TRAINER'S HANDBOOK

Training for cervical cancer prevention

A – OBJECTIVES AND CONTENT

Target audience

The target audience for this training is teams working on SRHR projects and particularly on projects with a focus on cervical cancer prevention:

- Teams responsible for implementing community strategy (Group 1)
- Teams responsible for operational implementation (e.g., medical staff, midwives, nurses, and supervisors) (Group 2).

Preliminaries

- Familiarise yourself with the training kit and prepare for co-facilitating the training with another trainer (division of tasks, preparation by topic)
- Identify the different profiles of the participants and adapt the training to the target audience
- Make practical preparations by sourcing documents used at the local level (leaflets, sample medical certificates, etc).

Training objectives

General training objective

To learn to design and implement a cervical cancer prevention project based on a public health approach and on the promotion of sexual and reproductive rights.

Specific training objectives

- To gain a thorough understanding of MdM's cervical cancer prevention strategy and how it fits into MdM's overall SRHR position and strategy
- To be aware of the main trends in the global epidemiological situation in relation to cervical cancer, the main public health challenges and the primary and secondary prevention strategies
- To be able to design and implement awareness-raising activities at community level to develop the capacity of individual rights holders in relation to cervical cancer
- To be able to design and implement screening based on the algorithm of HR-HPV sampling or self-sampling, then triage through visual inspection
- To be able to design and implement treatment for precancerous lesions
- To be able to design and implement referral / counter-referral arrangements for treatment of precancerous lesions
- To be able to design and implement interventions for pain management and community support for end-of-life care.

Programme

The training begins with a **general module** for all participants to introduce the topic (epidemiological situation, pathophysiology, and prevention strategies). This is followed by developing a thorough understanding of MdM's cervical cancer strategy and how it fits into MdM's overall position on SRHR. A **second module** is aimed at **medical teams** responsible for operational implementation and covers screening, treatment, referral, and end-of-life care.

General module:

Welcome and Introduction: Opening remarks, MdM's position on SRHR, continuum of care
Joint session 1: Introduction to cervical cancer and MdM's cervical cancer prevention strategy
Joint session 2: Human papillomavirus and cervical cancer, general overview (pathophysiology, primary and secondary prevention)
Joint session 3: Intervention strategy, screening, and treatment algorithm
Joint session 4: Community approach and awareness-raising messages

Groups 1 + 2
1.5 days

Health module:

Health session 1: Individual counselling
Health session 2: HPV test (including raising awareness about the use of Genexpert)
Health session 3: Visual inspection with acetic acid
Health session 4: Treatment of precancerous lesions and follow-up
Health session 5: Treatment of cancerous lesions and referral
Health session 6: Infection prevention and universal precautions
Health session 7: Pain management and end-of-life care

Group 2
3.5 days

Educational objectives

Topic	Educational objectives	Audience	Knowledge type	Format
Introduction to cervical cancer and MdM's cervical cancer prevention strategy	Outline the main epidemiological challenges in relation to cervical cancer	Gp 1+2	Key knowledge	Training
	Present the main elements of MdM's cervical cancer prevention strategy	Gp 1+2	Key knowledge	Training
Human papillomavirus and cervical cancer: general overview (pathophysiology, primary and secondary prevention)	Explain the basic pathophysiology of cervical cancer	Gp 1+2	Key knowledge	Training
	List the elements of primary prevention	Gp 1+2	Key knowledge	Training
	List the elements of primary prevention	Gp 1+2	Key knowledge	Training
	List the risk and vulnerability factors for HPV	Gp 1+2	Key knowledge	Training
	Discuss the perceptions of HPV and cervical cancer	Gp 1+2	Soft skills	Training
Intervention strategy; screening	Explain the screening and treatment algorithm that has been developed	Gp 1+2	Key knowledge	Training

and treatment algorithm	List the specific features of the 'MdM' model that has been developed	Gp 1+2	Practical skills	Training
	Identify the different actors involved at each stage of the algorithm	Gp 1+2	Key knowledge	Training
	Position the activities around cervical cancer in relation to existing services	Gp 1+2	Practical skills	Training
Community approach and awareness-raising messages	Develop the elements of a community strategy	Gp 1+2	Practical skills	Training
	Outline the key primary and secondary prevention messages to be highlighted through health education activities	Gp 1+2	Key knowledge	Training
	Explain the added value of community-based HPV self-sampling	Gp 1+2	Practical skills	Training
Individual counselling	List the components of individual counselling before and after screening	Gp 2	Key knowledge	Training
	Outline the principles of counselling	Gp 2	Key knowledge	Training
	Adopt a non-judgmental, empathetic attitude	Gp 2	Soft skills	Training
	Explain the approaches to screening, treatment, and post-screening follow-up	Gp 2	Practical skills	Practical exercise
	Obtain the patient's informed consent	Gp 2	Practical skills / Soft skills	Training / Practical exercise
HPV test	Outline how the HR-HPV test works	Gp 2	Key knowledge	Training
	Explain to the patient how a sample is taken and offer self-sampling	Gp 2	Practical skills	Training / Practical exercise
	Present the equipment needed to obtain a sample and /or a self-sample	Gp 2	Key knowledge	Training
	Obtain an HR-HPV sample	Gp 2	Practical skills	Training / Practical exercise
	Plan how samples obtained in the community and at healthcare facilities will be transported to the facilities that have the equipment to conduct the sample analysis	Gp 2	Practical skills	Training
	Learn the basic skills for using and maintaining the equipment for sample analysis	Gp 2	Key knowledge / Practical skills	Training
Visual inspection with acetic acid	Outline the main principles of VIA	Gp 2	Key knowledge	Training
	Present the equipment needed for the inspection	Gp 2	Key knowledge	Training
	Distinguish between a normal and abnormal VIA, identify the presence or absence of lesions, assess the extent of any lesions	Gp 2	Key knowledge / Practical skills	Training / Practical exercise
	Describe the appropriate treatment based on the results or advise further tests	Gp 2	Key knowledge	Training
	Conduct a VIA	Gp 2	Practical skills	Practical exercise
	Describe the follow-up measures after a normal test	Gp 2	Key knowledge	Training
Treatment of precancerous lesions and follow-up	Present the different treatments for precancerous lesions (cryotherapy, LEEP) and the indications for them	Gp 2	Key knowledge	Training
	Outline the principles for performing cryotherapy and LEEP (loop electrosurgical excision procedure)	Gp 2	Key knowledge	Training

	Present the possible complications of these treatments	Gp 2	Key knowledge	Training
	Present the equipment needed for cryotherapy and LEEP	Gp 2	Key knowledge	Training
	Perform a cryotherapy treatment	Gp 2	Practical skills	Practical exercise
	Perform a LEEP	Gp 2	Practical skills	Practical exercise
	Describe the follow-up measures after treatment for precancerous lesions	Gp 2	Key knowledge	Training
Treatment of cancerous lesions and referral	Present the different treatments for cancerous lesions and the indications for them	Gp 2	Key knowledge	Training
	Explain the main procedures for each treatment	Gp 2	Key knowledge	Training
	Organise a referral and counter-referral system with facilities that treat cancerous lesions	Gp 2	Practical skills	Training
	Describe the follow-up measures after treatment for cancerous lesions	Gp 2	Key knowledge	Training
Infection prevention and universal precautions	Present the different universal precautions to be taken to prevent infection during screening, treatment and follow-up	Gp 2	Key knowledge	Training
	Explain the methods for sterilising the different instruments and equipment used for screening and treatment of precancerous and cancerous lesions	Gp 2	Key knowledge	Training
Pain management and end-of-life care	Discuss the perceptions around disease, end of life and death	Gp 2	Soft skills	Training
	Understand the ethical framework for end-of-life and palliative care	Gp 2	Key knowledge	Training
	Understand the symptoms and clinical problems experienced by patients during the end-of-life stage	Gp 2	Key knowledge	Training
	Assess pain using the recommended methods and explain the different methods of pain management, the indications and procedures for administering the different analgesics (painkillers)	Gp 2	Key knowledge / Practical skills	Training
	Explain what needs to be put in place in partnership with local civil society for community-based end-of-life care	Gp 2	Practical skills	Training
	Outline the basic principles of care at home and in the community	Gp 2	Practical skills / Soft skills	Training

B – TRAINING SCHEDULE

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
9.00: Welcome / Opening remarks: Introduction to participants, trainers, the programme, expectations, and objectives	9.00: Icebreaker and review of learning	9.00: Icebreaker and review of learning	9.00: Icebreaker and review of learning	9.00: Review of learning on VIA
9.30: Recap of MdM's position on SRHR; continuum of care	9.30: Community approach	9.30: Visual inspection with acetic acid	9.30: Complications and follow-up of treated precancerous lesions	9.15: Pain management and end-of-life care
10.30: Break	10.30: Break	10.45: Break	10.45: Break	11.15: Break
10.45: Introduction to cervical cancer: epidemiological situation, human papillomavirus and cervical cancer, general overview (pathophysiology)	10.45: Awareness-raising messages 11.45: How to limit the number of patients lost to follow-up? 12.30: Summary and evaluation of Part 1 of the training	11.00: Visual inspection with acetic acid (continued)	11.00: Cancerous lesions: diagnosis, treatment, and referral (part 1) 12.00: Cancerous lesions: diagnosis, treatment, and referral (part 2)	11.30: Summary and key messages
13.00: Lunch	13.00: Lunch	13.00: Lunch	13.00: Lunch	13.00: Lunch
14.00: Primary, prevention, secondary prevention	14.00: Individual counselling	14.00: Treatment and follow-up of precancerous lesions: thermocoagulation	14.00: Infection prevention and universal precautions	14.00 - 15.00: Applying learning in context 15.00 - 15.35: Summing up and training evaluation
15.15: Break	15.15: Break	15.45: Break	15.30: Break	
15.30 - 17.00: Intervention strategy; screening and treatment algorithm	15.30 - 17.00: HPV test (including awareness-raising around use of Genexpert)	16.00 - 17.30: Screening and treatment of precancerous lesions using thermocoagulation: practical exercises and case studies	15.45-17.00: General review of learning – Cervical Cancer Quiz Show	

C – ORGANISATION

Number of participants

Ideally, the training should be delivered to 12 people, with a maximum of 15.

Equipment and materials

IT	Video projector, screen, and speakers	
	Laptops: one per trainer; one per participant for the final day (with Adobe Acrobat Reader)	
	Extension cables and multiple socket extensions	
	Video speakers	
Stationery	Flipchart	
	1 pen and 1 marker pen per participant. Provide an additional packet of marker pens for participants and trainers + a packet of pens	
	Post-it notes (1 colour)	
	Pieces of coloured card: 2 per participant: 1 blue, 1 yellow	
	Index cards with numbers (1 to 3) and letters (A to D)	
	1 reel of sticky tape / blu-tack (sticky putty)	
	Sheets of paper numbered from 1 to the number of participants	
Training resources	Training slides and videos	
	Trainer's manual (one per trainer)	
	Participant's manual (one per participant)	
	Training schedule	
	Self-assessment form (one per participant)	
	Satisfaction survey (one per participant)	
	Action plan (one per participant)	
	Attendance sheets (one per participant)	
	USB stick with key documents (one per participant)	
Medical and educational equipment	4 Eve or Natalie mannequins	
	4 thermocoagulators	
	Speculums	
	Cured sausage (*saucisson*)	
	Equipment and materials for HPV tests, VIA tests and precancerous lesion treatment (cotton wool, swabs, acetic acid, forceps, tray etc.)	
	Printed materials on A4 laminated sheets: all the protocols and algorithms (handwashing, pre-analysis protocol, treatment algorithm etc)	
	Handwashing training kit (black light and glo germ)	
	Handwashing equipment	
	Printed cervical cancer counselling booklet	
Other materials	Dice	
	Ball	
	2 or 3 packets of sweets	

Training venue

- A room with tables set up in a U shape
- The tables should be positioned so that the participants can see the screen and have access to a power supply.

Trainers / facilitators

At least two people:

- One person who is familiar with the training content
- One person to provide support with organisation and logistics.

D – TRAINING PLAN

Day 1

	Title	Programme	Key messages	Equipment	Time
0.1.	Participant introductions	Introduction to the trainers, the topic, and the structure of discussions Participants introduce themselves and each other: "Introduce yourself, your role/background, the country where you work, your experience and your expectations of this training". The participants work in pairs and spend a few minutes introducing themselves to each other and talking about their expectations. Each participant then introduces their partner to the group. The trainer writes the participants' expectations on the flipchart. Establishing group rules The trainer hands each person a card. The card has a number (1, 2, 3) on one side and a letter (A, B, C, D) on the other side. The trainer also gives each person two coloured cards (blue and yellow).	Introduction to the trainers Run through the timetable and organisation for the week: daily evaluation Training objectives Training approach: alternating theoretical learning and practical exercises Introduction to participants Group rules (non-judgement, free speech, listening, phones on silent, participation, sharing 'airtime').	PPT: Day 1 Training schedule Instructions for introduction exercise Attendance sheets Cards with numbers / letters Coloured cards Laptop and video projector	*30 mins*
0.2	Recap of MdM's position on SRHR; continuum of care	MdM's position on SRHR Exercise: Q&A: In your opinion: ▪ What are the key elements of MdM's position on SRHR? (Approaches? Types of intervention? Advocacy?) ▪ What are the three priority areas of the SRHR strategy? *5 mins* Slide presentation: SRHR position and strategy *10 mins* The continuum of care	MdM's commitment to SRHR is based on a public health approach and on promoting sexual and reproductive rights. The **three strategic priorities of the continuum of care** for MdM are prevention and management of unwanted pregnancies; the response to SRHR needs in crisis settings, especially the response to physical and/or sexual violence; and cervical cancer prevention.	PPT: Day 1 Laptop and video projector	*60 mins*

	Title	Programme	Key messages	Equipment	Time
		Exercise: in groups of 3 (A with A, B with B, C with C) list the different continuum of care services and sketch out the continuum of care over time. At what point on the continuum of care would you position cervical cancer prevention? *15 mins* Slide presentation: The continuum of care in time and space *10 mins* Aurélie video: MdM's conceptual framework for SRHR *15 mins*			
Break: 15 mins					
1.1.	Introduction to cervical cancer: epidemiological situation	Group exercise: the participants are put into groups of 5. Each group is given a set of documents about cervical cancer (Groups 1 and 2: global epidemiological situation; Groups 2 and 3: data about the country where the training is held.). They discuss the content of the documents and prepare a 5-minute summary for all the participants. *20 mins discussion + 20 mins summaries* Slide presentation: The global epidemiological situation for cervical cancer; the public health challenges *20 mins*	Over 270,000 women die from cervical cancer every year. In most cases this disease could be avoided with appropriate screening. Over 85% of these deaths occur in low or middle-income countries. Cervical cancer ranks fourth in the world for cancers affecting women.	PPT: Day 1 Laptop and video projector	*60 mins*
1.2.1	Introduction to cervical cancer: human papillomavirus and cervical cancer, general overview (pathophysiology)	Human papillomavirus Quiz: Human papillomavirus. 5 questions: the participants have a blue card and a yellow card. For each question they have 10 seconds to respond: blue card = true; yellow card = false *10 mins* Quiz answers: Question | Answer	Human papillomavirus (HPV) is a group of viruses that are extremely common worldwide. There are over 100 types of HPV, at least 13 of which are carcinogenic (also classed as high-risk viruses). HPV is mostly transmitted through sexual contact and the majority of people are infected when they first become sexually active.	PPT: Day 1 Laptop and video projector	*75 mins*

<table>
<tr><th></th><th>Title</th><th>Programme</th><th>Key messages</th><th>Equipment</th><th>Time</th></tr>
<tr>
<td></td>
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<table>
<tr><td>1 Condoms protect against all sexually transmitted infections</td><td>False</td></tr>
<tr><td>2 The number of sexual partners increases the risk of contracting HPV</td><td>True</td></tr>
<tr><td>3 Any intimate contact can result in an HPV infection</td><td>True</td></tr>
<tr><td>4 There is no point in vaccinating adolescents before they are sexually active</td><td>False</td></tr>
<tr><td>5 Cervical cancer is a consequence of HPV infection</td><td>True</td></tr>
</table>

Slide presentation: Human papillomavirus (the virus, how the virus causes cervical cancer, the risk factors).
15 mins

Pathophysiology of cervical cancer
Group exercise: What do you know about the cervix? In groups of 3, the participants produce a poster summarising what they know about the anatomy and physiology of a normal cervix (with illustration). The posters are then displayed around the room and the participants go round and look at each poster. 1 participant per group stays with their poster to provide any necessary explanations.
10 mins preparation + 5 mins presentation

Slide presentation: Anatomy of the cervix
10 mins

Slide presentation: Pathophysiology of cervical cancer
25 mins
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<td>Two types of HPV (16 and 18) cause 70% of cervical cancers and precancerous lesions.

High-risk HPV infections are very common among young women, but most of these infections are transient.

Only a very small percentage of all HPV infections that persist for a number of years will lead to the development of invasive cancer.</td>
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<tr><td colspan="6">Lunch break: 13.00-14.00</td></tr>
<tr>
<td>1.2.2</td>
<td>Primary and secondary prevention</td>
<td>Brainstorming: in your opinion, what is meant by primary, secondary and tertiary prevention?
15 mins

Slide presentation: Primary prevention</td>
<td>Tackling cervical cancer benefits from a multidisciplinary approach.

Vaccination against HPV is not a substitute for cervical screening.</td>
<td>PPT: Day 1

Laptop and video projector</td>
<td>75 mins</td>
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	Title	Programme	Key messages	Equipment	Time
		15 mins Slide presentation: - Secondary prevention and screening tests - Target group for screening - Screening strategies recommended by the WHO. *45 mins*	The WHO recommendations support increasing the level of vaccination coverage rather than increasing screening frequency. The WHO recommends screening women between the ages of 30 and 49, but the age range can be extended depending on age-related prevalence and life expectancy.		
1.3.1	Intervention strategy, screening and treatment algorithm	Slide presentation: MdM's intervention strategy and logic model *15 mins* Slide presentation: Screening algorithm and reasoning *25 mins* Group exercise: in groups of 5 discuss the constraints / difficulties you would anticipate in the intervention context regarding the screening algorithm. What levers for change are available? *10 mins + 10 mins feedback* Slide presentation: Patient treatment by level of care *15 mins*	MdM's strategy is based on 3 action principles: strengthening service provision; building the capacity of individuals; and initiating advocacy. Cervical cancer screening provision is based on an integrated approach, 'screen and treat' and 'sequential testing'. Our target population is all women between the ages of 25 and 55, except those who have received treatment (cryotherapy, thermocoagulation, LEEP, cold-knife cone biopsy or more invasive treatment). Women living with HIV need close monitoring, irrespective of their age, from when they become sexually active. Identifying the barriers encountered in accessing care enables a strategy to be developed to strengthen the healthcare system.	PPT: Day 1 Laptop and video projector	*75 mins*
1.3.2	Summary of discussions, review of key messages	Each participant is given a number. In ascending order, the participants take it in turns to contribute a key message from the day / a new idea they have learned. *15 mins*			*15 mins*

Day 2

	Title	Programme	Key messages	Equipment	Time
1.4.1	Review of learning	Ball game: The participants take it in turns to throw the ball to another participant and ask a question about the learning from the previous day (it must be a question to which they have the answer). The participant who catches the ball answers the question and then throws the ball to another participant. *20 mins* The trainer answers any questions about the previous day's learning. *10 mins*		Ball Attendance sheets	*30 mins*
1.4.2	Community strategy	Problem tree: working in groups of 5, the participants identify the causes and effects from the problem tree in relation to access to cervical cancer screening. *10 mins and 5 mins feedback per group* Slide presentation: The main elements of community strategy *15 mins* Which stakeholders should be involved? The participants are each given several post-it notes, and they write down their suggestions of stakeholders who should be involved. The trainer collects the post-its, sticks them on to a flipchart and then goes through them and presents them. *15 mins*	Barriers to cervical cancer screening may be socio-cultural, geographical, economic, political, legal, or administrative.	PPT: Day 2 Laptop and video projector	*60 mins*
Break: 15 mins					
1.4.3	Awareness-raising messages	Group exercise: in groups of 5, the participants prepare health education messages. Each group is given a topic: - What are human papillomavirus and cervical cancer? - Primary prevention - Secondary prevention Each group should: 1) set out awareness-raising objectives; 2) produce health education messages	The aim of health education is to enable everyone to adopt behaviours that suit their life choices and are beneficial to their health. Importance of working on perceptions and developing individual skills.	PPT: Day 2 Laptop and video projector Flipchart, coloured markers	*60 mins*

	Title	Programme	Key messages	Equipment	Time
		on their topic; 3) suggest what media might be used to convey the message. *20 mins* Sharing: each group presents their work to the other groups for discussion and improvement. *15 mins* The trainer provides a recap of the main conclusions, clarifies the key messages, and finishes with a summary. *5 mins* Slide presentation: Different tools *5 mins*	It is important to remember that effective communication can often lead to an increase in screening rates and to the lives of many women being saved. Activities that take place outside of institutions, community mobilisation, health education and advice are essential elements for an effective programme tackling cervical cancer because they help to ensure a higher rate of vaccination coverage and screening and good compliance with treatment.		
1.4.4	How to limit the number of patients lost to follow-up	Slide presentation: The algorithm model and the patient care pathway *10 mins* Discussion: what are the main challenges identified? At what level is there a risk of patients being lost to follow-up? *15 mins* Group exercise: in groups of 5 the participants should identify potential levers and suggest possible points to consider limiting the numbers of patients lost to follow-up. *20 mins*	With the suggested algorithm model, it will not always be possible to adopt a *Test & Treat* strategy, with the result that projects may experience significant levels of *patients lost to follow-up*. The activities should be designed in order to minimise the numbers of patients *lost to follow-up,* through: - A specific focus on follow-up during counselling - The establishment of a network of community actors enabling close monitoring - The establishment of an effective monitoring system	PPT: Day 2 Laptop and video projector	*45 mins*
1.4.5	Summary and evaluation of Part 1 of the training	The numbered cards are given to the participants. In ascending order, the participants take it in turns to contribute a key message they have learned in Part 1.	Over 270,000 women die of cervical cancer every year. In the majority of cases this disease is avoidable with appropriate screening. Cervical cancer is usually caused by a sexually transmitted human papillomavirus (HPV) infection.	PPT: Day 2 Laptop and video projector	*30 mins*

	Title	Programme	Key messages	Equipment	Time
			Importance of working on perceptions and developing individual skills.		
Lunch break: 13.00-14.00					
2.1.1	Individual counselling	Exercise in groups of two: define the term 'counselling' in 5 words (5 mins). The participants gather in pair, spend 5 mins discussing the suggested definitions and choose 5 of them. The decisions should be made by consensus. Each pair presents their five words and discusses them with the others to reach a consensus. *15 mins* Slide presentation: Information and counselling prior to cervical cancer screening *15 mins* Role play: in groups of 3 the participants share out the roles of patient, healthcare professional and observer. *5 mins* They act out a counselling session on cervical cancer prevention and screening; the consultation should include the information the woman needs and the counselling aspect which is essential in this type of consultation. *20 mins* Sharing: discussion about the difficulties encountered and the key elements of the consultation. The trainer draws the main conclusions, clarifies the key messages, and concludes with a summary. *15 mins*	Counselling takes the form of a collaborative conversation between an individual who is recognised as the agent and subject of their own life and an interlocutor who serves as a guide to motivate, support and encourage. This technique is essential to ensure free and informed choice, to identify individual perceptions and to facilitate participation in screening. Women need accurate information about the prevention and treatment of cervical cancer. Counselling enables women to make an informed choice about screening and treatment if they are indicated. The essential qualities and attitudes for counselling are openness, empathy and listening. The basic techniques for counselling are open questions, clarification, and reformulation.	PPT: Day 2 Laptop and video projector Scenario and Observation grid	*75 mins*
Break: 15 mins					
2.2	Performing the HPV test	Slide presentation: Introduction to the test and the method and technique for obtaining a sample (by a healthcare professional; self-sampling) *20 mins* Demonstration by the trainer and practice on a mannequin	The **molecular testing method** for HPV infection is based on detecting the DNA of high-risk types of HPV in vaginal and / or cervical samples. The test does not necessarily require a gynaecological examination or inspection of the cervix.	PPT: Day 2 Laptop and video projector Specimen HPV tests	*90 mins*

	Title	Programme	Key messages	Equipment	Time
		20mins Slide presentation: Packaging and transportation of samples, information collection and patient record / cervical cancer prevention form *20 mins* Slide presentation: Awareness-raising about use of GenExpert *15 mins* Slide presentation: Giving results *15 mins*	The sample can be taken by a healthcare worker with or without a speculum examination or by the woman herself.	Anatomical model	

Day 3

	Title	Programme	Key messages	Equipment	Time
2.3.1	Icebreaker and review of learning	Game: one participant draws numbers at random and gives them in any order to the other participants. In numerical order, the participants take it in turns to contribute one message they learned the previous day. *20 mins* The trainer answers any questions about the previous day's learning *10 mins*		Attendance sheets	*30 mins*
2.3.2	Visual inspection with acetic acid (Part 1)	Q&A – discussion: what is VIA? What do you know about it? *15 mins* Slide presentation: General overview; who to test and when; strengths and limitations *25 mins* Slide presentation: Performing a VIA (equipment	VIA is one of the methods for detecting **early cellular changes in the cervix.** These changes become visible during examination with the naked eye after the insertion of a speculum and application of acetic acid to stain the cervix. Following the screening algorithm, VIA is used in triage after a positive HPV-HR test. Training with supervised practice is necessary to ensure the VIA can be performed competently.	PPT: Day 3 Laptop and video projector	*75 mins*

	Title	Programme	Key messages	Equipment	Time
		and materials, procedure) *35 mins*			
Break: 15 mins					
2.3.3	Visual inspection with acetic acid (Part 2)	Video – VIA technique *20 mins* Slide presentation: Interpreting the VIA? *20 mins*		PPT: Day 3 Laptop and video projector Pelvic model and VIA equipment	*40 mins*
2.3.4	Visual inspection with acetic acid (Part 3)	Practice using the mannequin: insertion of the speculum and staining the cervix *30 mins* Quiz: a photo is displayed, and the participants have to say whether it depicts a normal result (blue card) or abnormal (yellow card); then 1 participant explains why (35 photos). *30 mins*		PPT: Day 3 Laptop and video projector	*60 mins*
Lunch break: 13.00-14.00					
2.4.1	Treatment of precancerous lesions	Q&A: which treatments for precancerous lesions are you familiar with? What are the advantages and disadvantages? In which situations are they used? *15 mins* Slide presentation: Treatments for precancerous lesions *15 mins*	There are several recommended treatments, depending on the context, the available resources, and the extent of the lesions: - **Cryotherapy / Thermocoagulation** as first line treatment - **Loop electrosurgical excision procedure** (LEEP) for lesions covering over 75% of the cervix or when the squamocolumnar junction is not visible These treatments are carried out at different healthcare levels depending on national recommendations.	PPT: Day 3 Laptop and video projector	*30 mins*
2.4.2	Thermocoagulation	Slide presentation: Thermocoagulation, principles and general overview *15 mins* Video – thermocoagulation procedure *15 mins*	Thermocoagulation consists of applying a probe at a very high temperature (100-120°C) to the surface of the lesion which induces necrosis of the underlying area. **Indications:** identical to those for cryotherapy.	PPT: Day 3 Laptop and video projector	*75 mins*

	Title	Programme	Key messages	Equipment	Time
		Slide presentation: Equipment and materials *10 mins* Slide presentation: Thermocoagulation techniques *20 mins* Slide presentation: Precautions *5 mins* Slide presentation: Complications *10 mins*	Similarly, this procedure is not recommended if there is suspected invasive cancer. Thermocoagulation is **contraindicated during pregnancy**. **Procedure:** the procedure itself takes approximately 1 minute and doesn't require an anaesthetic.		
Break: 15 mins					
2.4.3	Practical exercises: screening and treatment of precancerous lesions through thermocoagulation	Group exercise: the participants are divided into 3 groups. Each group is given a topic: HPV test, VIA or thermocoagulation. Each group should discuss the indications for the test or treatment and the different steps involved as described on the instruction sheet. The different elements for each topic are written on a flipchart and then put up on the wall. Each group goes round the different posters and can add to them if they wish. One participant per group provides a brief, 5-minute feedback. *15 mins preparation + 5 mins for additions by the other groups + 15 mins feedback* Practice on the mannequin and clinical case studies *40 mins (can be shortened/missed out depending on the resources available)*		PPT: Day 3 Laptop and video projector Anatomical model and medical supplies	*90 mins*

Day 4

	Title	Programme	Key messages	Equipment	Time
2.4.4	Icebreaker and review of learning	Game: the participants are divided into 4 groups (A, B, …) Each group identifies a key message from the previous day and provides a recap by drawing it		Coloured markers - flipchart	*30 mins*

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<tr><th></th><th>Title</th><th>Programme</th><th>Key messages</th><th>Equipment</th><th>Time</th></tr>
<tr><td></td><td></td><td>20 mins

The trainer answers any questions about the previous day's learning
10 mins</td><td></td><td>Attendance sheets</td><td></td></tr>
<tr><td>2.4.5</td><td>Follow-up for treated precancerous lesions</td><td>Quiz: true / false – complications: the participants have a blue card and a yellow card. For each question they have 10 seconds to respond: blue card = true; yellow card = false
10 mins
Quiz answers:<table><tr><th>Question</th><th>Answer</th></tr><tr><td>The complications of cryotherapy are the same as for thermocoagulation</td><td>True</td></tr><tr><td>Heavy bleeding after thermocoagulation is normal</td><td>False</td></tr><tr><td>Pain and cramps may last for 2 to 3 days following treatment</td><td>True</td></tr><tr><td>Sexual relations are not advised for a month (unless using a condom)</td><td>True</td></tr><tr><td>Patches all over the body are often found after thermocoagulation</td><td>False</td></tr><tr><td>The patient may experience dizziness, fainting or hot flushes</td><td>True</td></tr></table>
Group exercise: the participants are divided into groups of 5. They write the main components of post-treatment follow-up on post-it notes. The trainer collects the post-its, sticks them on a flipchart and then summarises them.
20 mins

Slide presentation: Elements of post-treatment follow-up
20 mins

Sharing / brainstorming: what problems do you anticipate with patient follow-up? What levers are available to address this?
15 mins</td><td>A check-up should be scheduled for 4 to 6 weeks after treatment.

A check-up should be scheduled for 1 year after treatment.</td><td>PPT: Day 4

Laptop and video projector</td><td>75 mins</td></tr>
</table>

	Title	Programme	Key messages	Equipment	Time
Break: 15 mins					
2.5.1	Cancerous lesions: diagnosis, treatment, and referral (Part 1)	Slide presentation: Clinical presentation and diagnosis of cancer *20 mins* Slide presentation: Making a referral due to suspected cervical cancer *20 mins* Role play: giving a cervical cancer diagnosis *20 mins*	A woman who is diagnosed with invasive cervical cancer **at an early stage** can usually be cured if she receives **effective treatment**. It is essential that healthcare staff at the primary care level are able to **recognise and swiftly refer** women who present with common signs and symptoms of cervical cancer. A definitive diagnosis of invasive cervical cancer is made by doing a **histopathological examination by biopsy**. Always remember that your ability to listen to your patient and their view of things is one of the most powerful therapeutic tools.	PPT: Day 4 Laptop and video projector Scenario and Observation grid	*60 mins*
2.5.2	Cancerous lesions: diagnosis, treatment, and referral (Part 2)	Slide presentation: Classification of the stages of development of cervical cancer *20 mins* Sharing / Discussion: what lesions are treated at what level in the context of the project? *15 mins* Slide presentation: Treatment, overview *20 mins* Group exercise: in groups of 5 the participants map out the referral and counter-referral systems on a flipchart. On a second flipchart they list the actions that need to be implemented by the project to ensure that these systems are effective. *20 mins*	Treatment options comprise **surgery, radiotherapy, and chemotherapy**; a combination of these options can be used. In **the absence of treatment**, invasive cervical cancer is **almost always fatal**.	PPT: Day 4 Laptop and video projector	*75 mins*
Lunch break: 13.00-14.00					
2.5.3	Infection prevention and medical waste management	Slide presentation: General overview and transmission cycle *10 mins*	Infectious diseases remain one of the main causes of death worldwide. Healthcare professionals and their patients are at risk of contracting these diseases.	PPT: Day 4 Laptop and video projector	*75 mins*

	Title	Programme	Key messages	Equipment	Time
		Group exercise: in groups of 5 the participants list the different universal precautions on a flipchart. They nominate one person to feed back to the rest of the group. *20 mins* Slide presentation: Universal precautions / Monitoring and maintenance of equipment *15 mins* Practical exercise: handwashing / using UV light in darkened room *15 mins* Slide presentation: Medical waste management *15 mins*	**The spread of infections within healthcare facilities is to a great extent due to professionals failing to wash their hands or not taking universal precautions.** Poor management of the waste generated by healthcare activities can be a source of serious disease for healthcare workers, staff responsible for waste disposal, patients and the general population. **EVERYONE is responsible for infection prevention.**	Hand-washing kit	
Break: 15 mins					
2.6.1	Icebreaker and general review of learning	Game Cervical Cancer Quiz Show: the participants are divided into 4 groups. Each group chooses a topic (MdM strategy, the challenges of cervical cancer / screening / treatment) and a number of points between 100 and 500, knowing that the higher the number of points, the harder the question. The game ends once all the questions have been asked. The group with the most points wins. *45 mins*		PPT: Day 4 Laptop and video projector Quiz Show PPT	*45 mins*

Day 5

<table>
<tr><th></th><th>Title</th><th>Programme</th><th>Key messages</th><th>Equipment</th><th>Time</th></tr>
<tr><td>2.6.2</td><td>VIA: review of learning</td><td>Exercise: A photo is displayed, and the participants have to say whether it shows a normal result (blue card) or an abnormal result (yellow card); then 1 participant explains why. The participants answer questions from the trainer about each photo.
30 mins</td><td></td><td>PPT: Day 5

Laptop and video projector</td><td>15 mins</td></tr>
<tr><td>2.6.3</td><td>Pain management</td><td>Q&A: In your opinion, what are the barriers to effective pain management?
What could be possible levers for removing these barriers?
20 mins

Slide presentation: WHO analgesic ladder, non-pharmacological treatments and approaches which help to relieve pain
25 mins

Quiz: true / false – complications: the participants have a blue card and a yellow card. For each question they have 10 seconds to respond: blue card = true; yellow card = false
10 mins
Quiz answers:
<table><tr><th>Question</th><th>Notes</th></tr><tr><td>I should wait as long as possible before taking pain medication</td><td>False, the aim of treatments for pain is to relieve the pain continuously and thus to prevent it from recurring.</td></tr><tr><td>If the pain is suppressed with medication, I won't be able to tell if the disease is getting worse</td><td>False, there are more effective methods for monitoring disease development (symptoms etc.).</td></tr></table></td><td>Pain management is an integral part of treatment The majority of pain can be relieved effectively by using a wide-ranging combination of medical and non-medical approaches.

The treatment of symptoms is heavily dependent on access to all the necessary medications, equipment, and supplies, both in healthcare facilities and within patients' homes.</td><td>PPT: Day 5

Laptop and video projector</td><td>55 mins</td></tr>
</table>

	Title	Programme		Key messages	Equipment	Time
		Analgesics don't treat the cause of the pain	True and False: relieving pain means the cancer can be better treated. The patient eats better, sleeps better, is less anxious and can better tolerate the cancer treatments. Pain management is thus indirectly a means of facilitating cancer treatment.			
		If I'm offered morphine, it means it's serious	False, the use of morphine is linked to the intensity of the pain and not to the seriousness of the illness (childbirth).			
		With morphine people sleep all day, it's not a solution	True and False. Drowsiness is common at the beginning of treatment and is linked to the cumulative lack of sleep and the sedative effect of opioids. The drowsiness is temporary and will gradually diminish.			
		Morphine is a drug	True and False It is a derivative of opium which is why some people are wrongly worried about becoming drug addicts.			
2.7.1	End-of-life care / palliative care	Discussion: The participants are divided into groups of 5. The following question is discussed: in the context of the country and considering the services available, what can be done through the project in terms of end-of-life care? The participants are in groups. *10 mins* After 10 mins, the groups come together and agree the answer they will give to the trainer. *15 more mins.* The trainer selects one person to feed back for all the participants. *30 mins*		End-of-life care is in an important part of tackling cervical cancer. It helps to improve quality of life for patients and families faced with the challenge of cervical cancer and can enable women who present with the condition at an advanced stage to preserve their dignity and peace of mind at a difficult time in their lives. The mechanisms for implementing palliative care, such as education and availability of drugs, must be strengthened.	PPT: Day 5 Laptop and video projector Case study	*75 mins*

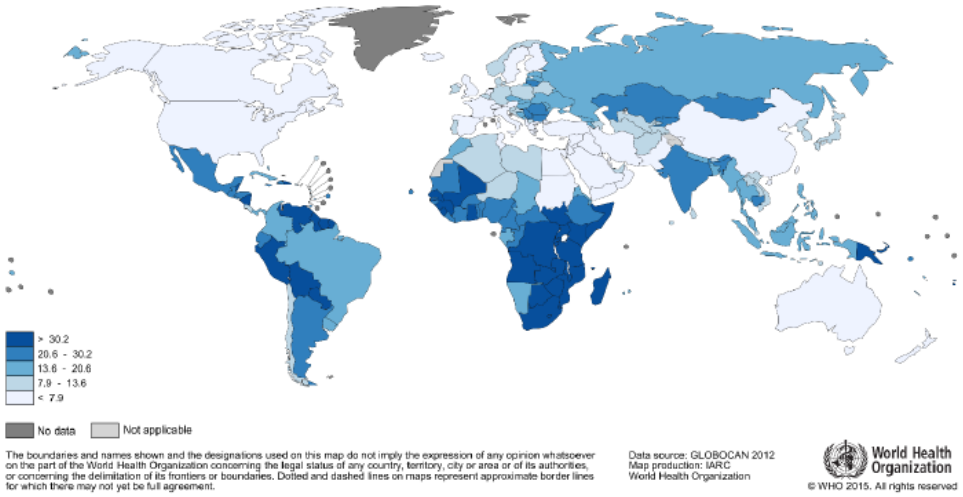
	Title	Programme	Key messages	Equipment	Time
		Case study: The participants receive a case study and familiarise themselves with it. The trainer asks 2 of the participants to read it out loud. The trainer then asks the participants to list the strong points of the treatment described and to identify any possible weak points. In terms of the activities to be implemented through the project, what aspects for reflection are there? The trainer asks a volunteer to write the key points of the discussion on a flipchart. *25 mins* Slide presentation: Summary: end-of-life care and palliative care – definitions and key elements *20 mins*			
Break: 15 mins					
2.7.2	Summary and applying learning in context	Numbered pieces of paper are handed out at random to the participants. In ascending order each participant gives 2 key messages they have learnt from the training. *10 mins* Slide presentation: The key points – Summary *80 mins* Exercise: The participants divide into 4 groups or teams. Each group prepares 5 questions on one of the following topics: HPV; treatment of precancerous lesions; palliative care; and cervical cancer. The questions are asked to each team, with the team asking the question also judging the answers. If the team answers the question correctly, 1 point is awarded. If the answer is wrong but the team that asked the question gives the wrong answer, that team loses 1 point. *30 mins*	A woman dies of cervical cancer every two minutes. Women aged 30 to 49 are most at risk of developing cervical cancer. Cervical cancer is a preventable disease. There are tests that can detect early changes in the cervix which can develop into cancer if left untreated. There are safe and effective treatments for these early changes. There is a vaccine which can be given to girls and which can help to prevent the occurrence of cervical cancer.	PPT: Day 5 Laptop and video projector	*90 mins*
Lunch break: 13.00-14.00					
2.7.3	Action plan	Exercise by healthcare facility		PPT: Day 5	*30 mins*

	Title	Programme	Key messages	Equipment	Time
		The participants are grouped by healthcare facility and, based on the template provided, they develop their action plan: what actions are you going to implement directly through your projects after this training? *30 mins*		Laptop and video projector Action plan	
2.7.4	Training evaluation	The trainer hands out the self-assessment form and satisfaction survey. Self-assessment by participants (knowledge before and after training) *10 mins* Satisfaction survey for the training (training content, usefulness, methods, interactivity, organisation, trainers, recommendations) *10 mins* Oral evaluation The trainer returns to the first flipchart sheet on which the participants' expectations were written and takes stock. Use blue and yellow cards. Go round the group and thank yous. *15 mins*		Self-assessment form	*35 mins*

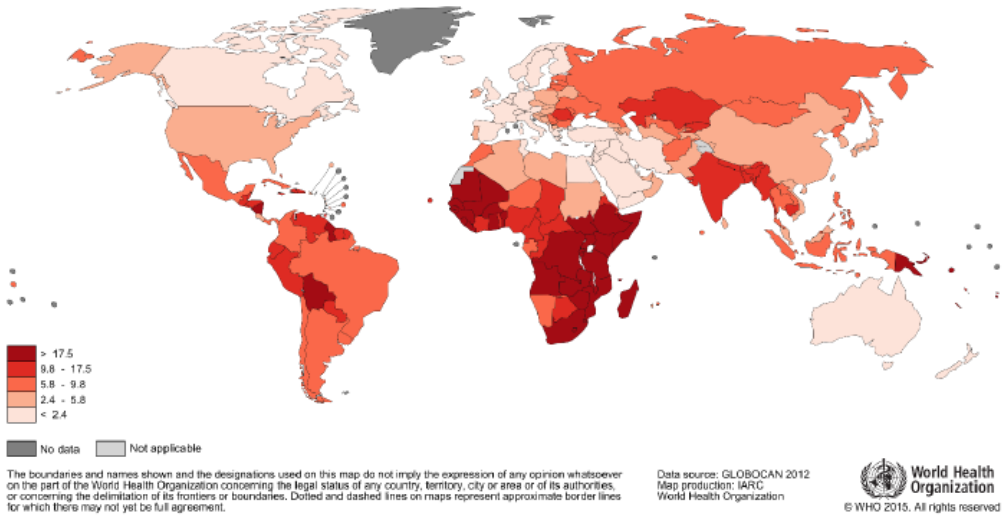
E – ANNEXES FOR THE EXERCISES

1. Map illustrating the epidemiological situation for Part 1, Session 1

Mortality from cervical cancer



Incidence /100,000 women



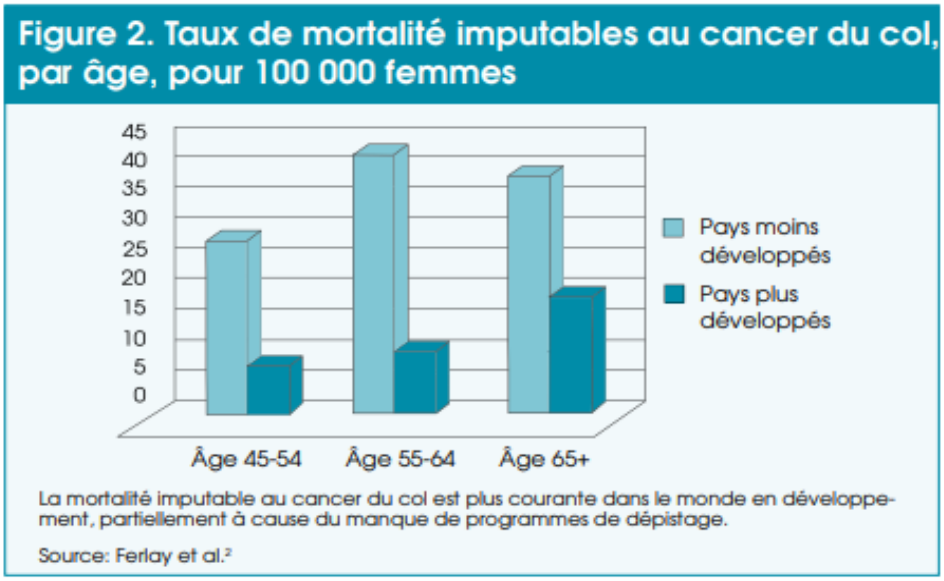


Figure 2. Taux de mortalité imputables au cancer du col, par âge, pour 100 000 femmes

Figure 2. Rates of mortality attributable to cervical cancer, by age, per 100,000 women

Pays moins développés

Less developed countries

Pays plus développés

More developed countries

Âge 45-54

Age 45-54

Âge 55-64

Age 55-64

Âge 65+

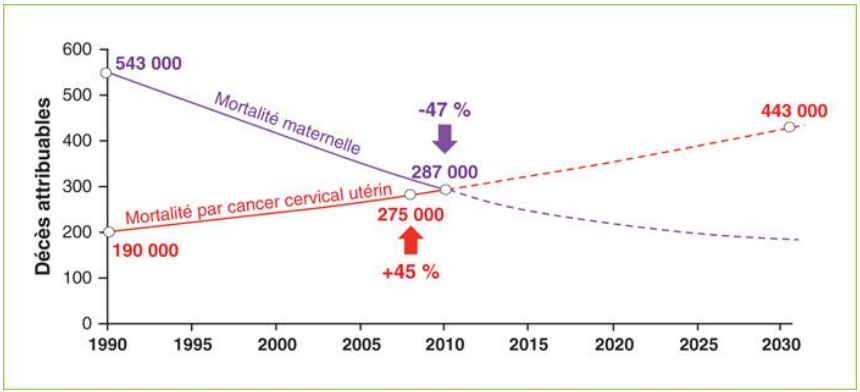
Age 65+

La mortalité imputable au cancer du col est plus courant dans le monde en développement, partiellement à cause du manque de programmes de dépistage.

Mortality attributable to cervical cancer is more common in the developing world, partly due to the lack of screening programmes.

Source: Ferlay et al.[2]

Source: Ferlay et al.[2]



Décès attribuables

Attributable deaths

Mortalité maternelle

Maternal mortality

Mortalité par cancer cervical utérin

Mortality from cervical cancer

543 000

543,000

287 000

287,000

190 000

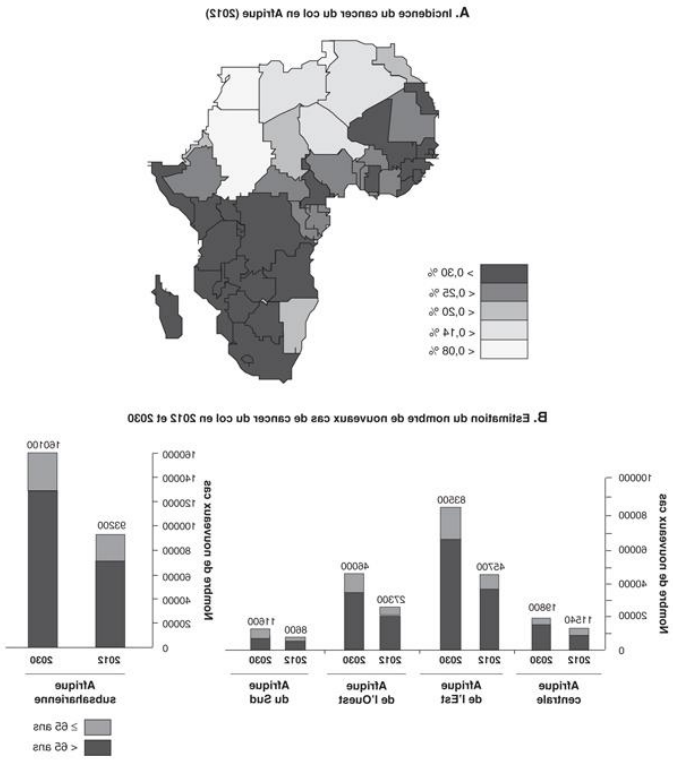
190,000

275 000

275,000

443 000

443,000



A. Incidence du cancer du col en Afrique (2012)

A. Incidence of cervical cancer in Africa (2012)

B. Estimation du nombre de nouveaux cas de cancer du col en 2012 et 2030

B. Estimate of the number of new cases of cervical cancer in 2012 and 2030

Nombre de nouveaux cas

Number of new cases

Afrique centrale

Central Africa

Afrique de l'Est

East Africa

Afrique de l'Ouest

West Africa

Afrique du Sud

Southern Africa

Nombre de nouveaux cas

Number of new cases

Afrique Subsaharienne

Sub-Saharan Africa

≥ 65 ans

≥ 65 years

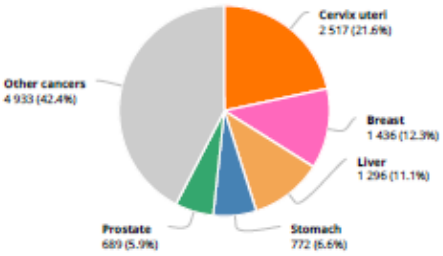
< 65 ans

< 65 years

Burkina Faso

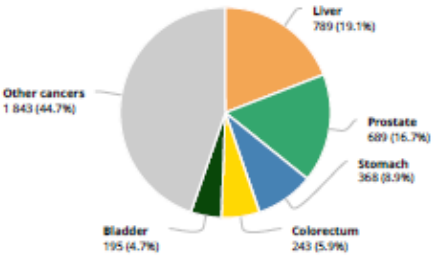
Source: Globocan 2018

Number of new cases in 2018, both sexes, all ages



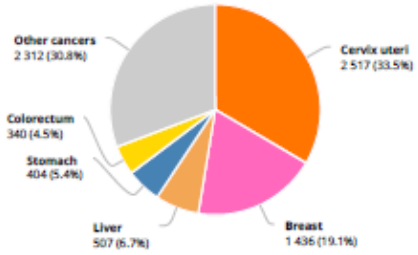
Total: 11 643

Number of new cases in 2018, males, all ages



Total: 4 127

Number of new cases in 2018, females, all ages



Total: 7 516

Summary statistic 2018

	Males	Females	Both sexes
Population	9 856 989	9 894 668	19 751 657
Number of new cancer cases	4 127	7 516	11 643
Age-standardized incidence rate (World)	104.8	132.7	117.7
Risk of developing cancer before the age of 75 years (%)	10.7	13.9	12.3
Number of cancer deaths	3 426	5 795	9 221
Age-standardized mortality rate (World)	92.4	108.6	99.5
Risk of dying from cancer before the age of 75 years (%)	9.3	11.8	10.6
5-year prevalent cases	5 205	11 106	16 311
Top 5 most frequent cancers excluding non-melanoma skin cancer (ranked by cases)	Liver Prostate Stomach Colorectum Bladder	Cervix uteri Breast Liver Stomach Colorectum	Cervix uteri Breast Liver Stomach Prostate

Geography

Numbers at a glance

Total population

19 751 657

Number of new cases

11 643

Number of deaths

9 221

Number of prevalent cases (5-year)

16 311

Data source and methods

Incidence

Country-specific data source: Local
Method: No data: the rates are those of neighbouring countries or registries in the same area

Mortality

Country-specific data source: No data
Method: Estimated from national incidence estimates by modelling, using incidence:mortality ratios derived from cancer registry data in neighbouring countries

Prevalence

Computed using sex-; site- and age-specific incidence to 1-;3- and 5-year prevalence ratios from Nordic countries for the period (2000-2009), and scaled using Human Development Index (HDI) ratios.

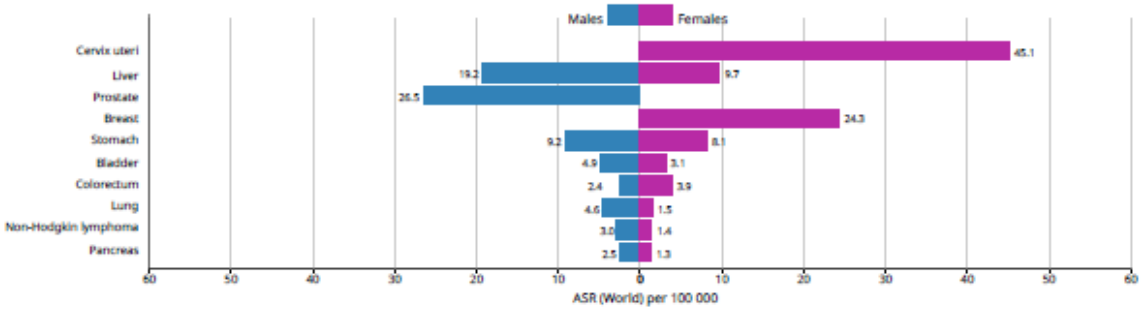
Burkina Faso

Source: Globocan 2018

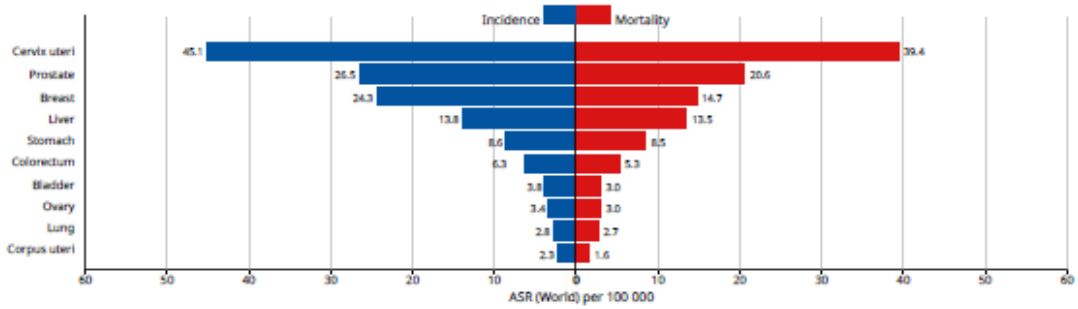
Incidence, Mortality and Prevalence by cancer site

	New cases				Deaths				5-year prevalence (all ages)	
Cancer	Number	Rank	(%)	Cum.risk	Number	Rank	(%)	Cum.risk	Number	Prop.
Cervix uteri	2 517	1	25.25	5.00	2 081	1	26.09	4.54	3 854	38.95
Breast	1 436	2	14.41	2.61	839	3	10.52	1.60	2 201	22.24
Liver	1 296	3	13.00	1.59	1 269	2	15.91	1.56	1 168	5.91
Stomach	772	4	7.74	1.00	762	4	9.55	1.00	1 011	5.12
Prostate	689	5	6.91	2.64	506	5	6.34	1.74	842	8.54
Bladder	362	6	3.63	0.45	260	6	3.26	0.35	534	2.70
Colon	274	7	2.75	0.34	245	7	3.07	0.31	350	1.77
Non-Hodgkin lymphoma	267	8	2.68	0.20	215	9	2.70	0.19	421	2.13
Rectum	251	9	2.52	0.28	170	10	2.13	0.21	319	1.62
Lung	246	10	2.47	0.32	234	8	2.93	0.32	253	1.28
Ovary	211	11	2.12	0.38	169	11	2.12	0.35	320	3.23
Kidney	190	12	1.91	0.10	134	14	1.68	0.11	374	1.89
Lip, oral cavity	161	13	1.62	0.19	144	12	1.81	0.19	245	1.24
Pancreas	147	14	1.47	0.21	142	13	1.78	0.21	108	0.55
Thyroid	131	15	1.31	0.15	36	24	0.45	0.06	233	1.18
Leukaemia	122	16	1.22	0.06	110	15	1.38	0.06	244	1.24
Oesophagus	117	17	1.17	0.11	98	16	1.23	0.11	110	0.56
Corpus uteri	112	18	1.12	0.30	72	17	0.90	0.23	182	1.84
Hodgkin lymphoma	88	19	0.88	0.04	47	22	0.59	0.03	152	0.77
Kaposi sarcoma	81	20	0.81	0.07	55	20	0.69	0.05	120	0.61
Melanoma of skin	80	21	0.80	0.12	63	19	0.79	0.11	126	0.64
Larynx	71	22	0.71	0.11	65	18	0.82	0.11	102	0.52
Anus	58	23	0.58	0.07	48	21	0.60	0.07	72	0.36
Salivary glands	49	24	0.49	0.05	33	25	0.41	0.04	64	0.32
Brain, nervous system	45	25	0.45	0.03	44	23	0.55	0.03	74	0.37
Oropharynx	32	26	0.32	0.02	29	26	0.36	0.02	53	0.27
Vagina	32	27	0.32	0.07	16	29	0.20	0.04	50	0.51
Gallbladder	31	28	0.31	0.05	29	27	0.36	0.04	33	0.17
Vulva	28	29	0.28	0.06	8	32	0.10	0.02	48	0.49
Testis	25	30	0.25	0.04	17	28	0.21	0.03	55	0.56
Multiple myeloma	16	31	0.16	0.01	11	30	0.14	0.01	12	0.06
Nasopharynx	10	32	0.10	0.01	9	31	0.11	0.01	13	0.07
Penis	9	33	0.09	0.01	5	34	0.06	0.01	14	0.14
Hypopharynx	8	34	0.08	0.00	6	33	0.08	0.00	7	0.04
Mesothelioma	4	35	0.04	0.01	4	35	0.05	0.01	5	0.03
All cancer sites	11 643	-	-	12.33	9 221	-	-	10.60	16 311	82.58

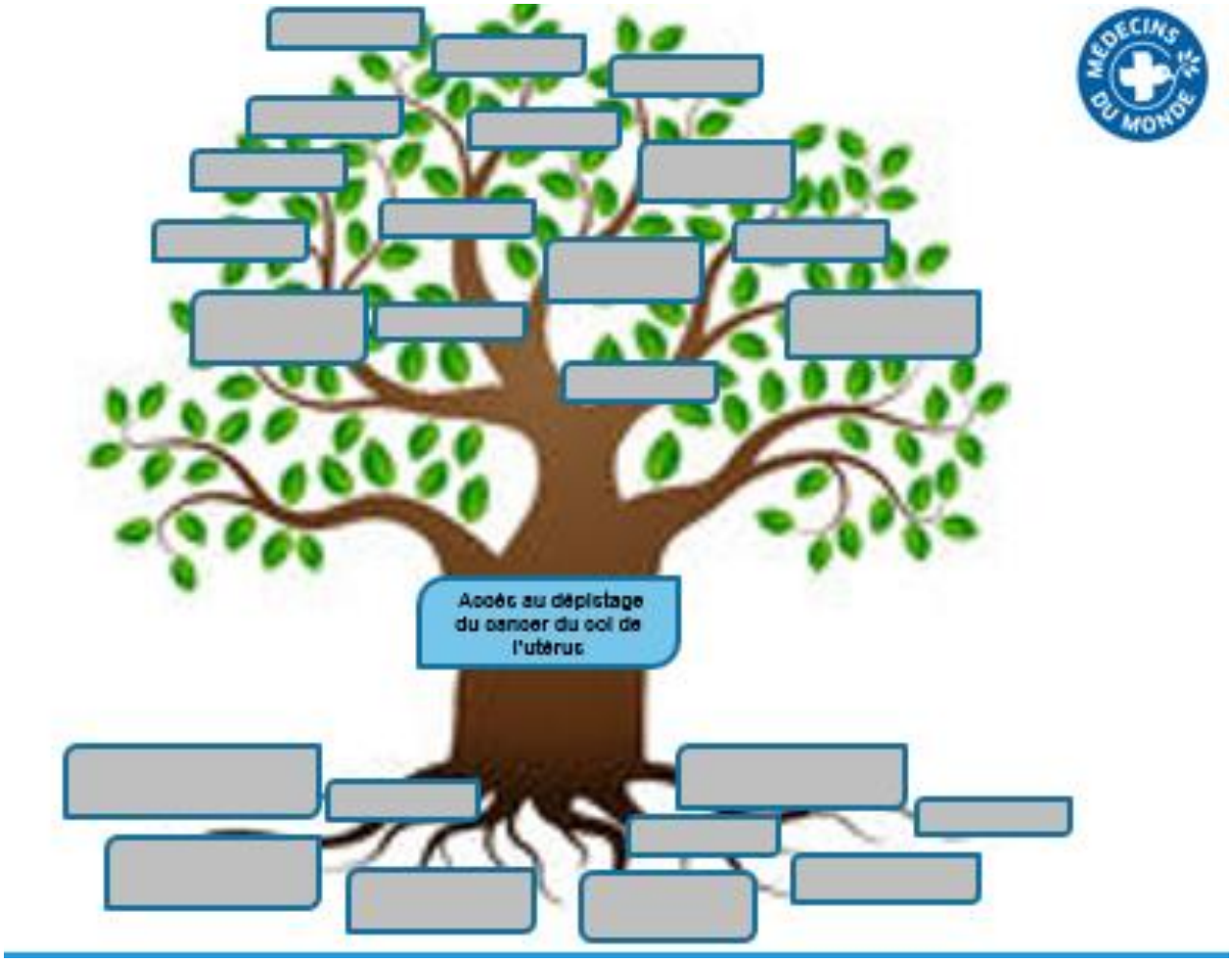
Age-standardized (World) incidence rates per sex, top 10 cancers



Age-standardized (World) incidence and mortality rates, top 10 cancers



2. Problem tree template for Part 1, Session 1, Slide 4 J2



Accès au dépistage du cancer du col de l'uterus

Access to cervical cancer screening

3. Documents for Practical exercise 2, Session 2, Slide 12 J3

INFORMED CONSENT

The doctor / health worker has explained to me in detail about the tests with vinegar (VIA) and iodine (VILI) which enable the early detection and prevention of cervical cancer. I know that the surface of my cervix will be examined following the application of vinegar (5% acetic acid/diluted iodine solution), to detect or rule out precancer / cancer. I know that these examinations are not painful but that they can sometimes cause irritation or slight bleeding that will soon subside.

I understand that if the test is positive, I will be advised to have other examinations, such as visual inspection of the cervix magnified using an instrument called a colposcope and analysis of a tissue sample from my cervix (biopsy), before I am given treatment.

I have also been informed that, if abnormalities are detected (infection, precancer, cancer or complications), it may be necessary to prescribe treatment for me with medication or thermocoagulation (destruction of the diseased part of the cervix using a heated probe) or to remove the diseased part through a minor or more serious surgical intervention which may or may not be followed by radiotherapy.

I hereby consent to the above tests and the treatment, if it is advised. * / I do not wish to undergo the above tests. *

Signature:

Date:

Name:

Address:

* Delete as appropriate

VIA results summary form

1. Unique number /clinic / record _____

2. Date of test
3. Name: _____
4. Address: _____
_____
5. Age (in years)
6. Education:

(1: None; 2: Primary; 3: Lower secondary; 4: Upper secondary; 5: University; 9: Not specified)

7. When was your last period?

(1: Less than 12 months ago; 2: More than 12 months ago)

8. Marital status:

(1: Married; 2: Widowed; 3: Separated; 8: Other; 9: Not specified)

9. Age at first sexual intercourse:

(99, if not specified)

10. Total number of pregnancies /miscarriages:

11. Are you experiencing any of the following symptoms?

(Tick if answer is yes; leave blank if answer is no):
- ☐ Heavy vaginal discharge
- ☐ Itching in the external anogenital region
- ☐ Ulcers in the external anogenital region
- ☐ Pelvic pain
- ☐ Pain during sexual intercourse
- ☐ Bleeding after sexual intercourse
- ☐ Bleeding between periods
- ☐ Back pain

12. Results of visual inspection
(Tick if answer is yes; leave blank if answer is no):

- ☐ Squamocolumnar junction fully visible
- ☐ Cervical polyp
- ☐ Nabothian cysts
- ☐ Cervicitis
- ☐ Leukoplakia
- ☐ Genital warts (condyloma)
- ☐ Tumour

13. Results one minute after application of 5% acetic acid (VIA)

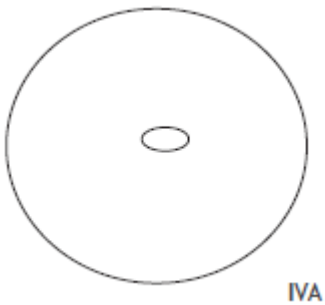
(1: Negative; 2: Positive; 3: Positive, invasive cancer) [ ]

14. If the VIA is positive, does the acetowhite lesion extend into the endocervical canal?
(1: Yes; 2: No)

15. If the VIA is positive, how many quadrants are affected by the acetowhite lesion(s)?

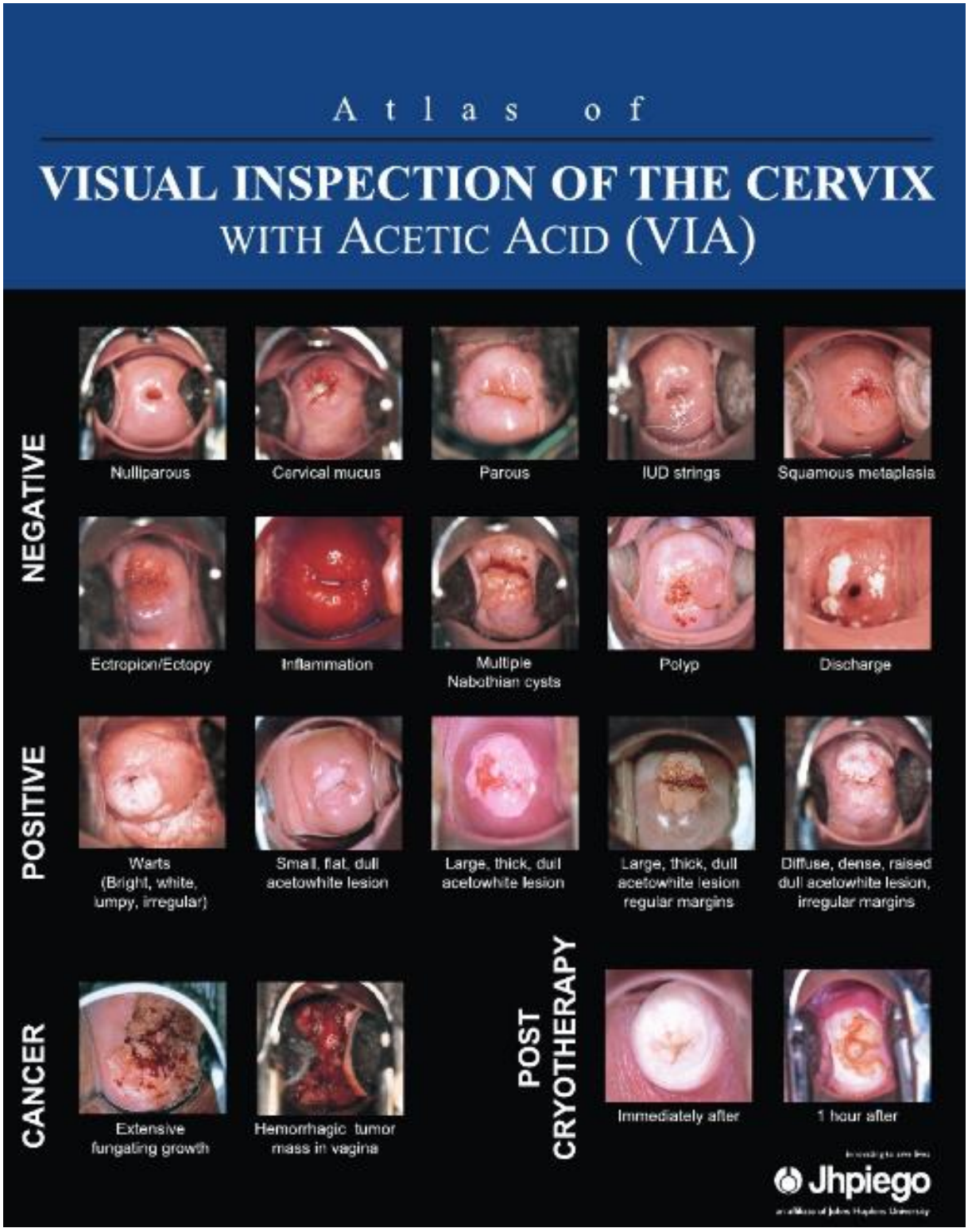
(1: Two or fewer; 2: Three; 3: Four quadrants)

16. Diagram (indicate the squamocolumnar junction with a dotted line and the acetowhite / iodo-negative region(s) with a solid line)

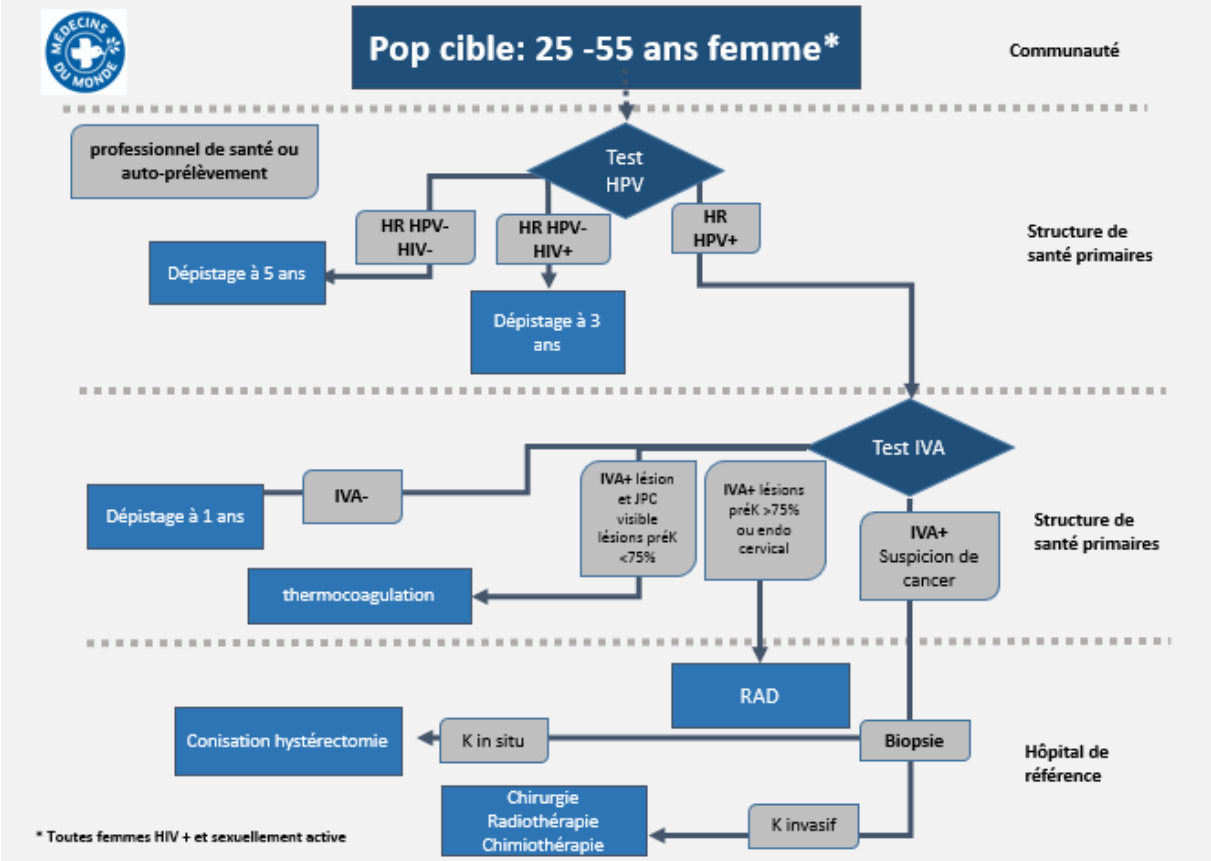


17. Measures taken:
(1: Follow-up advised every five years; 2: Therapeutic treatment recommended for cervicitis and check-up in six months; 3: Referral for a colposcopy; 4: Referral for immediate treatment; 5: Referral for classification and treatment for invasive cancer; 6: Other, please specify _____) [ ]

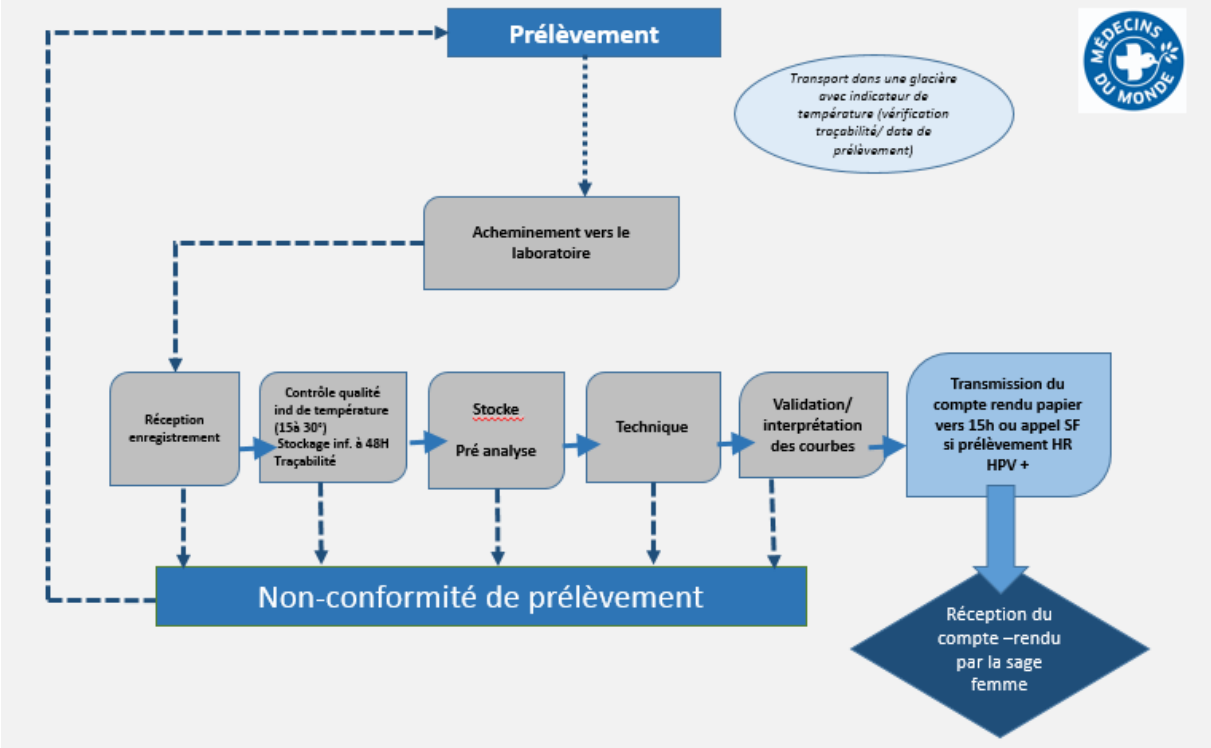
4. Background documents for A3 printing and laminating



SCREENING AND TREATMENT ALGORITHM DEVELOPED WITHIN THE MDM PROJECTS IN BURKINA FASO AND IVORY COAST (2018)



SAMPLING PATHWAY PROTOCOL



Sampling

Transportation in a cooler with temperature display (verification / traceability / date of sampling)

transfer to the laboratory

reception and registration

Quality control – Temperature display (15 to 30 °) - storage time less than 48 hours – traceability

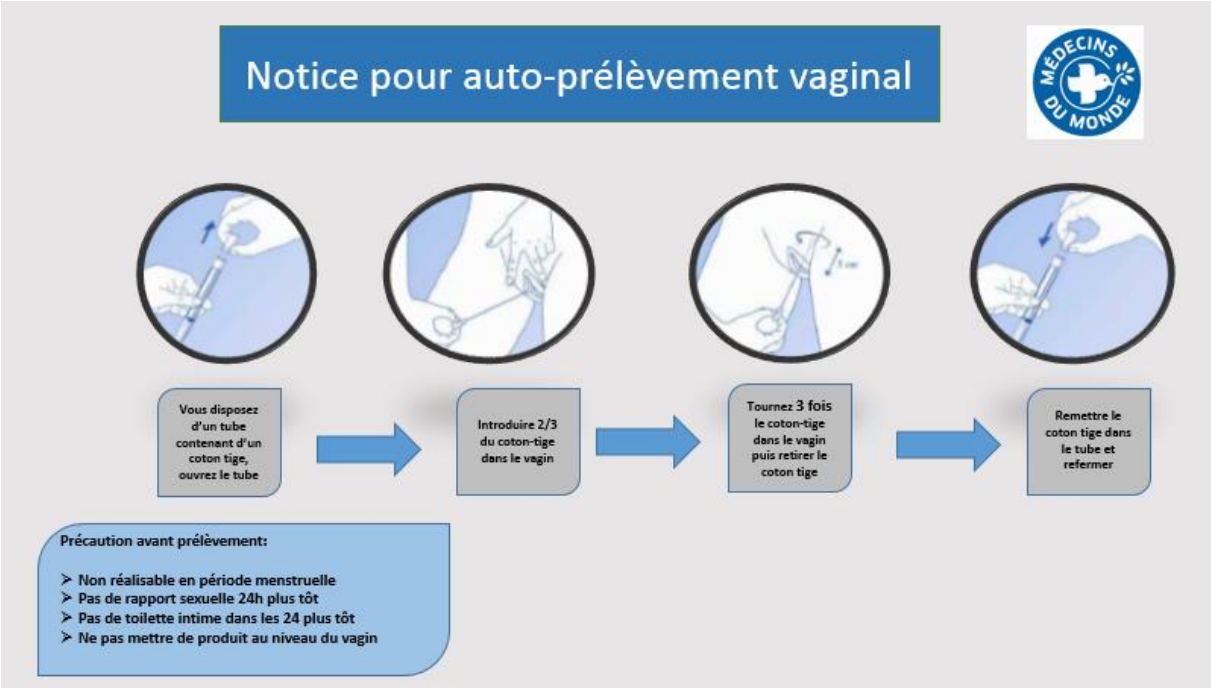
pre-analysis

Technical information

Curve validation / interpretation

Transmission of the report within the deadline or contact with the health care professional if the sample is HR HPV+

Non-compliance of sampling Reception of report by the midwife

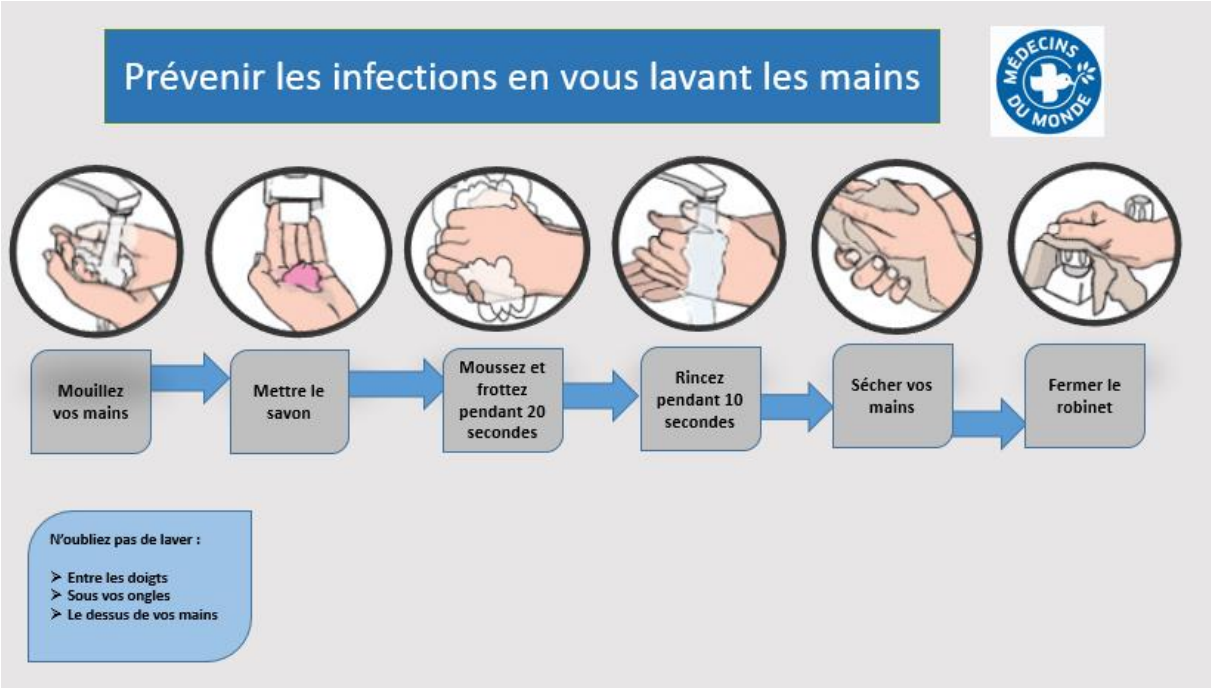


Instructions for self-sampling

- You dispose of a tube containing a swab. Open the tube
- Gently insert the swab in the vagina on around 2/3 of the distance
- Gently rotate the swab three times in the vagina and remove the swab
- Immediately place it in the transport medium and seal the sample.

Precautions before sampling:

- Do not carry out the test during menstrual periods
- No sexual intercourse the day before
- Do not carry out vaginal wash or apply any product in the prior 24 to 48 hours
- Do not put any product in the vagina



Preventing infections by washing your hands

Wet your hands Put the soap Lather and scrub for 20 seconds Rinse for about 10 seconds Dry your hands Turn off the water tap

Don't forget to wash:

- between the fingers
- under your nails
- the top of your hands

5. Instructions and scenario for Part 2, Session 1, Slide 57 J2

Cervical cancer counselling session: Instructions for participants

One set of instructions per person: the participants are divided into groups of three and allocate the roles of patient, healthcare professional and observer between them.

You are going to perform a role play of a counselling session on cervical cancer prevention and screening. The consultation should enable the necessary information to be conveyed to the woman and include a counselling element which is essential for this type of consultation. (20 mins)

Instructions for scenario 1

Role 1:
You are playing the role of a patient seeking information about cervical cancer because you have never heard of it.

Role 2:
You are playing the role of a healthcare professional.

Role 3:
You are the observer and will use the observation grid. 1 copy per observer.

How are the following aspects covered by the actors in the role play?

Aspects to look out for	Your comments
SCENARIO	
Appropriate attitude (e.g., gestures, not interrupting the patient, empathy)	
Tailored communication (e.g., language, tone)	
Confidentiality	
Respect (e.g., respect for choices, respect for other patients)	
Positive points	
Points to improve	

Sharing: discuss the difficulties encountered and the key elements of the consultation. The trainer provides a recap of the main conclusions, clarifies the key messages, and finishes with a summary.
15 mins

6. Instructions and scenario for Part 2, Session 5, Slide 25 J4

Counselling session – suspected cervical cancer: Instructions for participants

One set of instructions per person: the participants are divided into groups of three and then allocate the roles of patient, healthcare professional and observer between them.

You are going to perform a role play of a counselling session following a consultation and the discovery of suspected cervical cancer. The consultation should enable the necessary information to be conveyed to the woman and include a counselling element which is essential for this type of consultation. (20 mins)

Instructions for scenario 2

Role 1:
You are playing the role of a patient coming for a simple screening test and presenting with symptoms of irregular bleeding, but you don't mention this during the screening.

Role 2:
You are playing the role of a healthcare professional who has discovered budding when taking a sample for the HPV test.

Role 3:
You are the observer and will use the observation grid. 1 copy per observer.

How are the following aspects covered by the actors in the role play?

Elements to look for	Your comments
SCENARIO	
Appropriate attitude (e.g., gestures, not interrupting the patient, empathy)	
Tailored communication (e.g., language, tone)	
Confidentiality	
Respect (e.g., respect for choices, respect for other patients)	
Positive points	
Points to improve	

Sharing: discuss the difficulties encountered and the key elements of the consultation. The trainer provides a recap of the main conclusions, clarifies the key messages, and finishes with a summary.
15 mins

7. Case study for Part 2, Session 7, Slide 91 J5

WHO practical case study (Comprehensive cervical cancer control – A guide to essential practice, 2nd Edition – 2017)

'Amelia's story
Amelia is a 57-year-old Angolan woman, with six children and many grandchildren. She was taken to the nearest district hospital, 95 km away from her home, by her eldest daughter, after she developed a vaginal discharge with a very bad odour, which persisted for many months. The doctor who examined her did some tests, and explained that she had advanced cervical cancer that had spread from her cervix to her vagina and bladder and the walls of her pelvis. The bad odour was caused by urine leaking from her bladder into her vagina and mixing with discharge from the tumour.

The doctor said that unfortunately, at this stage, there was no treatment or cure for her cancer, but that she could be cared for and made comfortable at home. She also gave Amelia and her daughter instructions for managing and reducing the vaginal discharge and odour. She added that she worked with community health workers near Amelia's village, who provide home-based care for people who are very sick with AIDS, cancer or other illnesses. Then the doctor wrote a referral note to the woman in charge of the home-based care organization, explaining Amelia's condition and asking her to visit her at home. The doctor said she would work from a distance with the local health workers closer to Amelia's village to make sure that Amelia would have the medicines she needed, including medicine for pain, which might get worse as the cancer progressed. Although Amelia and her daughter were shocked and saddened by the news, the doctor's kindness and concern reassured them. Her promise to watch over her care with the local health workers made them both feel more confident and hopeful.

The local health worker came to visit Amelia as promised. She told and showed Amelia and her daughter how to deal with some of the problems they were facing: how to prepare pads from old, clean clothes to absorb the vaginal discharge; how often to change them and how to wash them; how to apply petroleum jelly to the vaginal area as the skin was beginning to get irritated from the constant moisture; how to gently wash the area daily with soap and water and have sitting baths. With Amelia's permission, she spoke to the family about supporting Amelia and each other during her illness and emphasized the importance of sharing the work as Amelia's condition got worse. There would be more laundry, as bedding and underwear would need to be washed often; the bed should be protected from discharge and urine with a plastic sheet; medicines for pain could be bought at low cost from the local mission hospital, and someone would need to fetch them regularly; other help at home was available through Amelia's church.

Amelia's family was poor, but the health worker helped to organize support from the community, the church and the local mission so that the needed supplies were usually there. The local health worker helped Amelia's family to understand the importance of keeping Amelia involved in their daily lives, and the life of the community. The family arranged for friends to visit when Amelia felt well enough, they took turns preparing food and, when she became too weak to leave her bed, they made sure that someone was always there for her. Amelia felt that she was not cast aside because of her illness. Even as she approached death, conversation and good spirit kept the house full of life and Amelia felt loved and needed until the end of her life.'

8. Action plan

1 copy per healthcare facility

Write down the actions you intend to take over the next 12 months.

Action to be taken	When	Person responsible

Training satisfaction survey

The aim of this survey is to collect your opinions and suggestions relating to the training. Put a tick in the column you feel most reflects your experience for each question.

	 Very satisfied	 Partly satisfied	 Not really satisfied	 Very dissatisfied
Did the content of the training meet your expectations?				
Do you think this training is useful for the design and implementation of your projects?				
What do you think of the approach of alternating theory and practice?				
What do you think about how well the group participation worked?				
What do you think about the way the trainers delivered the training?				
Do you think the training was good quality?				
Do you feel you were made welcome?				
What do you think about the way the training was programmed (amount of information, duration etc.)				
What do you think about the venue and the way the training was organised?				

Please note any suggestions or recommendations of how we could improve this training in the future

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Please tell us what you particularly enjoyed about the training

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Cervical cancer evaluation: pre-test and post-test

15 to 20 mins maximum **Initial:**

Select the right answers (circle the correct answers)

1. What are the risk factors for cervical cancer?
    a. Sexually transmitted infections
    b. Genital warts (condylomas)
    c. Tobacco
    d. Human papillomavirus (HPV) infection.

2. Human papillomavirus infection:
    a. Can be transmitted through any intimate contact
    b. Is completely avoidable by using a condom
    c. Can disappear spontaneously
    d. Can be transmitted by people of both sexes.

3. Precancerous lesions
    a. Can disappear spontaneously
    b. Can develop into cancer in 5 to 15 years
    c. Are a rare consequence of HPV
    d. In terms of histological classification, there are 4 types of precancerous lesions (CIN 1, CIN 2, CIN 3 and CIN 4)

4. HPV vaccination
    a. Provides protection from cervical cancer throughout the individual's lifetime
    b. Provides protection from other types of cancer apart from cervical cancer
    c. Provides protection from all the oncogenic HPV types
    d. Provides protection mainly from HPV types 14 and 18.

5. What are the recommendations for cervical cancer screening?
    a. Every year if the patient is HIV positive and has a negative HPV test
    b. Every 3 years if the patient is HIV negative and has a negative HPV test
    c. Every 5 years if the patient is HIV negative and has a negative HPV test
    d. Every 3 years if the HPV test is positive but the VIA is negative.

6. Thermocoagulation…
    a. Has the same contraindications as cryotherapy
    b. Has genital infections as an absolute contraindication
    c. Has a side effect of heavy bleeding for 1 week
    d. Facilitates the necrosis of precancerous lesions at a depth of over 15mm.

7. What are the appropriate precautions the health worker must communicate to a patient who comes for thermocoagulation?
    a. To come back if they have a fever lasting for 48 hours
    b. To come back if they have heavy bleeding for more than 5 days
    c. To use protection during sexual intercourse for 3 months
    d. To use only water for daily vaginal douching.

8. What do you do if you have doubts about a VIA following a positive HPV test?
    a. I assess it as negative
    b. I refer the patient to a higher-level healthcare facility or ask them to come back another day
    c. I ask a colleague to help me
    d. In the event of persistent doubt about a VIA, I perform a thermocoagulation procedure.

9. Cervical cancer
    a. Is the most deadly female cancer in Burkina Faso
    b. The standard treatment in the advanced stages is a combination of radiotherapy and chemotherapy
    c. Is a rare consequence of human papillomavirus (HPV) infection
    d. Is avoidable through screening.

10. Palliative care
    a. Only refers to end-of-life care
    b. Is part of primary care
    c. Is recognised as a fundamental human right for everyone
    d. Allows the provision of pain management.

Satisfaction survey by topic

The aim of this survey is to collect your opinions and suggestions about the training by topic (epidemiology of cervical cancer; HPV test; VIA test; and treatment of precancerous lesions). Put a tick in the column you feel most reflects your opinion for each question.

	 Very satisfied	 Partly satisfied	 Not really satisfied	 Very dissatisfied
Relevance of the topic				
Educational approach				
Time management				
Working atmosphere				

Observations /Suggestions

Self-assessment form

The aim of this survey is to evaluate your knowledge. It is a self-assessment. Please complete the two columns (knowledge before training, knowledge after training).
1 = not at all capable 4= completely capable

Score your knowledge of the following topics between 1 and 4	**Before training Score 1 to 4**	**After training Score 1 to 4**
Explain the general principles and challenges of cervical cancer screening (HPV test and VIA)		
Explain the natural history of cervical cancer		
Ability to provide cervical cancer counselling		
Ability to provide thermocoagulation treatment for precancerous lesions		
Explain the principles and challenges of palliative care		