SERVICE BEYOND BORDERS



health and education

In underdeveloped world



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12502 Bennett Road, Herndon, VA 20171

A 501(3)© TAX EXEMPT ORGANIZATION

OBJECTIVES :

***The objective of the cervical cancer prevention program will be to provide cytologic screening for the prevention of cervical cancer in areas of greatest need.***

**OVERVIEW:**

In developing countries, there is a lack of effective screening programs for cervical cancer. In these countries, no clinically significant reduction in the incidence of cervical cancer has occurred during the past three decades. In developed countries, by contrast, there has been a major decline in cervical-cancer mortality after the introduction of large-scale cytologic testing.

Cancer of the cervix has been the second most important cancer in women in India over the past two decades. In 2012 cancer of the cervix accounted for 22.9 per cent of all cancers in women. The highest age specific incidence rate of 98.2 per 100,000 for cancer cervix was seen in the 60-64 yr age group. Since over 70 per cent of the Indian population resides in the rural areas, cancer of the cervix still constitutes the number one cancer in either sex. Based on the data of GLOBOCAN, the estimated number of new cervical cancers during 2012 in India was 122,844. The relative five year survival reported some time earlier averaged 48.7 per cent. In contrast the developed countries have an incidence rate of 17 per 100,000 with a mortality rate of 23.

In a previously unscreened population of women aged between 25 and 65 years, the following

percentages of abnormal results are likely: (WHO data)

• LSIL: 3–10%;

• HSIL: 1–5%;

• Invasive cancer: 0.2–0.5%.

Data specific to India for women with incidence and mortality shows that cervical cancer in the second most cancer to occur at 22.9% with mortality rate of 20.7%. \* GLOBOCAN 2012 Data

**GOALS:**

1. To provide access to underserved women to advanced cervical cancer screening methods at no cost.

2. To co-ordinate services for women who get diagnosed with abnormal cervical screening and cervical cancer.

3. To reduce the incidence of cervical cancer in areas of high prevalence.

**PROCESS:**

1. To identify blocks within a district and work in one block at a time

2. To use the Primary Health Center/local partner in the block as the access point for screening exams to take place.

3. To increase awareness among women in the selected area between the ages of 21-65 regarding cervical cancer prevention.

4. ***The WHO recommends performing VIA on women in remote areas:*** The alternative simple and safe cervical cancer-prevention techniques simplify the process and render it feasible and acceptable to women and providers in low-resource settings.

5. Colposcopy on the site of the camp to perform for positive VIA and refer those who need treatment. The WHO recommends Cryotherapy for abnormal VIA on site “see and treat” which could be adopted with the help of a cryotherapy equipment.

6. To co-ordinate care for all women who have abnormal pap smears or cervical cancer.

**EXPENSES:**

Please see the attached expense report. Total expense is 1245.71 for both the camps in Kolkatta and Ranchi

***REPORT OF OPERATION Dec.29-30, 2018:***

**WIN Tollygunj Camp:**

The local office of the NGO WIN Tollygunj, Kolkatta, West Bengal (India) was used as the base for screening women and 49 women were screened with VIA. The event was managed by our Event Manager and our team comprised of Dr.Promita RoyChoudhary, Dr.Soma Chakrabarti, Dr.Sangeeta Sinha and volunteers Dr.Rishi Bishwanath, Ashrita Kumar, Anika Kumar and Amolika Gupta. During the screening process counselling was performed by Dr.Promita RoyChoudhary and Dr.Soma Chakrabarti.

Results: All normal cervix on VIA with one cervical polyp that was removed in the site. Detail data of the camp subject with demographics has not been compiled yet.

**WIN Diamond Harbor Camp**:

The local office of the NGO WIN at Diamond Harbor, West Bengal (India) was used as the base for screening women and 50 women were screened with VIA. The event was managed by our Event Manager and our team comprised of Dr.Promita RoyChoudhary, Dr.Soma Chakrabarti, Dr.Kakoli Ghosh, Dr.Sangeeta Sinha and volunteers Dr.Rishi Bishwanath, Ashrita Kumar, Anika Kumar and Amolika Gupta. During the screening process counselling was performed by Dr.Kakoli Ghosh and Dr.Soma Chakrabarti regarding preventive measures for good health..

Results: All normal cervix on VIA with one cervical polyp that was removed at the site. Detail data of the camp subject with demographics has not been compiled yet.

The feedback from the organizers on the ground was the need for a Physician to take care of the needs of the community on a regular basis.

Please visit the facebook page for SBB for detail pictures, pictures also being uploaded to the website soon.

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**EDUCATION CAMP AT ASHA NGO**

SBB has visited the ASHA NGO shelter last year and returned this year with plan to teach spoken English to 50+ children between the ages of 10-16.

Volunteers Amolika Gupta, Ashrita Kumar and Anika Kumar held 3hr lessons for 3 days at the Shelter after their school hours on Jan 3-4 and during the afternoon on Saturday, Jan 5. The team was impressed with the shelter and happy to note that the bicycles that were donated to the young girls were being used as promised.

The organization was able to distribute 25 pocket Oxford English to Hindi Dictionaries to the children.

The response to the instructions through groups/dance and music was very encouraging, the children were engaged the entire time and could follow instructions and learn a lot in a very short span of time.

**HEALTH AWARENESS:**

Dr.Sinha distributed 3 menstrual cups as a pilot and had a very comprehensive session with young women at the shelter, they were eager to use the cups and were promised that we would send one for all those who needed them. The caretakers at the shelter were instructed on guidance of the girls in this direction. The cost of one menstrual cup was 220 INR ($3.05/cup).

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