Monitoring and Evaluation of Breast Health Initiative

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Breast Health Initiative

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Theory of Change

Problem

- High disease burden; rising incidence; younger age group; high mortality
- Lack of awareness in the community
- Lack of knowledge and skills among service providers
- Fractured continuum of care

Consequence

- **Late presentation**
- **Delayed diagnosis and treatment**
- Poor survival
- Absence of a well-defined care pathway

Interventions

- **Breast Health Awareness in the community**
- **Clinical Breast Examination at Primary Health Care Level facilities**
- **Functional referral pathway**
- **Decentralization of diagnostics**
- Advocacy for Policy

Outputs

- Well-functioning and scalable service delivery model of early detection services with strong referral pathways to timely diagnostic and treatment.
- Prioritization of breast health care in the agenda of policy makers in India.

Outcomes

Downstaging

Reduced time-lag between presentation, diagnosis and treatment

Impact

- Reduced morbidity and mortality due to Breast Cancer in India.
- Allocation of needed resources for the breast health care

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Performance Indicators

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Key Performance Indicators (KPI)

Input Indicators

Indicators	Target
Proportion of targeted ASHAs/USHAs trained on breast health awareness	80%
Proportion of targeted service providers trained on clinical breast examination (CBE)	80%
Proportion of targeted MOs trained on clinical breast examination (CBE) & benign breast conditions/treatment	80%
Proportion of targetted Specialists trained on Imaging, Pathology & Procedures (Biopsy)	As per actual
Proportion of data handlers trained on data recording, reporting and compiling	80%
# of state technical advisory group meetings held	As per actual
# of learning resource packages developed	3
# of trainers trained through ToTs	As per actual

Process Indicators

Indicators	Target
Median time taken by women from nomination by CHW to CBE	As per actual
Median time taken by women from CBE till reaching the diagnostic centre	As per actual
Median time taken by women from reaching the diagnostic centre to diagnostic evaluation	As per actual
Median time taken by women from diagnostic evaluation to initiation of treatment	As per actual
Median time taken by women from initiation of treatment to completion of treatment	As per actual

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Key Performance Indicators (contd)

Output Indicators

Indicators	Target
Percentage of operational targeted facilities for early detection of breast cancer (CBE)	80%
Percentage of operational targeted facilities for diagnostic evaluation of breast cancer	80%
Proportion of ASHA/USHA who have conducted enumeration of target population	80%
Proportion of women who come to health facility for CBE	20%
Average number of CBEs performed per facility	As per actual

Outcome Indicators

Indicators
Proportion of women referred for diagnostic evalution after CBE
Proportion of women who underwent diagnostic evaluation
Proportion of women who were confirmed to have breast cancer through diagnostic evaluation
Median size of breast lump of the women who are confirmed to have breast cancer
Proportion of women who need to receive treatment for breast cancer
Proportion of confirmed cases initiated treatment
Proportion of confirmed cases completed treatment

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Measurement Tools

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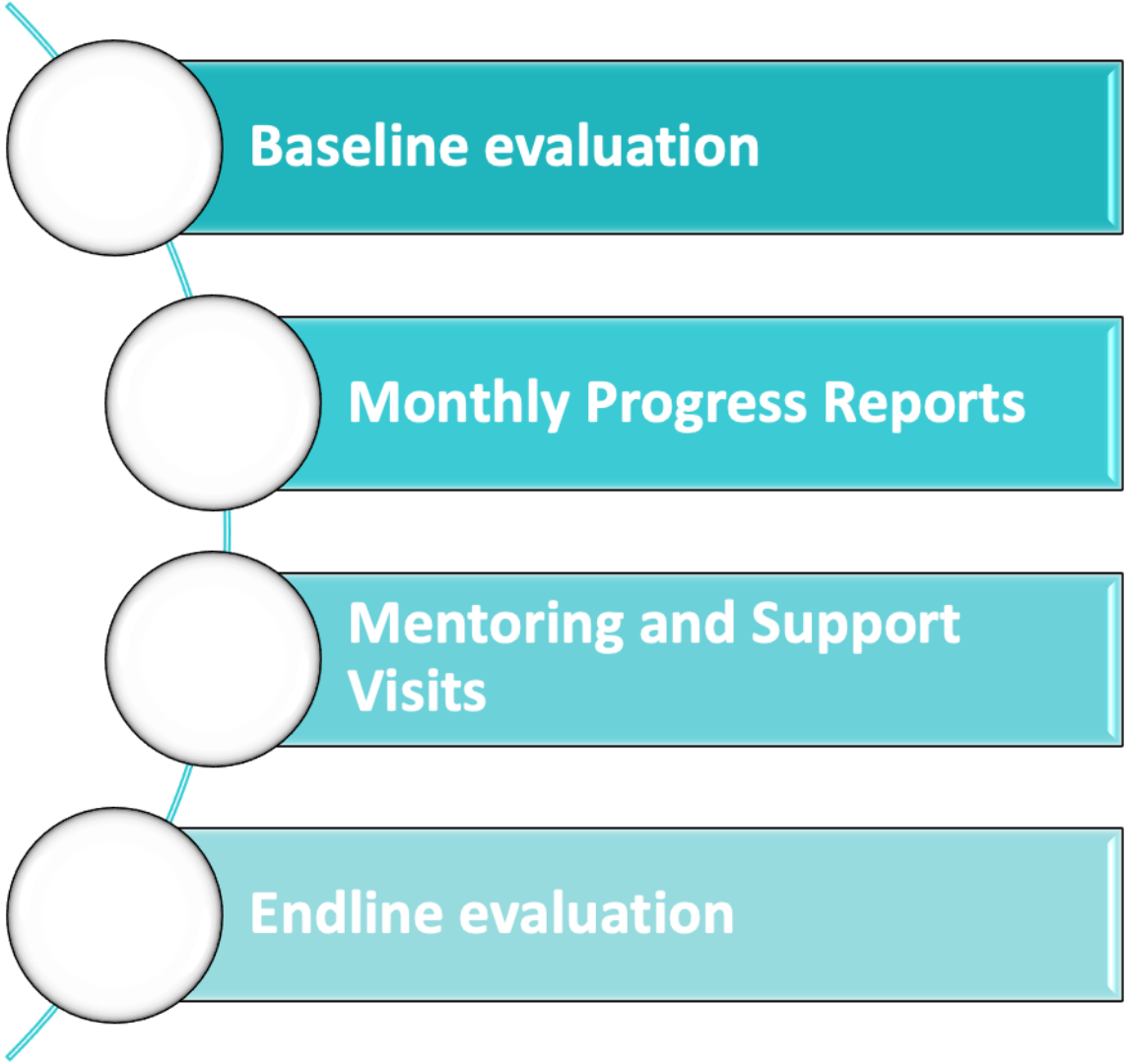
Processes



Tools

- **Recording:** Enumeration Format, NPCDCS Screening register, CBE positive register, Diagnostic Register, Treatment Register
- **Reporting :** Monthly Reporting format
- **Referral:** Client referral slip, Client card

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Data Quality Assurance

- Data quality was closely monitored for each data collection/activity tracking process. Data collection was planned in a way that quality is ensured and checked at various points of the data collection and compilation process.

- **Data quality assurance steps:**
  - ✓ Development of standardised data tool with inputs from experts .
  - ✓ Field testing of tool
  - ✓ All data collectors will be oriented in a standardised manner.
  - ✓ Data entry will be done in formats with data validation checks/restrictions
  - ✓ 5-10% of data entered will be crosschecked for inconsistencies
  - ✓ Triangulation of data with different sources
  - ✓ Regular monitoring visits

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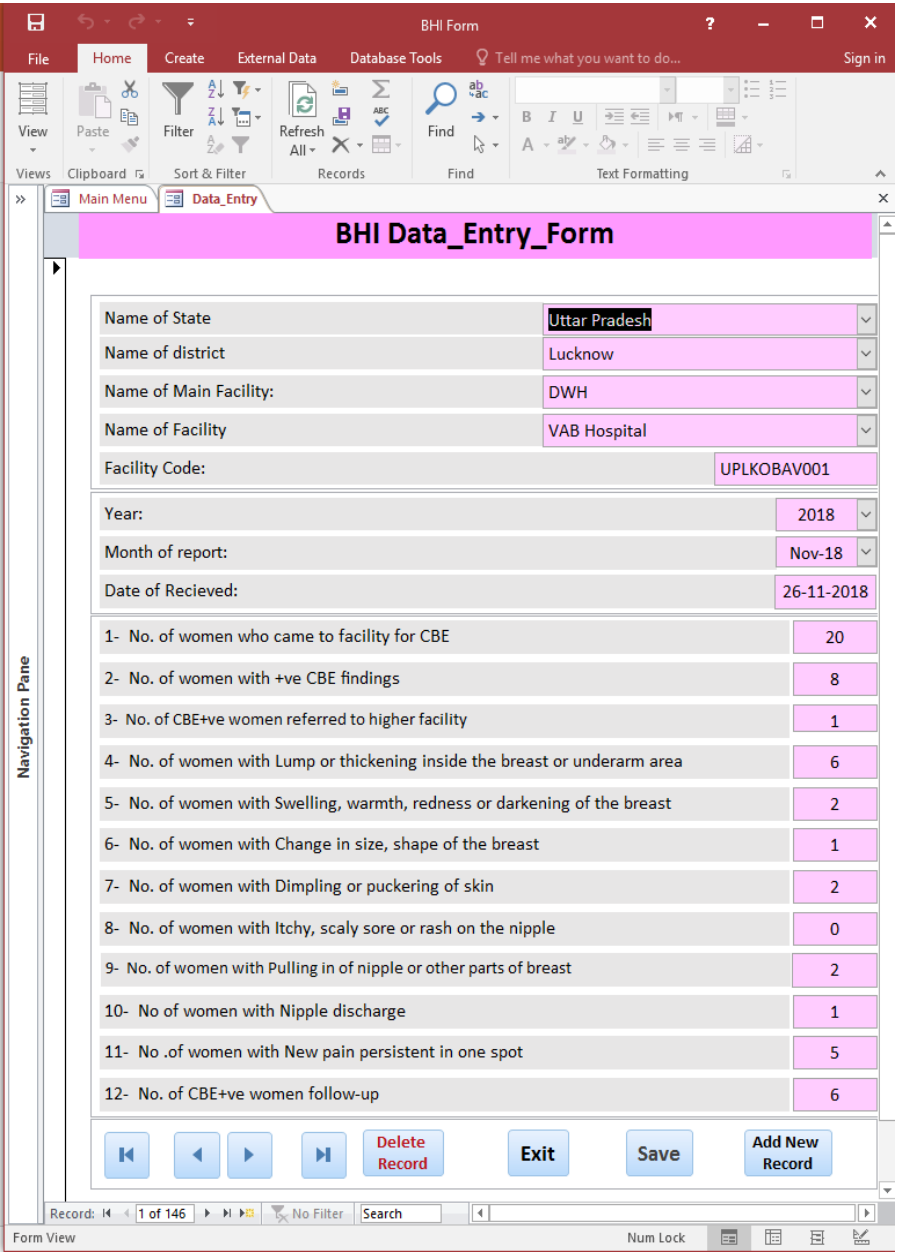
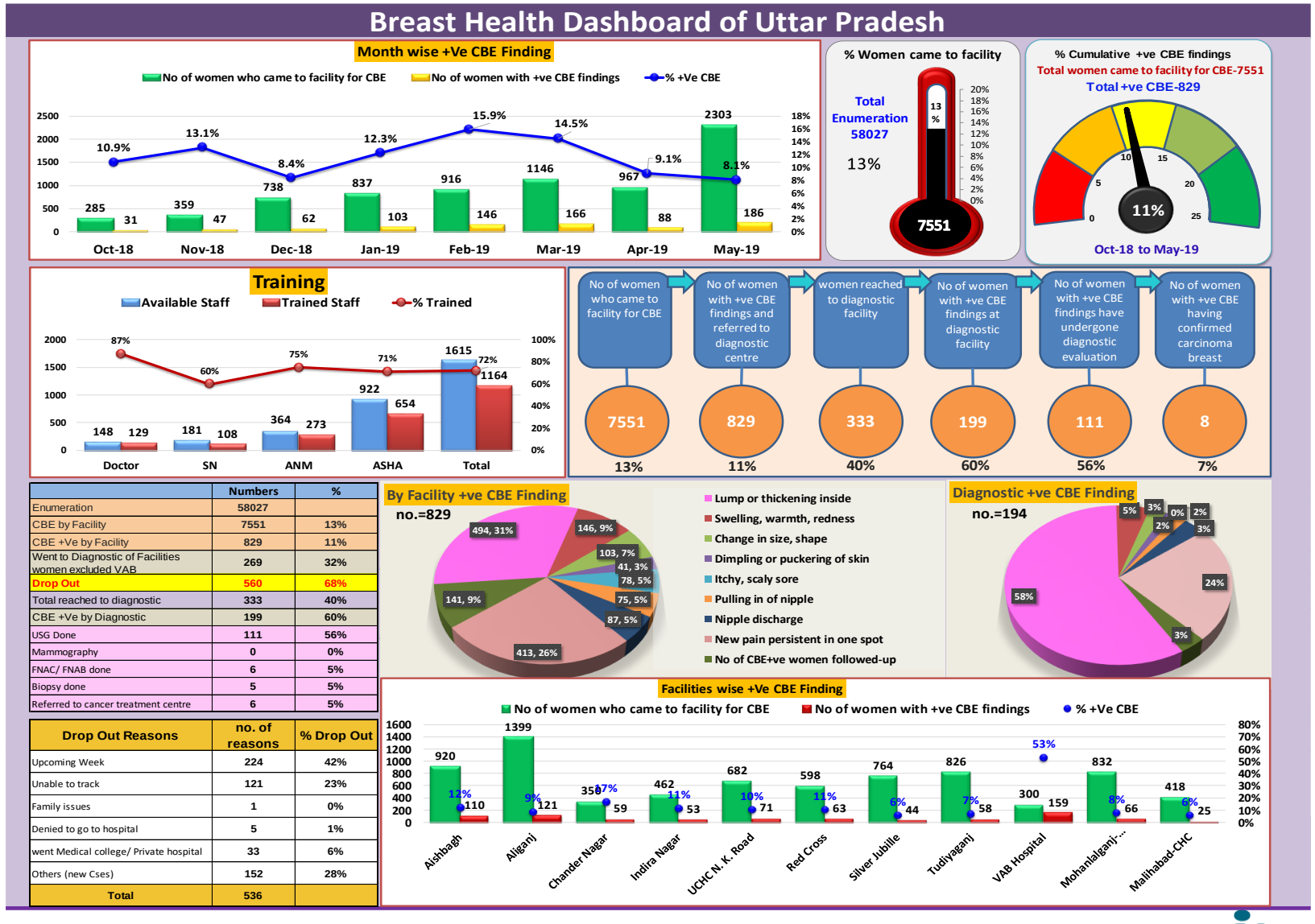
Learnings: Regular sharing of dashboard improves program performance





	Numbers	%
Enumeration	58027	
CBE by Facility	7551	13%
CBE +Ve by Facility	829	11%
Went to Diagnostic of Facilities women excluded VAB	269	32%
Drop Out	560	68%
Total reached to diagnostic	333	40%
CBE +Ve by Diagnostic	199	60%
USG Done	111	56%
Mammography	0	0%
FNAC/ FNAB done	6	5%
Biopsy done	5	5%
Referred to cancer treatment centre	6	5%

Drop Out Reasons	no. of reasons	% Drop Out
Upcoming Week	224	42%
Unable to track	121	23%
Family issues	1	0%
Denied to go to hospital	5	1%
went Medical college/ Private hospital	33	6%
Others (new Cses)	152	28%
Total	536	

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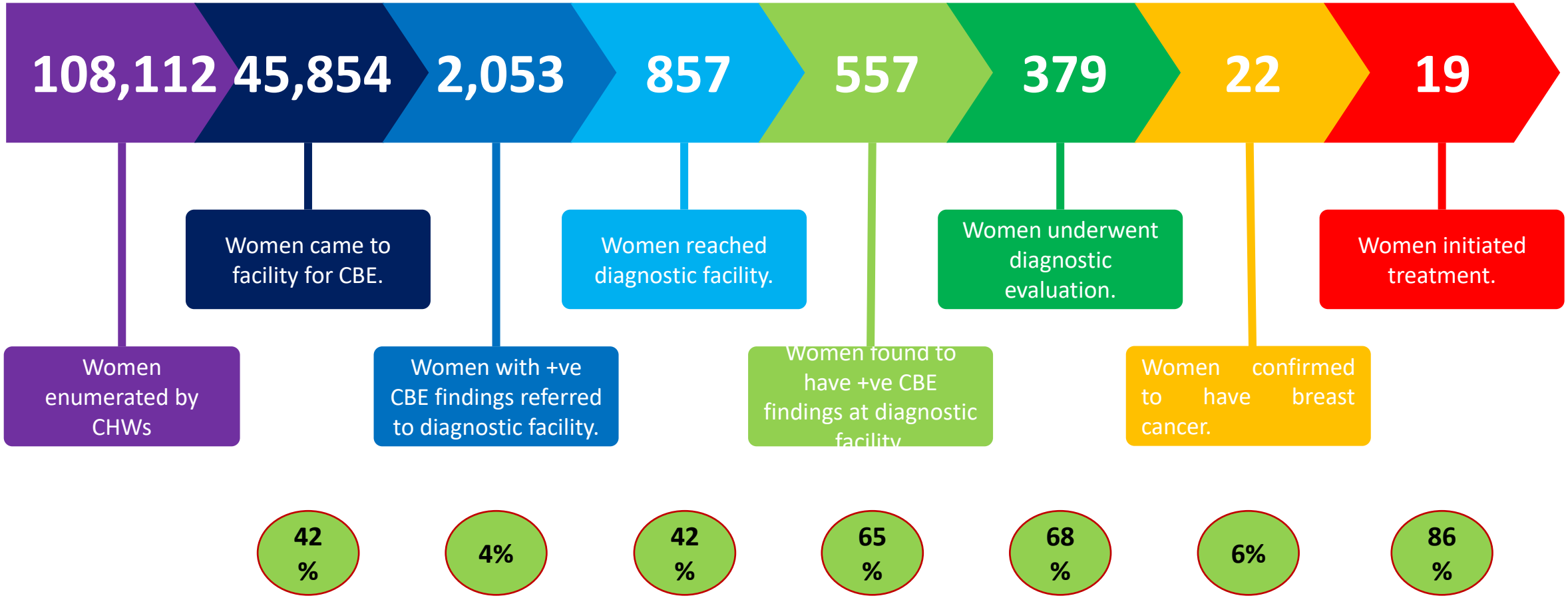
India BHI (by end of 2020) –NOT TO BE SHARED, UNDER PUBLICATION



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Learnings: Supportive Supervision Visits improve performance
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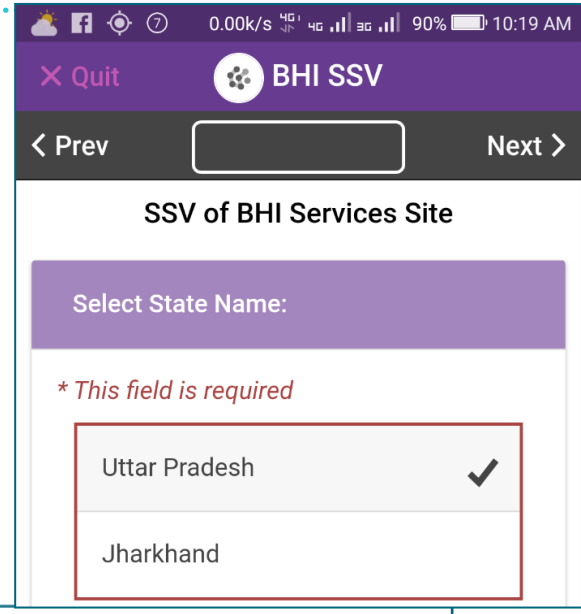
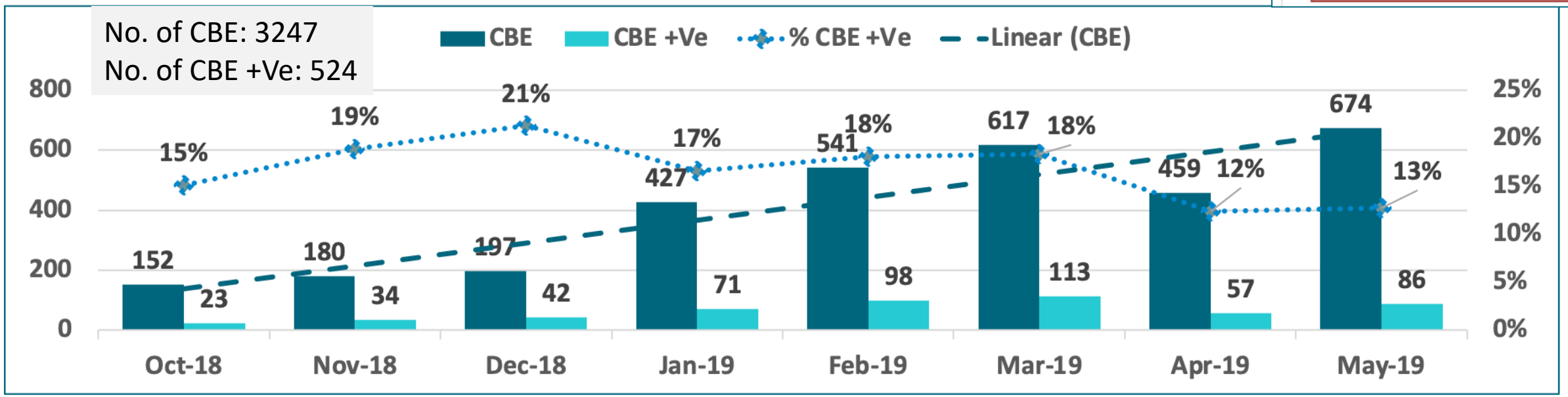
- Frequency of supportive supervision visits based on prioritization of facilities.
- The 25 facilities which received frequent supportive supervision visits (>5) showed improvement in CBE screening as per MPR data.





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Thank
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