

Mainstreaming Healthcare for Under-privileged Women

City – Chennai, Tamil Nadu

Year of Execution – August 2005

Source - *Mega Cities...Poised for Change, Leading Practices Catalogue, 2007*

The Chennai Municipal Corporation (CMC) launched a major health project for screening women in families Below Poverty Line (BPL) for early detection of cervical and breast cancer in addition to training women in self breast examination. The project continues today as one of the most notable health projects for the urban poor among the mega cities.

Situation before the initiative

Awareness about cervical cancer and self breast examination for checking the presence of lumps is very low or altogether absent, even among the highly educated. There is a general lack of motivation for regular health check-up as a preventive measure, as is the case for women in the slums of Chennai.

Implementation strategies

The CMC has provided a commendable social service for women below the poverty line. The primary objectives of this health initiative are as follows:

- Increase awareness of cervical cancer and motivate women in the age group of 30-45 years to seek screening
- Early detection of Cervical Cancer (Cx Ca) at the pre-cancerous stage by screening and treatment with cryotherapy
- Integrating cervical cancer prevention with other primary health care services to help women go for screening and follow up
- Follow up screening at 5 year interval at the ages of 35, 40 and 45 to reduce the cancer risk

- Training of health care providers other than physicians on the screening approach so that more women in the age bracket of 30-45 years can be reached

A demographic study was carried out in 1391 slum pockets of Chennai in various zones with an emphasis on women to be targeted for the project.

Appropriate budgets were prepared and sanctioned for education and awareness. The program includes counseling, screening, and treatment with Cryotherapy in single visit approach (SVA) in the

Salient features of the demographic study

- Population: 48,59,198
- Slum population: 18,63,474
- Target women in slums (30-40 years): 1,83,152
- No. of slums: 1,391
- Area: 174 sq. km
- Eligible couple: 8,29,696
- Couple Protection Rate: 67.4%
- Urban Male literacy: 87.8%
- Urban Female literacy: 74.8%

health posts. The obstetricians in the zonal centers were trained at Kasturba Gandhi Hospital (KGH) for 5 days. The trainers also visited the zonal centers and provided support for screening. The trained obstetricians in turn trained the doctors serving health posts on the screening approach.

“Women Welfare Clinics” were conducted once a week. Women in the age group of 30-45 years were motivated to attend the clinic by field personnel. Counseling was provided on the screening and treatment services. Initially, these clinics were conducted in the 10

zonal centers and then extended to all the 93 health posts in a phased manner.

The women were examined for Reproductive Tract Infection and Sexually Transmitted Infection and treatment was provided. The women were also taught about self breast examination and were requested to contact the health post if they find any lumps or abnormal changes in the breast. After counseling, each mother was given an identity card which included number, address, date of examination, follow up visit dates and clinical conditions to help provide follow up services for referral.

District Co-ordination Committee

A district co-ordination committee has been formed under the chairmanship of the Commissioner of the Corporation of Chennai. The committee prepares a district specific plan of action; identifies and co-ordinates the work of all agencies; plans and conducts IEC activities; and conducts monthly evaluation meetings to assess the progress of the program, ensure the best use of available resources for the target population and to conduct analytical activities.

Monitoring and Evaluation

Identification number is given to each beneficiary for periodical follow up. Women with advanced stages of cancer are referred to referral institutions. These women are also provided with follow up services.

Results and Impact

More than 13,000 women have been screened for cervical cancer and breast cancer till April 2007. Out of these, almost a thousand precancerous cases were detected. More than five thousand women have also been cured of reproductive tract infections.

Sustainability

Health service provision to the poor, as part of the overall strategy for mainstreaming them is the primary duty of any city government. The early detection of cervical cancer for which there is little awareness is a relatively cheaper intervention. The cost of providing Cryotherapy is almost the same as childhood immunization and AIDS prevention programs. It is the application of extreme cold to destroy abnormal or diseased tissues. Liquid Nitrogen is normally used to freeze the tissues at the cellular level. It requires little infrastructure and a non-physician can perform the procedure, provided they receive required training.

Lessons Learnt

- The project reflects a need for regular intervention in aspects of sexual health among underprivileged women which is a generally a neglected area
- Creating zonal centers and health posts with trained medical staff is a priority in certain areas, particularly in the development of technical skills. If there is a shortage of doctors, non-physicians can be adequately trained for screening services.
- Follow up is critical for the success of the program and to improve the health of women.
- A palliative cure should be provided for patients with advanced stages
- Integrating any specific health intervention with existing health status would be beneficial.

Replicability

This project is to be extended to all the 93 Health Posts, thereby targeting 1,83,152 women living in the slums of Chennai. Most city governments have a huge existing primary health infrastructure and the same can be utilized for providing alternative services to citizens.