

## Pacific CEED Legacy Projects Promising Practices & Progress Report Form

**Project Name/Title:**  
**Training on Cancer Affecting Women & Practical Solutions for Early Detection & Information Dissemination Project**

**Project Date/Duration:**  
 Jan. 1, 2009 – September 30, 2009

**Jurisdiction/Island/Village: Pohnpei State,  
 Federated States of Micronesia**

**Audience Reached:**  
 The project was carried out in two phases. The first phase of the project was to train 60 women from the 19 PWAC groups on the 'ABC's of cancer and planning the mini-trainings. All participants are mothers, including cancer survivors, caregivers, women traditional leaders, seniors, women church leaders, business women, and school teachers. The second phase was the village mini-trainings. The 60 Trainers conducted community awareness in 56 villages, including their own women's groups. Women, men and their families all benefited from this community participatory program, including youth, senior citizens, cancer survivors, care-givers living in the remote communities who have no or limited access to radio, television, and media.

**Contact Name/Info:**  
 Enerika Peterson, Pohnpei Women's Advisory Council  
 X-ner Luther, Cancer Program Coordinator, Pohnpei Department of Health

**PWAC Leaders from 19 women's groups:**



**Participant Quote:**  
 One of the participants in the training remarked about the PWAC ToT.

“This is the first time I've been included to this sort of important health awareness issue. I feel confident about sharing what I learned from the PWAC ToT. This training enabled me to share the importance of Breast and Cervical screening to my family. My next mission is to share the importance of cancer to the people in the community especially women. This kind of training is in my opinion more effective and should be conducted on an annual base.”

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**Training of Trainers: 60 women leaders**



**Village mini-trainings: a family event**



**11 Health Assistants trained in VIA (Visual Inspection with Acetic Acid):**



**Village mini-trainings:**



**History/Background:**

Cervical cancer rates on Pohnpei State are high and staff, laboratory and supplies are limited or unavailable for screening. Most cancers are detected during advanced stages. Recently the FSM adopted National Breast & Cervical Cancer Standards of Practice that include a simple screening test for cervical cancer called Visual Inspection with Ascetic Acid (VIA). VIA has been successfully researched and applied in low resource countries. Promotion of self breast exam (SBE) and clinical breast exam (CBE) are also included as a 'core' standard in the new guidelines due to the lack of a mammography. The Pohnpei State Comprehensive Cancer Coalition joined forces with the Pohnpei Women's Advisory Council (PWAC) to strategize the most effective way to increase awareness of breast and cervical cancer and its risk factors, and to encourage women to do self breast exams, and be screened using the newly adopted VIA method. From this collaboration, PWAC applied for a Legacy Projects grant. The partnership were formed between PWAC, PS-CCC and the Dept of Health to train selected women from each of the 19 women's groups that comprise the Pohnpei Women's Advisory Council with technical support from the Cancer Information Service (CIS), a Pacific CEED partner. The PWAC Cancer Trainers mobilized the women's groups to reach out to women in the community to provide mini-trainings on breast and cervical cancer, encourage cancer screening (VIA and CBE), promote self breast exams, and to encourage vaccination of young girls against HPV, a major cause of cervical cancer.

**Goal and Objectives:**

The goal of this project is to increase awareness about breast and cervical cancer among Pohnpeian women by promoting self breast exams, and cervical cancer screening through newly adopted screening test, [VIA (visual inspection using ascetic acid)], and advocate for young girls to be vaccinated against HPV. The goal of this project is to train 60 women from 19 women's organizations on the basic technical information about breast and cervical cancer, and the practical methods of prevention and early detection in the home setting and local health centers, including factors directly or indirectly contributing to cancers, such as healthy nutrition, regular physical activity, elimination of tobacco use, and prevention of sexually transmitted infections. These trainees in turn will conduct mini-trainings in at least two villages throughout Pohnpei State. This project supports several objectives including primary prevention as well as early detection and screening for breast and cervical cancer in the Pohnpei Comprehensive Cancer Control Plan. The project also supports the implementation of the National Breast & Cervical Cancer Standards of Practice endorsed by the Directors of Health in March 2009 and developed jointly by the 5 National and State CCC Programs and partners at the technical meeting in Sept 2008 with support from Pacific CEED.

**Planning & Development:**

The PWAC project addresses two objectives of the Pohnpei Comprehensive Cancer Control Plan: Prevention Objective #1 – Within the first year of implementation, develop and distribute culturally appropriate information on cancer and cancer risk factors on the 5 most common cancers in Pohnpei; and

Early Detection Objective #3 – Within five years of implementation, provide cervical cancer screening and clinical breast exams to 90% of the female population in Pohnpei.)

The partners are the PWAC officers, Department of Health Services, the 19 Women's Groups that comprise the Council, Island Community Food of Pohnpei, FSM Resources and Development, Pohnpei Cancer Coalition, Department of Youth and Social Affairs. The PWAC Executive Officers' role was to prepare the proposal and seek funding, to spearhead the planning process with Pohnpei Cancer Coalition, to coordinate with the 19 Women's Groups, strategizing the most effective way to

promote screening and early detection of breast and cervical cancer, to manage the funds for the organization, and evaluate the effectiveness of the project. The 19 Women's Groups role was to participate in the training of trainers, and disseminate the information from the training out to the communities. Also, their role is to obtain feedback on the outreach and mini-training.

Department of Health Services' role is to provide health resources for the training of trainers and the mini-training as needed. Most importantly, two clinical staff in the Department of Health were trained as trainers of VIA in March 2008 at the Jhpiego training in Manila. The DOH gynecologist (1 in Pohnpei) trained 10 health assistants parallel to the ToT to insure the VIA training was completed, and the clinics/dispensaries were operational using the new VIA technique before the village mini-trainings motivated the women to come for screening. The DOH also worked to insure that the HPV vaccination program is operational; to provide technical support to PWAC and to liaise with the other health resource people, and provide the venue for the ToT.

Island Community Food of Pohnpei's role is to educate the ToT participants on the importance of local food and nutrition in preventing certain cancers and in maintaining good health and proper weight. The FSM Resources and Development Department's role was to educate the ToT participants on the importance of being active in a local setting (i.e., gardening, fishing, etc.) and distributed seedlings for the participants. The Pohnpei Cancer Coalition was to provide support to PWAC on coordinating the outreach activities, and the ToT. The Department of Youth and Social Affairs' role was to assist the PWAC officers coordinate the ToT and mini-training. The PWAC and Pohnpei Cancer Coalition partnership will continue.

**Implementation:**

The primary activities were: 1) Training of Trainers on Breast and Cervical Cancer, Risk Factors, Screening and Early Detection, Preventive and Protective Factors; 2) Village Mini-Training conducted by the 19 Women's Groups at 57 sites (19 of which were for the women's group themselves). First, the group met to prepare the Training Plan of Action, and Program Plan of Implementation. Then the ToT was conducted for the 19 Women's Groups with a Pre- Post-Test and a course Evaluation/Feedback. The 19 Women's Groups assembled to plan the mini-training and schedule the venues, arrange for keynote speakers, obtain the buy-in from traditional leaders, plan the media roll out, and coordinate the events. The materials created were the PPTs for the ToT, billboards with the prevention and screening message, radio announcement on the mini-training and all ToT training materials.

**Evaluation:**

**ToT Pre & Post Test Results: a 15% increase in test scores**

<b>Pre-test scores: 83% pass</b>	
1-5 errors	22 trainees
6-11 errors	27 trainees
>11 errors	10 trainees
0-11 errors	49 of 59 trainees received passing grade
<b>Post-test scores: 98% pass</b>	
0-11 errors	58 of 59 trainees received passing grade
<b>Passing grade: 50% or better on 20 question test</b>	

## Trainees feedback on ToT:

	Directly related	Related	Somewhat Related	Unrelated		
<b>The presentations were focused on breast and cervical cancer.</b> <i>Presentation kan doke kanser en poahsoan oh dihdi.</i>	45	15	1	1	1	63
	71%	24%	2%	2%	2%	100%
<b>The panel discussions were helpful to the topics.</b> <i>Panel discussion kan udahn sawas ohng kaskuhl wet.</i>	29	29	5			63
	46%	46%	8%			100%
<b>I think I am able to conduct the mini-training.</b> <i>Pehin ahi pepehm oahng ahi pein kaken kaskuhlki dahme I alehdier sang ni kaskuhlwet.</i>	13	29	19	2		63
	21%	46%	30%	3%		100%
<b>The training materials provided were helpful and will aid in my presentations.</b> <i>Dipwsoau en kaskuhk kan me kaunopdahr ohng kaskuhl wet me mwahu oh pil pahn sawas ni ahi pahn wia ahi pein kaskuhl.</i>	34	20	8		1	63
	54%	32%	13%	0%	2%	100%

## Lessons Learned:

**Strengths:** 1) unity and commitment among PWAC and the 19 women's groups; 2) support of the Department of Health Services and Youth and Social Affairs; 3) commitment of health resource staff in participating in the ToT and mini-training; 4) synergy of the partners in meeting the objective of the project; 5) sustainable partnership between the community organizations, local government and State government.

**Conclusions:** Use local vernacular/language spoken primarily in the community; training aids for self breast exams, flipcharts and posters to illustrate educational concepts; enforce ground rules during training; insure that clinical services are accessible to community with all supplies and equipment available. Get the approval/blessing of the traditional leaders in the implementation of the project

- Waiting for the next trip for health assistants to get training could take another month to even 6 months. The associated expense would be significant. Furthermore, the impact of their prolonged absence from their service posts as well as their families needs to be borne in mind.
- Some materials for the course were not available when needed so constant modification had to be done, especially with the practical and activity portions of the course.

Overall Recommendations:

- In our setting, it turned out that having a trainer from the same cultural background resulted in initially perceived cultural barriers turned into positive influences that contributed to enhancing the process of learning. However, this may not be true in other settings. Hence, it is imperative that each training setting be critically appraised by relevant individuals prior to deciding on whether or not it would be wise to have a trainer from the same cultural background as the trainees.
- Have at least 2 trainers so they can take turn teaching and substitute one another when one is unavailable. In addition, especially if the total number of participants is 8 or more, it will be time saving, during sessions when participants are divided up into groups to do an activity, if 1 trainer attends to a group compared to having only 1 trainer attending to all the groups by going one group at a time.
- Have at least 1 helper to assist in setting up, photocopying documents, & clerical duties.
- Ensure all needed course materials are available before the start of the training.
- If possible and if available, at least one of the identified trainers should consider attending a VIA training course that is offered at a time that is as close as possible to the planned training's commencement date as it will benefit him/her as a refresher course that can potentially help guide him/her when conducting the training

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