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Impiloyami Growing up and Living with HIV (IGAH) Project End Report

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated

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Program Description

Program Overview

1 Program Name

Impiloyami Growing up and Living with HIV (IGAH) Project End Report

2 Diseases program aims to address

- Cancer (Breast, Cervical, General)
- Non-Communicable Disease Care, general

3 Beneficiary population

- Age groups: Adolescents (5 - 14), Adults (15 - 64), Elderly (65 +)
- Genders: All
- People with low income
- Rural Populations

4 Countries

- South Africa

5 Program start date

June 1, 2017

6 Anticipated program completion date

March 31, 2020

7 Contact person

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8 Program summary

The Impiloyami Growing up and Living with HIV (IGAH) program in South Africa is a collaboration between Bristol-Myers Squibb (BMS) Foundation, the Mpilonhle Sanctuary Organization (MSO) and Bhekuzulu Self-Sufficient Project (BSSP) supported and managed by Right to Care (RTC). An established non-profit organisation that supports and provide prevention, care and treatment and associated diseases, namely: tuberculosis (TB), cervical cancer and sexually transmitted infections (STI). The primary goal of the project was to contribute to the reduction of mortality and morbidity of common cancers, HIV, TB and other NCDs in people aging through supporting clinics to scale up awareness, screening and treatment services in an integrated chronic care model in the uThukela District, KZN.

The objectives of the program were as follows:

- Screening for Cervical and breast cancer
- Increase Uptake & Prevention of Cancers and NCDs
- Improve linkages to care and up-skill healthcare workers:
- Educate adolescent girls and young women (AGYW) on prevention of cervical and breast cancer
- Top-up HPV vaccination support for adolescent girls
- Enhancing adolescent and youth friendly services (AYFS)
- Enhancing adolescent adherence to ART
- Screening for cervical and breast cancer for eligible AGYW
- Educate and create awareness on HIV, TB, MMC, common cancers and other NCDs in adolescent boys and young men (ABYM)

Programme activities included:

- Training of community health care workers and traditional healers on the integration of HIV, sexually transmitted infections (STI), tuberculosis (TB) and cancer.
- Door to door health education and awareness campaigns.
- Health service provision in hard to reach communities using mobile health care facilities.
- Cervical cancer screenings including Visual Inspection using Acetic Acid (VIA), clinical breast examinations and screening for other non-communicable diseases (NCDs).

Program Overview

8 Program summary cont.

- Support for patients support groups.
- Establishment and support of adherence clubs.
- Diagnostic procedures using Colposcopy and Punch biopsy for clients with abnormal screening results.
- Treatment for precancerous lesions using Cryotherapy and LEEP method.
- Support Department of Health (DOH) in initiating, supporting and sustaining
- Adolescents and Youth Friendly Services (AYFS) and Programs

Both organisations collaborated with provincial government, non-profit organizations, community-based organizations, schools to scale up awareness, screening and treatment services to contribute to the reduction of mortality and morbidity of cervical and breast cancers.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	The project planned all activities in collaboration with the district and provincial Departments of Health and other relevant stakeholders in planning calendar events and other occasions, outreach programs and as per project workplan and demand. The project was presented and integrated within municipality level health and social multisectoral "war rooms".
Communication	<ul style="list-style-type: none"> - Conducted door to door health education and awareness campaigns. - Printed and distributed cancer awareness and advocacy materials. - Conducted focus groups discussions. Follow up of patients and reminding patients of appointments. - Use of technology (tablets) to capture collected data and to follow-up patients that needs further management following their visits to the clinic. - Use of zoom for bi-weekly update meeting - Use of local radio station and local newspapers to create awareness about the project and promote health seeking behaviour of cancers and NCDs. - Used of social media to develop messages on cancers and NCDs on Facebook, Twitter and Instagram pages.
Technology	Use of technology (tablets) to capture collected data and to follow-up patients that needs further management following their visits to the clinic.
Mobilization	<ul style="list-style-type: none"> - Supported HIV patient support groups by setting up of adherence clubs in the community where patients met atleast once a week to share their experiences. - Focus groups discussions were arranged with different demographic groups e.g. adolescents, women and men to allow them to open up and share their experiences with peers. - Mens Imbizo's and mass campaigns were arranged to discuss male cancers and dispel myths where only men over the age of 18 attended.

Program Strategies & Activities

9 Strategies and activities, Cont.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	<ul style="list-style-type: none"> - Extensive consultations and planning meeting to identify clinics in which the project was going to provide direct support. - The project planned all activities in collaboration with the district, provincial DOH and other relevant stakeholders in planning calendar events and outreach activities as per project workplan and demand.
Training	<ul style="list-style-type: none"> - Trained community health workers on how to screen and provide health information and refer to health facilities. - Nurses and medical doctors were trained on how to screen for cervical cancer (Pap smear, VIA and Cryotherapy). - Information on breast cancer and examinations was also provided.
Infrastructure	<ul style="list-style-type: none"> - Establishing systems and infrastructure such as recruitment of staff, procuring of equipment, capacitating of key programmatic staff and ensuring organizational and governance's processes are instituted from the onset which included recruitment of board members to oversee the two projects. An important achievement was the identification of the clinics in which the project was going to provide direct support. - Procurement of vehicles and two (2) Mobile trailers for the two organisations to undertake outreach work and to facilitate more screening of patients in the project district. - The project leveraged existing HIV/TB/STI services for an integrated care model for prevention of cancers and NCD's and strengthen the implementation of the UNAIDS 90-90-90 goal using cervical cancer as an entry point. - Vehicles used during campaigns and helping DOH when requested. - Procurement of surgical instruments and trolley tables. - Procurement of cervical cancer screening consumables. - Procurement of Tablets to support the project data management purposes used by nurses, Data Captures and Project Coordinators to follow-up patients that needed further managements.
Technology	<ul style="list-style-type: none"> - Colposcopy machines. - Use of tablets for data collection and patient follow up. - Used of NHLS website to access results. - Rightmax system for management of funds - Used of Redcap data management systems to capture and store project data.
Management	Financial Management, Human Resource Management, Transport management and Project management.

Program Strategies & Activities

9 Strategies and activities, Cont.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Screened patients by conducting Pap smears, breast cancer screening and NCD's
Treatment	Emmaus Hospital, Ladysmith Hospital, Estcourt Hospital and St. Chads Community Health Centre – Colposcopy and Biopsy.
Treatment	Cryotherapy and LLETZ.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	South Africa
Health Service Strengthening	South Africa
Health Service Delivery	South Africa

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb	Funded the IGAH project

12 Funding and implementing partners

PARTNER	ROLE	SECTOR
Uthukela District Health Office	The program was implemented in the facilities that were identified by Provincial DOH within Uthukela district. Identification of the clinics was done in consultation with the uThukela District Health Management Team. Meeting and training venues were provided by the District Health Office. Data was shared with DOH and facilities in the district. Uthukela District Office role was to provide an oversight role to MSO and BSSP as part of the integrated care model for communities growing and aging with HIV in the district. www.uthukela.gov.za	Public
Emmaus Hospital	Emmaus Hospital provides District Health Service and its affiliated to the IGAH project, was identified as one of the hospitals in Uthukela district to provide direct support to the project: Provided doctors to be trained on cervical cancer. Role: The hospital provides rooms for diagnostic procedures, linen and some consumables. It also provided patient stationery, CSSD for Autoclaving. www.kznhealth.gov.za/emmaushospital.htm	Public
Right to Care	Right to Care (RTC) is a non-profit organisation based in South Africa with a footprint in supporting and providing prevention, care and treatment for HIV and associated diseases, namely: tuberculosis (TB), cervical cancer and sexually transmitted infections (STI). The two organisations were funded through the grant that was by RTC from BMSF. RTC was a technical partner and responsible for the management and overseeing the implementation of the Impiloyami Growing up and Living with HIV (IGAH). https://www.righttocare.org/	Public
National Health Laboratory Service	The National Health Laboratory Service (NHLS) is the largest diagnostic pathology service in South Africa with the responsibility of supporting the national and provincial health departments in the delivery of healthcare. The NHLS provides laboratory and related public health services through a national network of laboratories. NHLS provided the project access to the Lab track system to access cervical cancer screening results. www.nhls.ac.za	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners, Cont.

Mpilonhle Sanctuary Organization	The MSO implements the activities of the program including HIV and cancer community awareness campaigns and trainings of community health care workers and traditional healers. Also provides support to Adherence clubs, Focus Groups, Support Groups. Cervical cancer screening, Clinical breast examination and NCD's. https://mpilonhle.wordpress.com	Public
Bhekuzulu Self Sustaining Project	Bhekuzulu Self Sustaining Project (BSSP) is a non-governmental organisation in Uthukela district which implements the activities of the program including HIV and cancer community awareness campaigns and trainings of community health care workers and traditional healers. Also provides support to Adherence clubs, Focus Groups, Support groups. Cervical cancer screening, Clinical breast examination and NCD's. https://www.bsspcare.org	Public
KwaZulu-Natal Department of Health	The program was implemented in the facilities identified by the provincial DOH. The Memorandum of Agreement (MOA) was signed approved by the province. A number of pre-program plenary meetings and consultations were held with the provincial DOH to discuss the programme concept and implementation. www.kznhealth.gov.za	Public
Ladysmith Hospital	Ladysmith Hospital provides District Health Service and its affiliated to the IGAH project, was identified as one of the hospitals in Uthukela district to provide direct support to the project: Provided doctors to be trained on cervical cancer. Role: The hospital provides rooms for diagnostic procedures, linen and some consumables. It also provided patient stationery, CSSD for Autoclaving. www.kznhealth.gov.za/ladysmithhospital.htm	Public
Estcourt Hospital	Estcourt Hospital provides District Health Service and its affiliated to the IGAH project, was identified as one of the hospitals in Uthukela district to provide direct support to the project: Provided doctors to be trained on cervical cancer. Role: The hospital provides rooms for diagnostic procedures, linen and some consumables. It also provided patient stationery, CSSD for Autoclaving. www.kznhealth.gov.za/estcourthospital.htm	Public

13 Funding and implementing partners by country

PARTNER

COUNTRY

Uthukela District Health Office	South Africa
Emmaus Hospital	South Africa
Right to Care	South Africa

Companies, Partners & Stakeholders

13 Funding and implementing partners by country, Cont.

PARTNER	COUNTRY
National Health Laboratory Service	South Africa
Mpilonhle Sanctuary Organization	South Africa
Bhekuzulu Self Sustaining Project	South Africa
KwaZulu-Natal Department of Health	South Africa
Ladysmith Hospital	South Africa
Estcourt Hospital	South Africa

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED
Government	The provincial Department of Health which is an affiliate of the national government was fully engaged throughout the lifespan of the project. Its involvement included identifying hospitals and clinics to provide direct support to the project. MOU were signed to facilitate service delivery and diseases management.	Infrastructure: Yes Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Non-governmental organization (NGO)	NGOs cooperation and partnership was crucial in the IGAH project to facilitate community mobilization and leadership to support the project interventions such community awareness on common cancers.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Local Hospitals/ Health Facilities	Local hospitals and health facilities were identified to provide clinical management and service delivery of cancers and NCD that the IGAH project supported (i.e. capacity building- venue for trainings) and to render the programmes required of the IGAH project i.e. cervical screening and other services. The health care workers that were trained on screening, diagnosis, treatment services were received from the local hospitals and clinics.	Infrastructure: Yes Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Local universities	University of KwaZulu-Natal provided a supportive role to the IGAH project in relation to research and on-going technical assistance of IGAH project programme activities.	Infrastructure: Yes Human Resources: [No response provided] Funding: No Monitoring or Oversight: [No response provided] Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Given the declining HIV/AIDS mortality rates and longer life expectancy due to the up-scaling of anti-retroviral treatment (ART) with its concomitant metabolic complications, evidence has shown that HIV-infected adults on ART have a much higher risk of developing other chronic illnesses such as cardiovascular diseases, diabetes, chronic obstructive lung diseases as well as kidney disease. Other HIV/AIDS co-morbid diseases on the increase include common female cancers such as cervical and breast cancer as well mental illness and substance abuse. Two thirds of premature deaths (between 30-70 years of age) are linked to exposure to NCD risk factors such as smoking, alcohol, poor diet, physical inactivity and poor healthcare services.

Since the advent of ART, HIV-infected women are no longer dying from opportunistic infections, but are living long enough to develop and die from cervical and breast cancer. In South Africa, breast cancer and cervical cancer remain the most common cancers amongst women. According to the HPV Information Centre, the estimated number of new cases of cervical cancer in South Africa is over 7,000 per annum with an age-standardized rate of 31.7/100,000. The estimated number of deaths among women in South Africa from cervical cancer is approximately over 4200 each year. This higher prevalence of cervical cancer and pre-cancer disease is also due to co-infection of patients with HIV and the human papillomavirus (HPV), which is the causal agent for cervical cancer. It is estimated that 60-80% of HIV-infected women in sub-Saharan Africa are infected with HPV, placing them at substantially increased risk for cervical cancer. The risk of cervical cancer in HIV-infected women has been found to be three times higher than in HIV-uninfected women globally.

This calls for a scale up of efforts to reduce the risk of invasive cervical cancer through screening programs targeting HIV positive women with the ultimate goal of expanding the services to HIV uninfected women. On the other hand, 50% of HIV transmission takes place among those aged 15–24 and 5 000–6000 young people become infected every day because of poor access to health services and commodities, early sexual debut, sexual coercion and violence, growing up without parents and abuse. For those on ART, adherence may further be compromised due to partial or non-disclosure by their parents or caregivers, usually a grandparent, as well as lack of psychosocial support. Awareness and education programs for adolescents and young adults on risk factors for sexually transmitted infections (STIs), common cancers and the effects of smoking and alcohol use are sub-optimal in South Africa.

The project was implemented in the backdrop of the approved National Cancer Strategic Framework for South Africa 2017 - 2022 in 2017 as the overarching strategic document intended to guide individual cancers in the country following approval of both cervical and breast cancer policies and guidelines.

a How needs were assessed

A formal needs assessment was not done. However, collaborations, rigorous consultations with local stake holders including the Provincial and District Department of Health were key in identifying and prioritising the IGAH project interventions in the district and to also serve the needs of the KZN province in relation to common cancers, HIV,TB and other NCDs.

b Formal needs assessment conducted

No.

16 Social inequity addressed

The program was aimed to contribute to the reduction of mortality and morbidity of common cancers, human immunodeficiency virus (HIV), tuberculosis (TB) and other non-communicable diseases (NCDs) in people aging and growing with HIV in the UThukela District, KwaZulu Natal. The spread of HIV can be attributed to multiple factors including poverty, inequality and social instability, high levels of sexually transmitted infections, the low status of women, sexual violence, high mobility (particularly migrant labour), limited and uneven

Local Context, Equity & Sustainability

16 Social inequity addressed, cont.

access to quality medical care, and a history of poor leadership in the response to the epidemic. The hardship for those infected and their families is exacerbated by stigma and denial related to suspected infection which causes many people to delay or refuse testing and not availing treatment till the disease has progressed radically. This program helped to reduce the inequity to access care.

17 Local policies, practices, and laws considered during program design

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	All applicable policies and guidelines pertaining to this aspect of designing the program were taken into consideration.
Procurement procedures	Yes	Same as above
Standard treatment guidelines	Yes	Same as above
Quality and safety requirements	Yes	Same as above
Remuneration scales and hiring practices	Yes	Same as above
Other	Yes	With Policy makers as active partners the project course corrected a couple of times as changes in policies were reviewed by the government.

18 How diversion of resources from other public health priorities are avoided

The funding of the IGAH project was based on the need of the community in relation to the disease burden in the Uthukela District which was detailed in the proposal submitted and costing thereof was tailored on the specific needs and requirements of this particular project.

19 Program provides health technologies (medical devices, medicines, and vaccines)

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME (INN)
Device	Cryotherapy	
Device	Large Loop Excision of the Transformation Zone	

Local Context, Equity & Sustainability

20 Health technology(ies) are part of local standard treatment guidelines

Yes, all of the above.

21 Health technologies are covered by local health insurance schemes

Yes, all of the above.

22 Program provides medicines listed on the National Essential Medicines List

No. Dispensing of medicines is referred by the project to the patient to collect at local health facility pharmacy.

23 Sustainability plan

As part of the sustainability of the implementation of the IGAH programme, all equipment bought by the project was handed over to the District Department of Health. The project planned to introduce the DOH to the suppliers of the equipment for maintenance and servicing. A formal hand over report and data was handed over to the department for ongoing monitoring and integration to the district Health Information Management Systems.

- All health workers (nurses and doctors) that were trained and mentored were from Uthukela District Department of Health.
- For continuation purposes a nurse from Estcourt hospital received orientation at the colposcopy clinic.
- IGAH related services will continue to be offered by the District Department of Health.

Additional Program Information

24 Additional program information

None.

a Potential conflict of interest discussed with government entity

No.

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

Program Indicators

PROGRAM NAME

Impiloyami Growing up and Living with HIV (IGAH) Project End Report

27 List of indicator data to be reported into Access Observatory database

INDICATOR	TYPE	STRATEGY	2017-2019	2020
1 Number of community members educated on cervical cancer	Output	Community Awareness and Linkage to Care	11,982 people	---
2 Number of healthcare workers trained to provide cervical cancer screening, diagnosis and treatment services	Output	Health Service Delivery	116 people	---
3 Number of people who received cervical cancer screening	Output	Health Service Delivery	7,084 people	---
4 Number of people screened found with abnormal cervical cancer results (pre-cancerous)	Output	Health Service Delivery	402 people	---
5 Number of patients who received EARLY treatment for cervical cancers (pre-cancerous)	Outcome	Health Service Delivery	---	---
6 Number of people diagnosed with cervical cancer who died	Outcome	Health Service Delivery	12 people	---

ITEM	DESCRIPTION
Definition	Number of people educated on cervical cancer through IEC and community awareness events
Method of measurement	People
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Mpilonhle Sanctuary Organization; Right to Care; Bhokuzulu Self Sustaining Project	Each participating community member fills or have their details filled in the community awareness attendance registers and they sign. This is completed for each community awareness event conducted by both NGOS namely Mpilonhle Sanctuary Organisation and Bhokuzulu Self Sustaining Project. The project officers and M and E officers verify and sign each completed page and submit this data to Right to Care who is the grant manager reporting directly to the BMS Foundation and TA partner NEDICO.	Ongoing
31 Data processing	New Dimension Consulting, Zimbabwe	The project manager and M and E officers of the two NGOs (Mpilonhle Sanctuary Organisation and Bhokuzulu Self Sustaining Project) review the attendance registers once every week, then the data entry officer also reviews when capturing the data in RedCAP as well as the Indicator Performance Tracking Tool overseen by NEDICO who is a Technical Assistance partner for the foundation. Any data inconsistencies are referred back to the project officers in each NGO for correction or verification.	Weekly
32 Data validation	New Dimension Consulting	The NGO's M and E officers, technical assistance Statistician, M and E technical assistance team (New Dimension Consulting)	

33 Challenges in data collection and steps to address challenges

Completion of awareness event registers in large group events with some participants illiterate. Data entry clerk assists participants in properly completing the attendance registers. Each participant asked to bring their national ID to the awareness event.

INDICATOR

2017-2019

2020

1	Number of community members educated on cervical cancer	11,982 people	---
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Comments: N/A.

Number of healthcare workers trained to provide cervical cancer screening, diagnosis and treatment services

ITEM	DESCRIPTION
Definition	Number of individuals healthcare workers trained to provide cervical cancer screening, diagnosis and treatment services
Method of measurement	Healthcare workers
Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Mpilonhle Sanctuary Organization; Right to Care; Bhekuzulu Self Sustaining Project	Each training participant fills and sign the training attendance register on each day of the training. The project officers and M and E officers from the two NGOs namely Mpilonhle Sanctuary Organization and Bhekuzulu Self Sufficient Project verify and sign each completed page. Then these are sent to Right to Care who is the grant manager and overseer of implementation by the NGOs for further verification and compilation into the grand IPTT tracking form to be submitted to BMSF/NEDICO for further analysis.	Ongoing
31 Data processing	New Dimension Consulting	The project managers and M and E officers from the two NGOs (Mpilonhle Sanctuary Organization and Bhekuzulu Self-Sufficient Program) review the attendance registers once every week, then the data entry officers also reviews when capturing the data in RedCAP as well as the Indicator Performance Tracking Tool overseen by NEDICO who is a	Ongoing
32 Data validation	New Dimension Consulting	M and E officers, technical assistance Statistician, M and E technical assistance team (New Dimension Consulting)	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR	2017-2019	2020
2 Number of healthcare workers trained to provide cervical cancer screening, diagnosis and treatment services	116 people	---

Comments: N/A.

INDICATOR **Number of people who received cervical cancer screening**

3

STRATEGY HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	The number of patients with a pediatric cancer of blood disorder diagnosis (PHO) initiating treatment during the reporting period
Method of measurement	Women
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Mpilonhle Sanctuary Organization; Right to Care; Bhekuzulu Self Sustaining Project	Each woman seen by Mpilonhle Sanctuary Organisation and Bhekuzulu Self-Sustaining Project during an outreach, will have a cervical cancer screening form completed by the professional nurses at district level for outreaches and health facilities. The project managers and M and E officers of these two NGOs verify and sign on the completed screening form. The data capturer captures data in RedCAP database.	Ongoing
31 Data processing	New Dimension Consulting, Zimbabwe	The project managers and M and E officers of the two NGOs namely Mpilonhle Sanctuary Organisation and Bhekuzulu Self Sustaining Project, review the attendance and outreach registers once every week, then the data entry officer also reviews when capturing the data in RedCAP as well as the Indicator Performance Tracking Tool overseen by NEDICO who is a Technical Assistance partner for the BMSF Foundation. Any data inconsistencies are referred back to the project officer for correction and verification.	Ongoing
32 Data validation	New Dimension Consulting	M and E officer, technical assistance Statistician, M and E technical assistance team (New Dimension Consulting)	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR	2017-2019	2020
3 Number of people who received cervical cancer screening	7,084 people	---

Comments: N/A.

ITEM	DESCRIPTION
Definition	Number of women screened found with abnormal cervical cancer results (pre-cancerous)
Method of measurement	Patients
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Mpilonhle Sanctuary Organization; Right to Care; Bhekuzulu Self Sustaining Project	Each woman will have a cervical cancer screening form completed by the professional nurses at district level during outreaches conducted by Mpilonhle Sanctuary Organisation and Bhekuzulu Self Sustaining Project with affiliated health facilities. The project managers and M and E officers of these two NGOs verify and sign on the completed screening forms. The data capturer captures data in RedCAP database. This data is then verified by Right to Care who is the grant manager who then signs off and submits the data to the BMS Foundation and NEDICO TA partner.	Ongoing
31 Data processing	New Dimension Consulting, Zimbabwe	The project manager and M and E officers from the two NGOs namely Mpilonhle Sanctuary Organisation and Bhekuzulu Self Sustaining Project, review the attendance and outreach/referral registers once every week, then the data entry officer also reviews when capturing the data in RedCAP as well as the Indicator Performance Tracking Tool which is vetted by Right to Care and submitted to the overseer NEDICO who is a Technical Assistance partner for the BMS Foundation. Any data inconsistencies are referred back to the project officer for correction and verification.	Ongoing
32 Data validation	New Dimension Consulting	M and E officer, technical assistance Statistician, M and E technical assistance team (New Dimension Consulting)	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR	2017-2019	2020
4 Number of people screened found with abnormal cervical cancer results (pre-cancerous)	402 people	---

Comments: N/A.

ITEM	DESCRIPTION
Definition	Number of patients who received EARLY treatment for cervical cancers (pre-cancerous)
Method of measurement	Patients
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Mpilonhle Sanctuary Organization; Right to Care; Bhekuzulu Self Sustaining Project	Each woman will have a VIA cervical cancer screening form, that will assist nurses to identify whether patient is VIA Neg or Pos or Suspicious, completed by the professional nurses at district level for outreaches conducted by the two NGOs namely Mpilonhle Sanctuary Organization through the affiliated health facilities. The project managers and M and E officers, verify and sign on the completed screening forms. The data capturer captures data in RedCAP database and the Indicator Performance Tracking Tool once it has been vetted by Right to Care who is the grant manager reporting directly to the BMS Foundation.	Ongoing
31 Data processing	New Dimension Consulting, Zimbabwe	The project managers and M and E officers from Mpilonhle Sanctuary Organisation and Bhekuzulu Self Sustaining Project, review the completed screening forms and RedCAP database once every week, then the data entry officer also reviews when capturing the data in RedCAP once it has been vetted by Right to Care who is the grant manager reporting directly to the BMS Foundation. Any data inconsistencies are referred back to the project officer for correction and verification. Data cleaning is further done by the technical assistance M&E faculty members (NEDICO) before further analysis and reporting.	Ongoing
32 Data validation	New Dimension Consulting	M and E officer, Technical Assistance Programme BioStatistician, M and E Technical Assistance team (New Dimension Consulting).	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2020

5 Number of patients who received EARLY treatment for cervical cancers (pre-cancerous)	---
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Comments: N/A.

ITEM	DESCRIPTION
Definition	Number of women diagnosed with cervical cancer who died
Method of measurement	Patients
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Mpilonhle Sanctuary Organization; Right to Care; Bhekuzulu Self Sustaining Project	Each woman will have a cervical cancer screening form completed by the professional nurses at district level for outreaches conducted by the two NGOs namely Mpilonhle Sanctuary Organisation and Bhekuzulu Self Sustaining Project with affiliated health facilities. The project manager and M and E officer verify and sign on the completed screening form. The data capturer captures data in RedCAP database and the Indicator Performance Tracking Tool once it has been vetted by Right to Care who is the grant manager reporting directly to the BMS Foundation. Each organisation has community healthcare volunteers that visit patients on a monthly basis to track their treatment - and when the patient has died - it is recorded on the form.	Ongoing
31 Data processing	New Dimension Consulting, Zimbabwe	The project manager and M and E officers from Mpilonhle Sanctuary Organisation and Bhekuzulu Self Sustaining Project, review the completed screening forms, Indicator Performance Tracking Tool and RedCAP database once every week, then the data entry officers also review when capturing the data into these platforms. Any data inconsistencies are referred back to the project officer for correction and verification. Data cleaning is further done by the technical assistance Statistician before further analysis and reporting.	Ongoing
32 Data validation	New Dimension Consulting	M and E officer, technical assistance Statistician, M and E technical assistance team (New Dimension Consulting)	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2017-2019

2020

6 Number of people diagnosed with cervical cancer who died	12 people	---
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Comments: N/A.

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

as a business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.)

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not,

what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.

