

# Building Civil Society Capacity to Improve Access to Cancer Services for Underserved Populations

## PROGRAM

**Caribbean Civil Society Cervical Cancer Prevention Initiative (C4PI)**

## ALLIANCE

**Healthy Caribbean Coalition (HCC)**

## REGION

**Caribbean Community (CARICOM)**

## DATE

**January 2014 to present**



**Access**



**Awareness**

In response to the high cervical cancer rates in the Caribbean, the Healthy Caribbean Coalition and its national members trained outreach workers and conducted screening sessions among underserved populations in six countries. This also helped to advocate for improved public services for cervical cancer prevention in these countries.

## CASE SUMMARY

In response to the high cervical cancer prevalence and poor screening and treatment facilities in several CARICOM countries, the Healthy Caribbean Coalition (HCC) launched the C4PI in 2104. It aimed to strengthen the capacity of Caribbean CSOs to contribute to the national reduction of cervical cancer burden through the effective delivery of cervical cancer programmes in underserved communities.

The C4PI has been implemented in six CARICOM countries (Belize, Dominica, Grenada, Guyana, Jamaica and Haiti) through small grants to local HCC members with funding from the Australian Direct Aid Programme and the American Cancer Society Meet the Targets initiative.

The primary target audiences are vulnerable women and girls, with a focus on those in indigenous and poor communities. The secondary target audiences are families of the target groups, outreach workers and healthcare providers.

The C4PI initiative aims to strengthen service delivery capacity; build the capacity of healthcare providers including CSO outreach workers in the prevention and control of cervical cancer; educate and empower indigenous women (and men) and other vulnerable women in rural communities about cervical cancer; improve cervical cancer screening and treatment coverage in indigenous communities; and increase access to the HPV vaccine among young indigenous girls and other vulnerable women.

The key activities in all countries included training outreach workers; developing or adapting educational material including audiovisual material for various audiences using different communication channels; and conducting cervical cancer education and screening (VIA/PAP testing) sessions. Referral systems for inter-island care have also been developed to facilitate access to affordable treatment options within the region.

Core capacity building of the HCC member partners is also a key component of these projects and many received financial management training. The initiative also includes regular Skype calls that facilitate communication among the country partners.

The CSOs work in collaboration with local partners including the ministry of health, the ministry of education, community groups and public and private organizations. The initiative continues to support country partners in strengthening their respective cervical cancer programmes to expand access to the most vulnerable women in Belize, Guyana and Dominica.

“

The C4PI funding has been a blessing for the women in Guyana, especially the indigenous female population. It is helping (us) to build our staff capacity to train the community health workers for cervical cancer screening using the pap smear, detect early and save lives.”

Ms Fiona Legall, general manager, Cancer Institute of Guyana.

## ANALYSIS

### Power of Alliances

The initiative showcases a unique model of collaboration between a regional alliance, national members and development donors to improve national cancer service capacity.

The collaboration built on the HCC's strengths in technical oversight and fund management and the local knowledge and reach of the Belize Cancer Society, the Dominica Cancer Society, the Grenada Cancer Society, the Cancer Institute of Guyana, the Jamaica Cancer Society and the Groupe de Support Contre le Cancer Haiti.

On a national level, the initiative involved strong collaboration with ministries of health, which helped to align screening protocols and create direct linkages with national cervical cancer screening efforts. Ministries of education and NGOs working in sexual and reproductive health (SRH) contributed to building capacity and increasing coverage.

### Innovation

Through its pooled funding model, the HCC supported small national CSOs to access development aid whilst compensating for the capacity constraints of funding agencies to manage the significant administration required for administering relatively small grants.

Providing CSOs with small, manageable, short-term, output-driven grants built their management and implementation capacity. It also positioned CSOs to seek direct funding through future grant opportunities.

The regional networking opportunities created have enabled experience sharing and collective problem solving to overcome challenges. The networks developed among partners have been sustained beyond the project funding cycles for treatment referrals and sharing information among other things.

## RESULTS

- 7,022 underserved women were educated and screened for cervical cancer; 50% were screened for the first time.
- 17-51% were diagnosed and referred for treatment in various countries.
- 479 outreach workers including healthcare professionals were trained.
- In Belize, close work between the Belize Cancer Society (BCS), the ministry of health and other local stakeholders has led to the launch of the National Cervical Cancer Committee and the National HPV Vaccination Plan.
- The BCS and the ministry of health successfully advocated and procured funds for the inclusion of the HPV vaccination in the Belize National Vaccination Plan.
- In Jamaica, collaboration and partnership with local CSOs, the private sector and the ministry of health

has led to joint public health education campaigns, expanded screening services in underserved communities and innovative funding strategies to support projects.

- Both the Belize and Jamaica projects were featured as models of south-south cooperation by the WHO Global Coordination Mechanism on NCDs (GCM/NCDs) at its Multi-stakeholder Dialogue in November 2015.
- CSOs have developed an active network for resource sharing and referral in an attempt to address cancer treatment gaps in the region.
- Partner CSOs shifted to financial management software and significantly improved fund management and financial reporting.
- The cancer societies in Jamaica and Belize that demonstrated success during their first round of C4PI funding went on to secure further direct funds to build on their achievements.

## LESSONS LEARNED

- There is added value in leveraging the strengths of CSOs to improve access by underserved and marginalized populations to screening services.
- Well-managed small grants can yield significant impact.
- The HCC model of sharing a grant with several sub-grantee organizations helps ensure efficient use of resources for funders and facilitates capacity building among smaller CSOs in terms of organizational capacity, resource mobilization and increased organizational sustainability.
- It is important to build multisectoral partnerships into projects during the design phase and through implementation to ensure wide stakeholder buy-in, high-quality programmes, efficiency and maximal benefit to target groups.
- The ongoing grant model serves to expand the alliance by creating tangible membership benefits. HCC members see greater value in membership as a result of receiving grants and engaging in these multi-country projects, which allow them to achieve their organizational objectives and strengthen their capacity and networks with other organizations both nationally and within the region.



Cervical cancer outreach in a Mayan community in Belize