>Advanced Cancer Screening Training Program for Gynecologists (ACSTP-G)</b> | 4         | 357                 |
| <b>Cancer Screening Training Program for Nurses (CSTP-N)</b>                  | 2         | 476                 |



Journal of Cancer Education  
<https://doi.org/10.1007/s13187-020-01720-6>

**Leveraging Technology for Nation-Wide Training of Healthcare Professionals in Cancer Screening in India: a Methods Article**

Journal of Cancer Education  
<https://doi.org/10.1007/s13187-019-01589-0>

**Capacity Building of Gynecologists in Cancer Screening Through Hybrid Training Approach**



## ***Barriers and facilitators related to the implementation strategy***

| <b>Barriers</b>                                                                                                                                                                                                                                                      | <b>Facilitators</b>                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Implementing the cancer prevention program in an existing public health care delivery system, historically setup for maternal and child healthcare requires implementation support i.e. training, resources, staff, etc. for primary care clinicians and their teams | ECHO virtual platform provides the ability to train physicians over a wide geographical spread in a limited period |
| Requirement of completion of several steps (i.e. diagnostic testing, appropriate referrals, and treatment) beyond initial screening                                                                                                                                  | Cost-effective                                                                                                     |
| Dropouts/refusals due to high workload or poor internet connectivity                                                                                                                                                                                                 | Reproducible (master trainers can further train other HCPs)                                                        |
| Human Resource shortfall – adversely impacting the service delivery                                                                                                                                                                                                  | Non time-consuming (only one hour/week)                                                                            |
| Posting of trained resources to other departments - draining the resources, limits capacity of the trained personnel to contribute to the system utilizing the upgraded skills.                                                                                      |                                                                                                                    |
| Lack of follow up mechanisms for positively diagnosed cases - a critical challenge, and in absence of records for identified cases it is difficult for the service providers to follow up for treatment compliance.                                                  |                                                                                                                    |

## ***Intended next steps:***

- Strengthening Regional and state training institutions
- Existing structures – Medical Colleges / RCCs / SIHFW / Research institutions
- Establishing Hubs at state level
- Mechanism to provide continuous support and handholding