



# Improving Access To Cervical Cancer Screening Among Women Living With HIV Through Re-organization of Schedules of Human Resources For Health In Kikuube District

Presenter: Dr. Aston Mucunguzi; [amucunguzi@baylor-uganda.org](mailto:amucunguzi@baylor-uganda.org); +256776 665020

**Authors:** Aston Mucunguzi<sup>1\*</sup>, Andrew Ndawula<sup>1</sup>, Glorias Ainomugisha<sup>1</sup>, Glorious Nyamukiza<sup>1</sup>, Betty Nsangi<sup>1</sup>, Denise Birungi D<sup>1</sup>, Dithan Kiragga<sup>1</sup>

**Affiliations:** <sup>1</sup>Baylor College of Medicine Children's Foundation-Uganda



# Introduction

- Women living with HIV stand six times the risk of acquiring cervical cancer (WHO, 2020)
- MoH recommends cervical cancer (CACX) screening for women aged 25-49 years once every 3 years
- Out of 24 WLHIV, only 9 screened by mid-January 2023 in 13 lower-level HCs, Kikuube District had identified only 1 woman with precancerous lesions
- Low staffing levels in 13 sites; must serve in Maternity and EMTCT clinics, capacity gaps among midwives, lack of a system to identify eligible women for screening.

## QI Objective

To improve CACX screening uptake and detection from 37% to 100% and 0% to the expected 5% respectively within 3 months.



# Methodology

- Implemented QI initiative at 13 HCIIIs with suboptimal screening rates from the third week of January 2023 to March 2023
- Baylor Foundation-Uganda officers engaged midwives and peer mothers at the 13 HCIIIs.
- Staff used the 5-whys approach to identify the reasons for suboptimal performance
- Used EMR to line list WLHIV due for appointment and pending cervical cancer screening
- Peer mothers phoned the above category reminding them about the appointment



# Methodology

- Working with the district health leadership, schedules were developed for midwives off duty to support cancer screening at lower health facilities. The screening was conducted by the off-duty midwives from better-staffed HCs who also provided mentorship to onsite midwives.
- Cancer screening outputs were monitored every week through the PEPFAR In-Country Reporting System and midwives who did not meet their weekly targets were reached virtually to improve their performance in the next week.



# Results

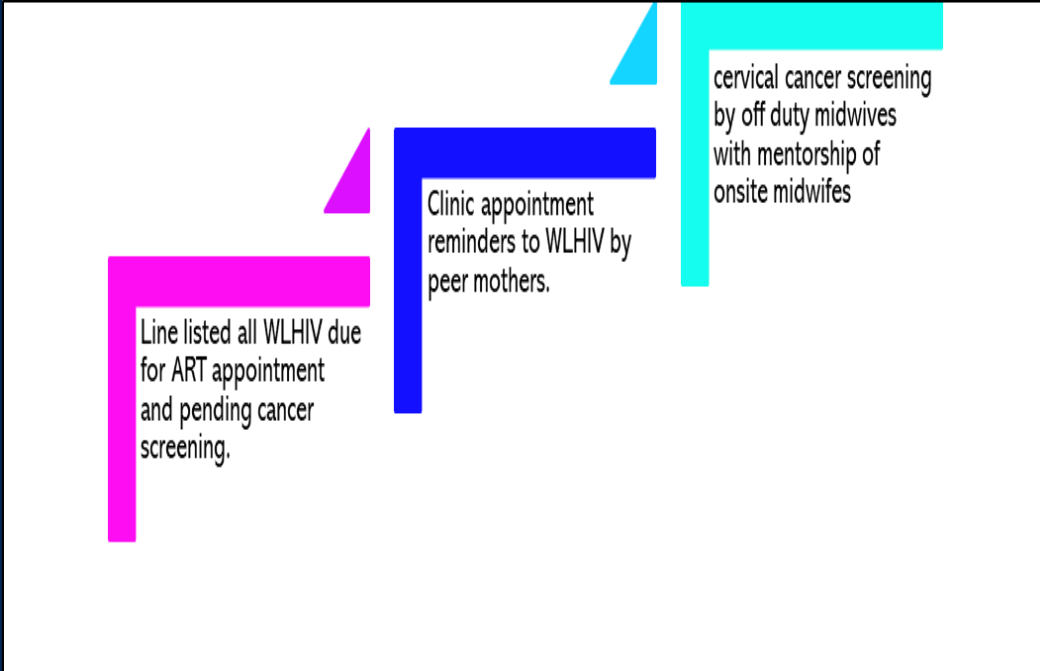


Figure 1: Showing process interventions implemented

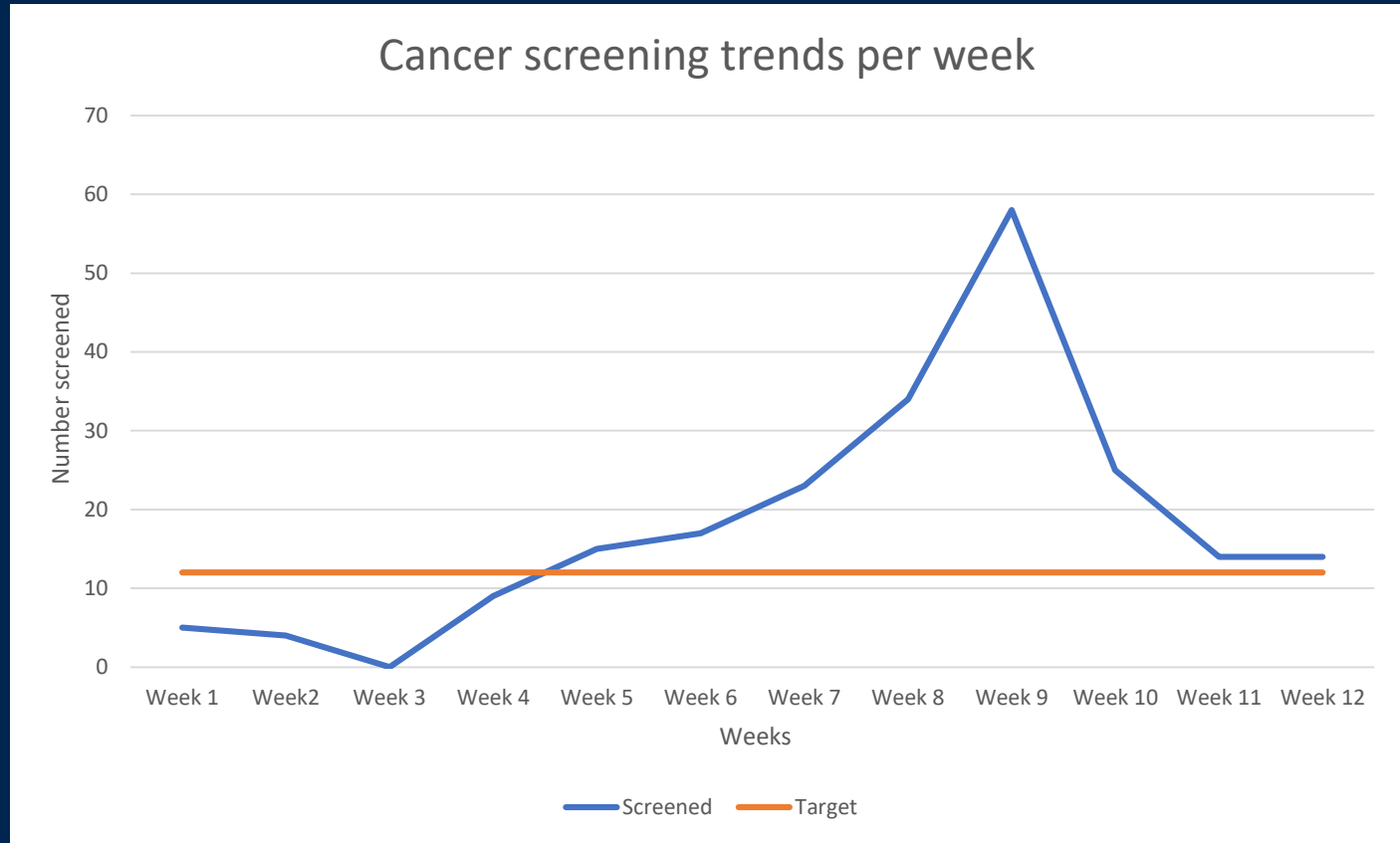
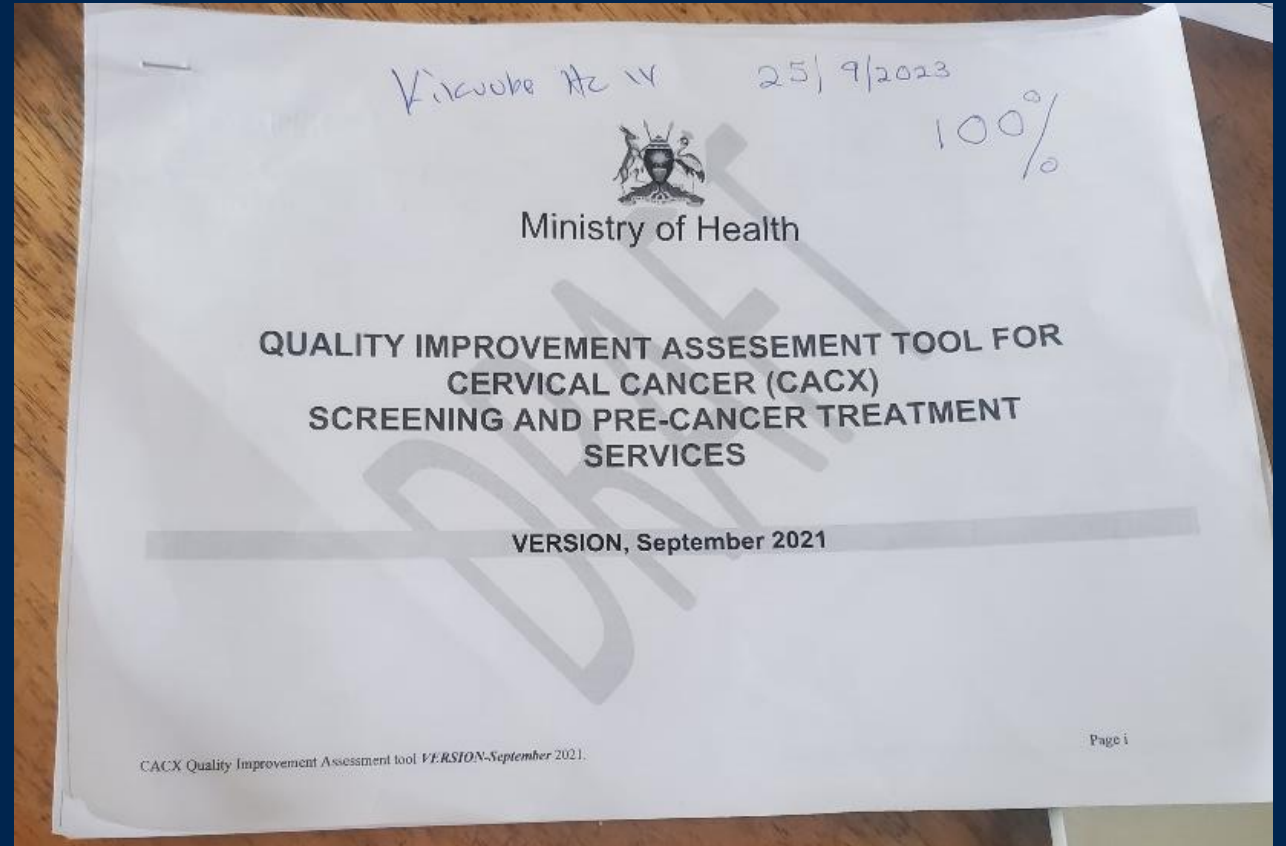


Figure 2: Screening uptake and positivity for cervical cancer among WLHIV in Kikuube District.



# Lessons Learnt

- Systematic approaches to identifying eligible women like line listing improve screening rates
- Use of mentor midwives to improve the capacity of other midwives improves detection rates.
- District leadership's involvement in special services like cervical cancer increases their uptake in health facilities.



# Conclusion

- In the context of low staffing levels, utilization of leave/"off" days for staff to reach targeted populations improves access to special health services

# Recommendations

- Explore the possibility of task-shifting certain aspects of cervical cancer screening to trained community health workers or nurses, thereby alleviating some of the burden on midwives and improving accessibility to screening services.
- Involvement of District/City health teams in decisions to improve NCD screening and management.