

## Strengthening Service Delivery to Improving Cervical Cancer Screening in Southwestern Nigeria: A Pilot Project

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**Abstract :** Background: Cervical cancer is a potentially preventable disease of public significance. All sexually active women are at risk of cervical cancer; however, the uptake and coverage are low in low-middle resource countries. Hence, the programme explored the feasibility of demonstrating an innovative and low-cost system approach to cervical cancer screening service delivery among reproductive-aged women in low-resource settings in Southwestern Nigeria. This was to promote the uptake and quality improvement of cervical cancer screening services. Methods: This study was an intervention project in three senatorial districts in Osun State that have primary, secondary and tertiary health facilities. The project was in three phases; Pre-intervention, Intervention, and Post-intervention. The study utilised the existing infrastructure, facilities and staff in project settings. The study population was nurse-midwives, community health workers and reproductive-aged women (30-49 years). The intervention phase entailed using innovative, culturally appropriate strategies to create awareness of cervical cancer and preventive health-seeking behaviour among women in the reproductive-aged group (30-49) years. Also, the service providers (community health workers, Nurses, and Midwives) were trained on screening methods and treatment of pre-cancerous lesions, and there was the provision of essential equipment and supplies for cervical cancer screening services at health facilities. Besides, advocacy and engagement were made with relevant stakeholders to integrate the cervical cancer screening services into related reproductive health services and greater allocation of resources. The expected results compared the pre and post-intervention using the baseline and process indicators and the effect of the intervention phase on screening coverage using a plausibility assessment design. The project lasted 12 months; visual Inspection with Acetic acid (VIA) screening for the women for six months and follow-up in 6 months for women receiving treatment. Results: The pre-intervention phase assessed baseline service delivery statistics in the previous 12 months drawn from the retrospective data collected as part of the routine monitoring and reporting systems. The uptake of cervical cancer screening services was low as the number of women screened in the previous 12 months was 156. Service personnel's competency level was fair (54%), and limited availability of essential equipment and supplies for cervical cancer screening services. At the post-intervention phase, the level of uptake had increased as the number of women screened was 1586 within six months in the study settings. This showed about a 100-%increase in the uptake of cervical cancer screening services compared with the baseline assessment. Also, the post-intervention level of competency of service delivery personnel had increased to 86.3%, which indicates quality improvement of the cervical cancer screening service delivery. Conclusion: the findings from the study have shown an effective approach to strengthening and improving cervical cancer screening service delivery in Southwestern Nigeria. Hence, the intervention promoted a positive attitude and health-seeking behaviour among the target population, significantly influencing the uptake of cervical cancer screening services.

**Keywords :** cervical cancer, screening, nigeria, health system strengthening

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