CREATIVE AGENCY BRIEF
Early detection of Cancers (Oral, Breast & Cervical) through Community Level Screening at Kamrup Rural

Introduction:
Piramal Swasthya is a not for profit organization supported by Piramal Foundation and believes in "Democratizing Healthcare" – making Health Care Accessible, Affordable and Available to all segments of the population, especially those who are most Vulnerable. In order to achieve this goal, we leverage cutting edge information and communication technologies to cut costs without compromising quality as well as Public Private Partnerships to scale its solutions throughout India. Our existing collaboration with various Governments, corporates and public-sector divisions is increasing the reach and deepening the traction within communities, thereby impacting beneficiaries on a large scale.

We are currently operating in 16 States providing service to more than 9.7 crore beneficiaries across our country. We operate 104 Health Information Helpline Services & MCTS in 9 states such as Andhra Pradesh, Assam, Arunachal Pradesh, Rajasthan, Maharashtra, Karnataka, Chhattisgarh, Jharkhand and Himachal Pradesh in partnership with state Governments on PPP mode. We also operate 292 Mobile Medical Units for State of Andhra Pradesh & 80 MMUs for State of Assam.

Based on the rich experience of Piramal Swasthya in the field of PPP, Government of India has appointed us as an advisor and knowledge partner to the Ministry of Health and Family welfare for planning and roll-out of Remote Health Advisory Services, National Health helpline. Recently, Niti-Aayog and Piramal foundation had signed a statement of intent to Transform 25 Aspirational Districts in Healthcare, Nutrition and Education.

Background
Overview of Health Care System in India
Even after 70 years of independence, the Healthcare system of India is still incapable to serve its own population. According to the KPMG report1, the majority of healthcare workforce (80%) and infrastructures (hospitals – 60%, dispensaries – 75%) exist in urban areas serving only 28% of country’s population. Rural areas have always been widely populated but underserved, often making them an initial target to epidemics. In 2016, India spent around 3.66% of GDP on healthcare increasing the out of pocket expenditure of the population. The access to the healthcare is inhibited due to poor governance, regulatory problems and corruption in public health facilities making our country incompetent to achieve a healthy nation. The disparity of healthcare between the urban and rural is due to poor infrastructure, socio-economic issues like poverty, caste, gender and geographical barriers.

Every 1 in 6 deaths is due to Cancer, making it the second most common cause of death globally. In year 2017, 18.1 million new cancer cases were reported and 9.6 million people died due to it.

Cancer is the abnormal growth of cells. There are more than 100 types of cancer and symptoms vary depending on the type. In India around 2.25 million are living with the disease and around 11 lakh cases are registered as new cases every year. The most common cancer in males is lip, oral cavity cancer and in females is breast cancer followed by cervix cancer. Early diagnosis and treatment of cancer can prevent 30-50% deaths.
Facts about Cancers in India

- Cancers of oral cavity & lungs (males) and cervix & breast (females) account for >50% of all cancer deaths in India.
- 71% of all Cancer deaths in India – occur in age group between 30-69 years.

One woman dies of cervical cancer every 8 minutes in India.

For every 2 women newly diagnosed with breast cancer, 1 woman dies of it in India.
**Problem Statement**

Kamrup Rural District in Assam State has the fourth highest incidence of Cancers in India with about 200 cases /100000 people. Rural population has half the incidence and double the mortality. Delayed diagnosis, poor access to the treatment and suboptimal treatment are the major factors leading to the incidence and mortality rate due to Cancer.

**Summary notes from Baseline Evaluation:**

A Baseline Evaluation under D.E.S.H. program was conducted to understand the existing knowledge levels of population on the cancer, cancer causing agents and their consumption patterns, and availability and accessibility to cancer care and treatment centers in the intervention blocks. Details of sample covered is below:

**Awareness about cancer causing items and their consumption patterns among respondents:**

There is a disparity in knowledge about cancer causing items and their consumption patterns. While people are aware that smoking, chewing tobacco and consumption of alcohol are cancer causing items, their consumption is also low. But while 47% are aware that chewing tobacco / pan / Zarda causes cancer, still close to 70% are consuming them regularly.

Despite of technological advances, people in the region are still God-feared and 36% believe, medicines also will not work, if God is not willing. Another 19% attributed Cancer to the bad Karma.

**Percentage of people showing different attitudes towards Cancer screening**

<table>
<thead>
<tr>
<th>Attitude towards Screening</th>
<th>All (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base</td>
<td>923</td>
</tr>
<tr>
<td>No, never</td>
<td>78</td>
</tr>
<tr>
<td>I am unaware of screening</td>
<td>15</td>
</tr>
<tr>
<td>I am planning to</td>
<td>4</td>
</tr>
<tr>
<td>Yes, once</td>
<td>2</td>
</tr>
<tr>
<td>Yes, multiple times</td>
<td>1</td>
</tr>
</tbody>
</table>

93% participants have never been for screening or are unaware of it.

**Community based Cancer Screening – An Innovative Model under Pilot Stage:**

Considering the above mentioned facts, during December 2017; Piramal Swasthya under its Innovations vertical had designed and implemented a community based cancer screening model with an objective towards early detection of Oral, breast and cervical Cancers with a motive towards increasing early stage diagnosis and prevention / cure of Oral, Breast and Cervical Cancers. It has partnered with Dr.B.Boorah Cancer Institute (BBCI), Guwahati, Assam in order to do referrals and follow up activities for screened positive beneficiaries at hospital level.
**Goal of D.E.S.H Program:** To improve the proportion of early screening of breast, cervical and oral cancers through a community-based awareness, screening, and referral program.

**The Program** is envisaged to create awareness at the community level followed by screening of oral, breast, and cervical cancer. Screened positive beneficiaries are assisted with mobility to cancer hospitals for diagnosis followed by treatment for those who are tested positive.

**Target Beneficiaries** are the population of equal or above 30 years of age both male and female in the 3 blocks (Sualkuchi, Kamalpur and Hazo) in Kamrup Rural District, Assam.

**Approach Model - Community mobilization & awareness on significance of early detection of Cancer:**

- Sensitize district health administration about D.E.S.H Program. Establish formal collaboration.
- District health administration to instruct block officials to support D.E.S.H Program.
- Block level officials help D.E.S.H Team establish contact with frontline workers at village level.
- Village entry by D.E.S.H Team. Sensitize ASHAs & ANMs, plan for awareness sessions to community members.

**Challenges to be addressed:**

- **Key Constraints** are the socio psychological barriers among the community as explained below.
  - No desirable participation by the beneficiaries: Challenges in mobilizing the primary stakeholders (men and women above 30 years of age) to attend the awareness sessions followed by screening at the community level, at mobile screening camps.
  - Fear of confronting the truth. Unwillingness to know if they have (not) signs & symptoms of Cancer.
  - Scared of being tested as there is a negative spread about screening could be harmful in the long run of an individual life and sometimes the same is being spread by those who underwent screening.
  - There is a preconceived notion which is prevailing around that “symptom of Cancer is a trigger to take action and not otherwise”.
  - The statement from a common beneficiary comes like this..., I am healthy and why will I get Cancer and hence why to get myself screened for Cancers”.
  - There are also certain prevailing beliefs that the cost of screening is high.

**Existing Tools of Communication:**

1. Flipcharts – used while conducting Community Awareness Sessions.
2. Breast Model – used for demonstrating self-breast examination while conducting awareness sessions.
3. Pamphlets - used for distribution after conducting awareness sessions.
4. Butterfly Badge – usually it is used during specific occasions (World Cancer Day, Breast Cancer Awareness Month, etc.) by pinning the badge to the female beneficiaries with an intent of communicating “I can and I will” fight Cancer.
5. **Pitching Notes** – we have developed a document which is used by Community Mobilizers while conducting awareness meetings in order to ensure the session is well organized and goes in a sequence.

**The Task at Hand:**

In order to bring the importance of early detection of Oral, Breast and Cervical Cancers through Community Level Cancer Screening in the forefront, D.E.S.H program would like to roll-out a Periodical ongoing “Social Behaviour Change Communication” **Campaign / drive (the structure and layers of the drive categorizing it in to various stages may also be considered while preparing your proposal)** that will enable the targeted beneficiaries to become knowledgeable about the significance of early detection and develop positive attitude to practice by getting themselves screened once in a year. This would translate into:

The campaign drive will be implemented in 3 Intervention Blocks in Kamrup Rural district. Campaign will be routed through National Health Mission and Social Welfare Ministry. Subsequently, this campaign will culminate into a strategic piece for all the Cancer Screening Interventions that Innovations Vertical would be implementing across various places in Assam and North East.

**Stakeholders:**

The intensive ongoing campaign will primarily **target the women and men aged => 30 years**. The primary beneficiary has been identified based on discussion on programmatic support as well. The other stakeholders include:

- Community including local influencers – help in initiating dialogue within the community.
- Institutions including educational, cultural and religious – to help in advocating and emphasizing the significance of early detection of Cancer.
- Service providers – understand the importance to initiate dialogue with the beneficiary and their families.

**Key Messages:**

The purpose is to transfer the ownership to the entire ecosystem that works towards educating and practice significance of early detection of Oral, Breast and Cervical Cancers with a simple message – ‘No Symptom does not mean No Problem’.

**Beneficiary**

- Question which is provocative & self-exploratory and enquiring – “**Tandrust walon ko Cancer ayega Kya?**”. (*Swasthya ban manuhak cancer (korkot rog) hobo pare niki ?*)
- Detect early, save yourself and your family. Act now…get yourself screened for cancers.
- Cancer does not come to you because of your sins, it comes due to habits, life style and/or genetic disorders...

**Community**

- Cancer is spreading rampantly. Cancer destroys your family.
- Get the Cancer Screening done for woman & men => 30 years of age and save her / his Life and their family from collapsing socially and economically.
- Cancer Screening is safe.
- Cancer Screening is free in D.E.S.H Program
**Service Provider**


**Channels of Communication:**

This campaign will engage multiple channels that include Below the Line (BTL) and Mid media.

**Deliverables:**

The agency is expected to share the concept of the campaign / drive along with suggested timelines, share 2-3 creative renditions, channels that will be engaged and the entire execution plan.

**Materials Needed:**

- Flip book used by community mobilisers – review and modify
- Counselling tool for Tobacco pouch cases
- Counselling tool for Counsellors at the Screening site as well as for the Counsellor at BBCI Hospital.
- Leave behind for ASHA, ANM and influencers containing basic information and their role - pamphlet or sticker
- One pager leave behind for primary beneficiary on signs and symptoms of cancer, causes and how to prevent. If detected early, it can be treated.
- Develop a video (may be cartoon video) on Breast and Cervical cancer screening – to be shown to seek their permission/confirmation to conduct the test. OR Dialogue card on cervical cancer screening
- A short Video film communicating the significance of early detection of Cancer.

Please share the financials separately for:

1. Campaign concept
2. Materials – separately for each

**Essentials:**

Logos – D.E.S.H, BBCI, Piramal Swasthya. LOGO of Call 104 (free call – toll free might not be a common term understood by the rural inhabitants) for more information.

**Preferable:**

- Demonstrated expertise and experience in conceptualizing campaign around health issues.
- Agency having local presence.

**Timelines:**

The campaign will be rolled out in 3 intervention Blocks of Kamrup Rural district of Assam from April 2020 onwards. Hence the proposal to be submitted on or before 26th February 2020. Please mail your proposal to **desh.sbcc@piramalswashthy.org**