

CANDIDATE STATEMENT

The Blue Revolution Project is a new strategy for sustaining the cervical cancer prevention efforts of the Women's Cancer Prevention and Support for African Society, being led by Dr Ola Idris and Dr (Mrs) Ife Taiwo-Bello, both of which have combined 8 year experience in clinical medical practice and 6 year experience in non-profit sector.

Doctor Ola Idris holds Bachelor's degree in Medicine and Surgery from the Ladoke Akintola University of Technology, Ogbomoso, Nigeria, and also holds the Primary Fellowship of the West African College of Surgeons, Faculty of Obstetrics and Gynecology. He currently works full-time as the executive director of Women's Cancer Prevention and Support for African Society (henceforth called WOCAPSS-Africa), a registered non-governmental, non-profit organization concerned with women's specific cancers' prevention, control, and support, specifically breast, cervical, and other gynecological cancers. He also holds a part-time medical officer position with the department of Obstetrics and Gynecology, Alimosho General Hospital, Lagos, where he offers general obstetric and gynecological care, family planning counseling services, and basic management of gynecological cancers. This part-time position allows him to blend clinical and field experiences without appreciable interference with his non-profit work commitments.

Under the auspices of WOCAPSS-Africa, he has successfully led up to 15 projects aimed at providing cancer awareness to women, and offered free cervical cancer screening with VIA and also cryotherapy, and free breast cancer screening to rural and urban center women across 6 states in Nigeria.

Doctor Ife Taiwo-Bello holds Bachelor of Medicine degree from the Ladoke Akintola University of Technology, Ogbomoso, Nigeria. She is the Co-Founder of WOCAPSS-Africa and also volunteers for Society for Family Health (SFH) in cervical cancer screening. Her primary area of interest is mass cervical cancer screening for women with VIA and also cryotherapy; a commitment which earned her the State Award under the Nigeria's National Youth Service Corps (NYSC) scheme in 2016.

These two individuals have committed to lead the Blue Revolution Project through the pilot phase, within the bigger organization structure of WOCAPSS-Africa with aim to ensure cervical cancer screening is sustainably available and accessible to every woman in Nigeria.

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EXECUTIVE SUMMARY

Visual Inspection with Acetic acid and cryotherapy is a proven strategy for early detection and cure of cervical cancer. Being a simple, cost-effective, and time-saving technique, it offers a promising option in low resource settings like Nigeria, where cervical cancer is the second highest killer of our women. The challenge is that as effective as this technique is, there are problems with accessibility, distribution, expertise of workers, and sustainable supply of necessary materials to the people.

Currently, the Nigerian Government does not have VIA and cryotherapy built into the functions of Primary and Comprehensive health centers in the Country. However, the offering of this procedure as a one-off field process as currently being practiced by non-governmental organizations has proved to be largely unsustainable and ineffective because it does not often cover many women in the population and communities have to wait for their turn if there is ever going to be. It does not have referral system and clients often do not remember their exact results, do not know when next to check, and what other follow-up steps to take. Hence, the need to optimize the Primary Healthcare System by incorporating VIA and cryotherapy while also improving the acceptance of other services being offered at these centers.

The Blue Revolution Project is a 3-pronged strategy that seeks to incorporate this technique gradually into our Primary Healthcare System by providing necessary training for staffs, maintain sustainable supply of screening materials and ensures simple referral system, as well as maintaining strong awareness campaigns for women in the underserved areas. It leverages on the existing structure to offer a new and added service, capacity building for facility staffs, and using their established community acceptance to offer more benefit to the underserved women. This method has been proved to be successful by the Cameroon Baptist Convention Health Services (CBCHS) Women's Health Program (WHP) that offers cancer screening along with family planning services, both provided by trained nurses. They provided cancer screening services to about 45,000 women between 2007 and 2015.⁽¹⁾

Women's Cancer Prevention and Support for African Society is a non-profit, population health-based organization registered with the Nigerian Corporate Affairs Commission in 2015. It has offered cancer awareness services to Nigerian women in thousands through seminars, open campaigns, and electronic and print media campaigns to women in rural and urban centers. It has offered free breast cancer screening to about 5,000 women and up to 3,000 women have had free VIA in 6 states in Nigeria and has been teaching and encouraging teenage girls on use of HPV vaccine and other basic cancer prevention measures. The Blue Revolution Project is another strategy recently devised to optimize and sustain our cervical cancer prevention efforts. Our Organization has sufficient experience and human resources made up of about 80% skilled, young health practitioners and other professionals who provide support services based on their expertise.

We love to make this service available to all our women and we are committed to make it happen. With the support of the people, by providing the take-off grant, we hope to achieve our aim earlier than we thought so that more women could be saved from this deadly but preventable disease.

This proposal outlines in more detail how we will make VIA and cryotherapy more accessible to the poor, and gradually to all our women at large. With our commitment and reputation among the underserved women in all the states we have been operating, we strongly believe in the successful pilot of this project, and its long-term sustainability

PILOT LOCATION AND BENEFICIARY PROFILE

The Blue Revolution Project shall be piloted in Badagry, a coastal and border town in the suburb of Lagos State with several adjoining riverine villages and hamlets. It has an estimated population of 241,093 according to the 2006 census estimate.

The major economic activities of the people are fishing and agriculture. Many of the villages are accessible by roads which help to improve people's access to healthcare facilities.

Badagry Local Government is sub-served by a General Hospital and 19 Primary Health Centers.

The pilot facility is the Ajara comprehensive health center. It is a strategically situated center which provides easy access to both the rural dwellers and those in relatively crowded newer neighborhoods. It provides basic medical, maternal, and child healthcare services including infectious disease control and family planning services for women. The facility has 12 nursing staffs, 6 Community Health Extension Workers and 4 doctors covering the clinic. The family planning unit takes average of 62 new acceptors monthly, and being a rural flagship center of the Lagos State government, it can further enhance easy adoption and support for the project by the government.

Our needs assessment survey findings clearly indicate need for training of facility staffs, all of who have not offered VIA and Cryotherapy to clients before. This finding was also corroborated by the Local Government's Medical Officer of Health whom we worked with while gathering baseline health data.

The Blue Revolution Project, through an integrated approach seeks to provide a sustainable system of accessing VIA and Cryotherapy which are often not readily available to our women despite yearning need for it. The family planning clinic is considered to be the easiest and most promising portal of entry into the current healthcare system.

Moreover, apart from being cost-effective to offer VIA at family planning clinics, it has been shown that screening women aged 30 to 39 years (which constitute about 87% of clients at the Ajara family planning unit) has the greatest impact on cervical cancer reduction in low-resource settings, so resources may be directed to that age group.⁽²⁾

PROJECT OPERATIONAL MODEL

PHASE I

ACTIVITY	GOAL	EXPECTED OUTCOME	RESPONSIBLE PERSON(S)	TIME FRAME
Needs Assessment Survey (completed)	1. To check for need for provision of cervical cancer screening services. 2. Know capacity of staffs and need for training. 3. Estimate number of possible beneficiaries	Establish need for provision of VIA and cryotherapy in the chosen community, need for staff training, and estimate number of possible beneficiaries	Project team	2 Weeks
Approval from the State and Local Government Ministries of Health (ongoing)	1.To secure government approval to pilot project 2. Enhance confidence and trust of facility staffs.	Project pilot approval and government awareness	Project team	3 weeks
Presentation of project to clinic staffs and stakeholders	1.Familiarization of staffs with project goals and expected outcomes 2. Inform them of expected roles from staffs and stakeholders	Improved participation of staffs and eagerness for project success	Project team	
Preparation for staff training and procurement of training and screening materials	1.project launch preparation and materials procurement	Full project execution preparedness	Director of training and supplies	2 weeks before project kick-off

PHASE II

ACTIVITY	GOALS	EXPECTED OUTCOME	RESPONSIBLE PERSONS	TIME FRAME
Training of Family Planning & Facility staffs on VIA and Cryotherapy, including referral system.	Capacity building of staffs to improve cervical cancer screening skills and ability to detect abnormalities and offer cryotherapy and/or refer appropriately.	At least 20 staffs shall be trained including Nurses and Community Health Extension Workers	Director of training and Supplies	1 week
Community entry through the Traditional and Women leaders	1. To improve community acceptance of VIA and cryotherapy services being provided. 2. Encourage community participation	Community leaders' support and improved community participation in mobilization and sensitization of women.	Project team. Medical Officer of Health, Badagry Local Government. Head of pilot health facility	1 week
Community sensitization, awareness campaigns about cancers and	1.Community education and participation 2. Improve number of	1. A cancer aware community. 2. Increased number of beneficiaries by at least	Project team Volunteers Community Based Organizations, and	1 week

availability of VIA at the clinic.	expected beneficiaries by at least 25%	25%	clinic staffs	
Offering of VIA + (cryotherapy) to women by facility staffs. Provision of next screening appointment card, and advice on follow-up actions	1. Early detection of precancerous and cancerous cervical lesions. 2. Treatment of suspicious lesions with cryotherapy 3. Appropriate referral to specialist in the General Hospital if lesion greater than Grade 1	At least 576 and 2,304 women offered VIA, and cryotherapy procedure (offered as needed) at 3 months and 1 year respectively. Referral of high grade lesions to Gynecologist at the Badagry General Hospital.	Clinic staffs	12 weeks

PHASE III

ACTIVITY	GOAL	EXPECTED OUTCOME	RESPONSIBLE PERSONS	TIME FRAME
Fundraising for project sustainability	To secure funds for continuation of project and for expansion to other communities without any delay after pilot phase.	Project must have secured at least 50% of its estimated cost at completion of pilot phase with feasible and reliable means of securing remaining cost.	Board of Trustees Project team Badagry Local Government Department of Health. State Ministry of Health, Ministry of Women Affairs, Other Relevant stakeholders	From commencement of Project pilot.
Monitoring and Evaluation	Continuous process to monitor project implementation and achievement of project goals	Achievement of project goals based on measurable indicators as put in the M & E plan	Outsourced to M&E Consultant from Administrative staff college of Nigeria.. Project coordinator Medical Officer of Health, Badagry Local Government	From commencement of project pilot
Data Communication	Information on project progress to be conveyed to funders at every 2 months	Improved chances of continuous funding and recommendation to other funders	Project Coordinator	From Project inception

FOLLOW-UP

ACTIVITY	GOAL	EXPECTED OUTCOME	RESPONSIBLE PERSONS	TIME FRAME
Use of a designated Gynecologist/Cancer Specialist at the General Hospital, Badagry or any other nearest center where Gynecologist is available. E.g Lagos University Teaching Hospital	To ensure that patients actually presents for further care and are given priority in terms of attention, and possible cost incentives. To fulfill our organization's goal of supporting women with cancers.	Prompt and improved care for our clients. Improved treatment compliance. Strong support for clients needing further evaluation and/or treatment.	Organization's Cancer Support Committee	From project inception. Need-basis

MILESTONES

A 2013 UNFPA Facility Assessment for Reproductive Health Commodities and Services survey in Nigeria puts Lagos state at the top of the list of acceptors of Family planning services in Nigeria with the highest value of 188,202 acceptors⁽³⁾. A short survey conducted by our team at 2 Comprehensive Health Centers in Badagry, a suburb of Lagos puts the average new enrollment at family planning clinic at 62 per month in each center. **With the awareness campaign planned to improve uptake of this procedure among the women, an average increase above baseline of 25 women, 50 women, and 75 women respectively in the first consecutive 3 months of pilot is estimated. Subsequently, we project a fairly stable increase of 50 women per month above the current baseline.**

Average number of enrollees at FP clinic. (current finding)	Average number of direct beneficiaries at 3 months	Number of beneficiaries at 1 year	Average number of beneficiaries at 2 years (with expansion to 19 other local governments in Lagos)
62 women	336 women	1,344 women	At least 26,880 women

Additional funding	1 st month	2 nd month	3 rd month
	\$4,893.96	\$13,050.57	\$19,575.86

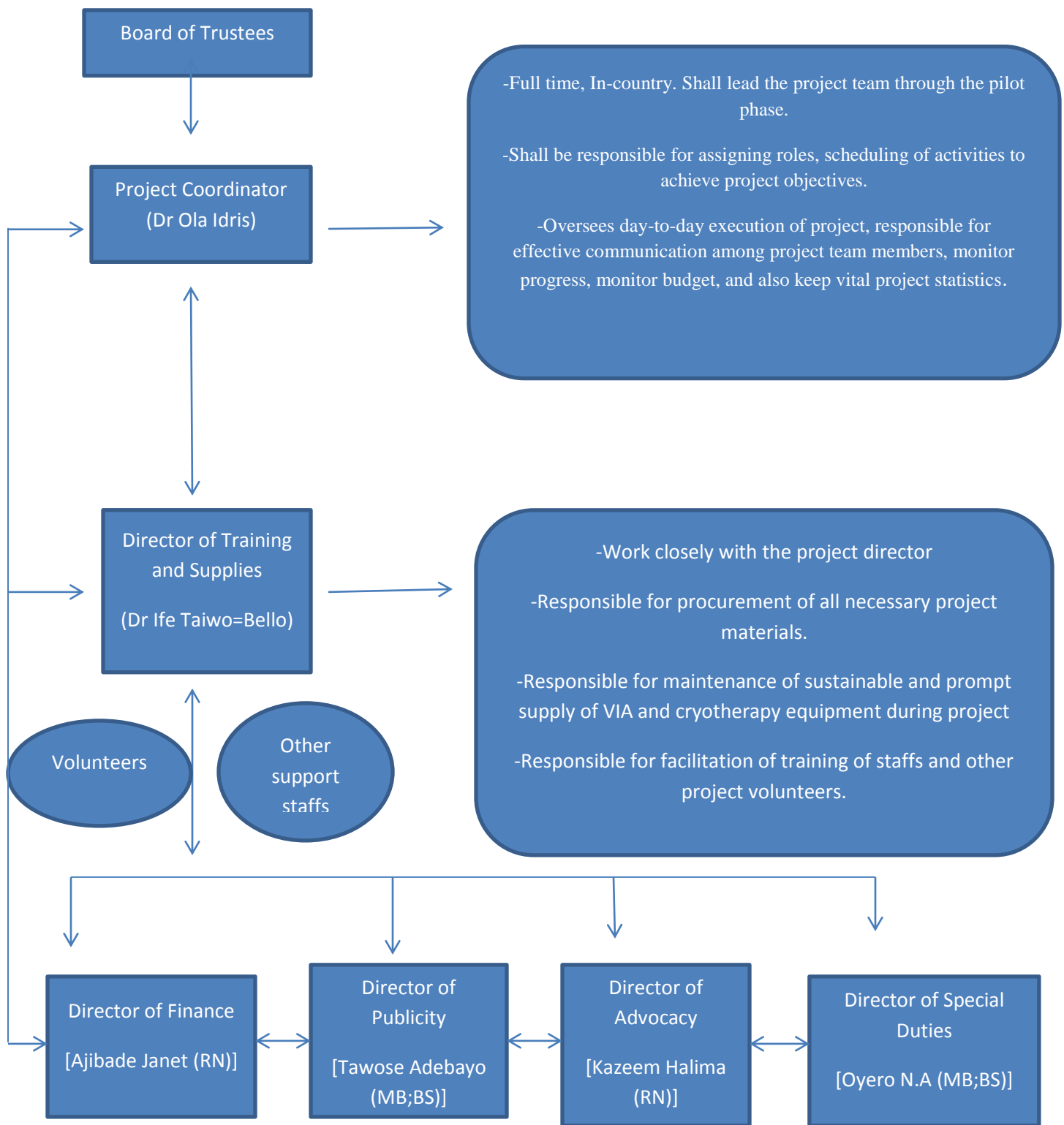
VISION TO SCALE

After successful pilot, a full appraisal of the project will be conducted by the project team and volunteers, and areas requiring further improvements will be identified and strategies for improvement designed. The outcome of the pilot shall be communicated to all relevant stakeholders at the local and state levels of administration.

The immediate growth step is to present the project to the Lagos State Ministry of Health for adoption and adaptation into the Primary Health Care system of the State. More partnerships with other health-based non-governmental and community-based organizations will be sought for continuous training of staffs and monitoring and evaluation of project, and strong advocacy for incorporation into the Primary Healthcare system. Moreover, more funding will be solicited from charitable foundations, bilateral and multilateral agencies, and governments **to achieve our short term goal of having all the 20 Local Governments of Lagos State covered by at least 1 model facility each within the next 2 years**, and having all the 36 states of the Federation and the Federal Government adopting the project and incorporating it into the Primary Healthcare and the National Cancer Control Program within 5 years of successful pilot.

After the pilot phase, the project will enroll 4 other Local Governments before the end of 1st year, and the remaining 15 Local Governments in the 2nd year of the project.

PROJECT TEAM



BUDGET ESTIMATE

S/N	BUDGET LINE ITEMS	QTY	UNIT COST (\$) 3 MONTHS	
1.	SUPPLIES AND EQUIPMENT			
	Cryotherapy gun	1	1631.32	1,631.32
	Cryotherapy gas cylinder+ Nitric Oxide gas	2	489.40	978.79
	Spray bottle	10	3.26	32.63
	Couch	2	97.88	195.76
	Cuscos speculum (Disposable)	1000	1.63	815
	Latex gloves	20	4.89	97.88
	Skewer sticks	20	4.89	97.88
	Acetic acid	2	48.94	97.88
	Big cotton wool	10	4.89	48.94
	Headlamp	10	6.53	65.30
	TOTAL			4061.38
3.	COMMUNICATIONS			
	Publicity on radio	once per week for 4 weeks	12.25/slot	49
	TOTAL			49
4.	OUTREACH AND COMMUNITY SENSITIZATION			
	Transport (HIRING)	12 weeks	32.63/week	439.56
	Feeding of Volunteers	10 people for 12 times	2.61/person	313.2
	Fliers for education and awareness	1000 copies	0.1	97.88
	Banners for publicity and direction	20 copies	16.31	326.26
	TOTAL			1,176.90
6.	STAFF AND VOLUNTEER TRAINING			
	Hall/Lecture Hall preparation	5 days	\$97.87/day	489.40
	Meals and Refreshment	40 people*5 days	3.26/day	652.53
	Training allowance for participants	5 days	4 junior doctors @ \$16.31/day 12 Nurses @ \$10/day 6 CHEWS @ \$7/day, 13 volunteers @ 5/day	1,201.20
	Stationeries, IEC materials	50 copies	3.26	163.13
	Certificates (staffs and volunteers)	35 copies	\$3.92	137.03
	TOTAL			2,643.29
	PROJECT CONSULTANTS			
	Consultants (Facilitators)	1	652.53	652.53
	Autoclaving machine	1	163.13	163.13
	Videotaping and documentary for PR purposes	12 weeks	\$326.26	326.26
	TOTAL			652.53
	Advocacy visit to House of	2	301.79	603.58

	Assembly			
	Project report	10 copies	4.89	48.94
	HONORARIUM			
	Facility staffs	Pay per clients (100)	1.96	196
	OTHER DIRECT COSTS (Publication, Printing, editing, and distribution)			
	Standard Operating procedures	30 copies	3.26	97.88
	VIA and Cryotherapy Schedule Card	1000 copies	0.16	163.13
	TOTAL			261.01
	OVERALL COST			10,182.02

REFERENCES

1. Baptist organization integrates family planning with cancer screening. <http://ccih.org/baptist-organization-integrates-family-planning-services-with-cancer-screening.html> Accessed on 27th March, 2017
2. Sankarananrayanan R, Rajkumar R, Esmey P.O et al (2007). Effectiveness, safety and acceptability of 'see and treat' with cryotherapy by Nurses in a cervical screening study in India. British Journal of Cancer. 2007 Mar 12; 96(5): 738-743. doi: 10.1038/sj.bjc.6603633. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2360066/>
3. Lagos tops list of acceptors of family planning services- UNFPA. Accessed at <http://africanripples.com/lagos-tops-list-of-acceptors-of-family-planning-services-unfpa/>