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**PROJECT TITLE: BEAT CERVICAL CANCER BAYELSA**

**SECTOR: SOCIAL/HEALTH SECTOR**

**COUNTRY: NIGERIA**

**PROJECT LOCATION: BAYELSA STATE**

**DURATION: 2 days**

**EXECUTING ORGANIZATION: HEALTH LEADS INITIATIVE**

**IMPLEMENTING PARTNERS: SMILE WITH ME FOUNDATION, NIGERIA, NIGERIAN MEDICAL ASSOCIATION, BAYELSA.**

**ESTIMATED BUDGET: $4,850**

**EXECUTIVE SUMMARY**

Health Leads Initiative was founded in March 2019 with a vision to increase access to Healthcare among Africans regardless of socioeconomic status. This was born out of an observed unequal accessibility of health care especially by those in the rural communities.

Our mission is to create value for health and health literacy in Africa by providing holistic, patient centered care within communities without bias and prejudice.

In the past months, we have carried out few activities ranging from targeted to a blood donor drive with collaborations from the Nigerian medical association, Bayelsa, Bayelsa diagnostic center, Federal medical centre, Yenagoa, Red cross society, Bayelsa and Citizen Journalists Network, Abuja.

**PROJECT OVERVIEW**

As Nigeria joins the world to mark the World Cancer Day, the World Health Organization (WHO) has made a call for a renewed fight against cancer. The World Cancer Day is commemorated on the 4th of February every year and it serves as a platform to raise awareness, educate the populace and press for action from governments and individuals.

Cervical cancer is cancer primarily affecting the cervix, a part of the female genital tract. It is globally the third most common cancer, and the fourth cause of cancer-related mortality among women worldwide. More than 85% of the cases occurred in developing countries, where it accounts for 13% of all female cancers. It is therefore a matter of public health, as it affects women within the reproductive age groups.

Human papillomavirus (HPV) are small, non-enveloped DNA viruses that are mostly implicated in the cause of cervical cancer. Persistent infection with a high-risk HPV (HR-HPV) is the single and most important risk factor for progression to precancer and cancer. Approximately 70% of cancers and 54% of precancers are attributable to HR-HPV types 16/18.

An estimated 116,000 Nigerians had cervical cancer with over 70,000 deaths in 2018. Between 30% to 50% of cancer deaths could be prevented by modifying our lifestyle or avoiding key risk factors. Tobacco use has been found to be the single greatest avoidable risk factor for cancer deaths.

Cervical cancer prevention

The well-defined premalignant phase and the fact that the cervix is easily accessible for sampling and treatment, makes cervical cancer particularly amenable for screening. During the last 50 years, large parts of the world were covered by screening programs, most of them have demonstrated a reduced cervical cancer incidence and mortality, undoubtedly due to these programs. Nevertheless there are considerable barriers in low- and middle income countries, one of which is a non-inclusion of HPV vaccine in the national vaccination program. That in Nigeria and the fact that HPV vaccines are only available in private facilities is responsible for the cervical cancer burden.

Prophylactic HPV vaccines may eventually provide an optimal solution for prevention of cervical cancer in developing countries. Since most women are infected during their first intercourse, women should optimally be vaccinated before their sexual debut (9 to 14 years is recommended). As these vaccines do not treat pre-existing HPV infections and precancerous conditions, screening will still be necessary for the generations of unvaccinated women.

Several screening alternatives have been proposed for areas with limited resources. Among these, the direct inspection of the cervix using Acetic Acid (VIA), involves the application to the cervix of 5% diluted acetic acid (vinegar) and subsequently visualizing with lugos iodine (VIL) making the dysplastic epithelium turn white (acetowhitening).

Visual inspection with acetic acid (VIA) combines “screen and treat” on a single visit. Different health-care workers such as physicians, nurses, midwives and technicians can perform VIA. VIA/VIL is recommended by the Alliance for Cervical Cancer Prevention (ACCP) for cervical cancer screening in low-income countries. To begin with it requires minimal infrastructure, it is also simple and inexpensive. In the next place, if abnormal acetowhite lesions are observed, the patient can be treated immediately, obviating the need for histology.

“A future without cancer is within our individual and collective grasp. Let us collectively resolve to end the injustice of preventable suffering from cancer as part of our commitment for Universal Health Coverage and the larger push to leave no one behind. Thousands of lives can be saved with proper cancer prevention, early detection, access to proper treatment and care.”

**OBJECTIVES**

The overall objective of the project is to reduce the cervical cancer burden of Nigeria starting from Bayelsa state. Specific objectives are:

* To educate the target population on cervical cancer, risk factors and possible prevention strategies.
* To screen about 500 women of the reproductive age group prioritizing the sexually active group.
* To vaccinate about 100 women prioritizing those who cannot afford it and offering vaccination at a subsidized cost to those who can afford it.
* To generate data and create more awareness on the importance of inclusion of HPV vaccine in the national immunization program.
* Training of health care practitioners in Bayelsa state on the screening procedures towards sustenance of the project.

**ACTIVITIES**

* Health education and counselling
* Screening for cervical dysplasia
* Vaccination of groups which qualify
* Referral of women who are VIA positive to appropriate specialists for expert management.
* Follow up of every one referred for specialist treatment.

**TARGET GROUP**

The project is expected to target all women of the reproductive age group and females from 9years who have not had any sexual exposure.

**Project budget**

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| **S/N** | **DESCRIPTION** | **AMOUNT** |
| **1.** | **Screening (500 women)**  **Vaccination (50 women)** | **$2,800**  **$1,400** |
| **2.** | **Materials**   * **Chairs/Table/Canopies/rentals** * **Branded T-shirts** | **$113**  **$113** |
| **3.** | **Refreshment** | **$140** |
| **4.** | **Awareness campaign** | **$140** |
| **5.** | **Logistics** | **$144** |
|  | **GRAND TOTAL** | **$4,850** |

**EXPECTED RESULT**

1. We expect that at the end of this project, more women will gain adequate knowledge about cervical cancer, its risk factors and changes in lifestyle that can either predispose or protect one from cervical cancer.
2. 500 women would have been screened and 100 women gotten vaccinated for free.
3. We also expect that a cervical cancer screening and vaccination structure will have been put in place at a very subsidized rate to enhance readily accessibility.
4. That more attention will be drawn to cervical cancer and the need to include HPV vaccine in the national vaccination program.