



## Impact assessment of the program on Secondary Prevention of Cervical Cancer in Rajasthan

March 2024

## Index

Section 01: Executive Summary	2
Section 02: Background of the Study	5
Section 03: Research Method	6
Section 04: Key Findings	9
Resource Availability	10
Awareness	11
Screening	14
Pre-cancer Treatment and Referral	17
Experience of the CSR Volunteers with the Program	18
Section 05: Way forward	20
About the organisations	22

# Section 01: Executive Summary

---

This report shares an overview of the impact assessment conducted on the cervical cancer program implemented by the William J Clinton Foundation (WJCF), with CSR funding support from Birlasoft, in Rajasthan from the year 2022 to March 2024. The report highlights four key areas that are essential to a patient's journey when availing screening and treatment services for cervical cancer as enabled within the scope of the program.

The four key areas are:

## 1/ Resource Availability

By enabling availability of resources for conducting screening and treatment for cervical cancer, there has been an increase in the number of screenings being conducted due to better and easier access to services. Prior to the implementation of the program, screening for cervical cancer was largely limited to select tertiary care centres in the state.

## 2/ Awareness

After resources became available, raising awareness about the importance of screening became crucial. Various factors contribute to awareness generation: materials provided by WJCF, Birlasoft, and the state government are accessible at all facilities, ASHA workers conduct awareness activities, and healthcare staff better understand how to communicate information to women in the community.

## 3/ Screening

Through training and mentoring, healthcare facilities have been empowered to conduct screenings more efficiently for eligible beneficiaries from the community. Improved data documentation processes, coupled with regular monitoring, have contributed to the increased pace of screenings. However, challenges persist due to limited human resources and infrastructural constraints at the facilities.

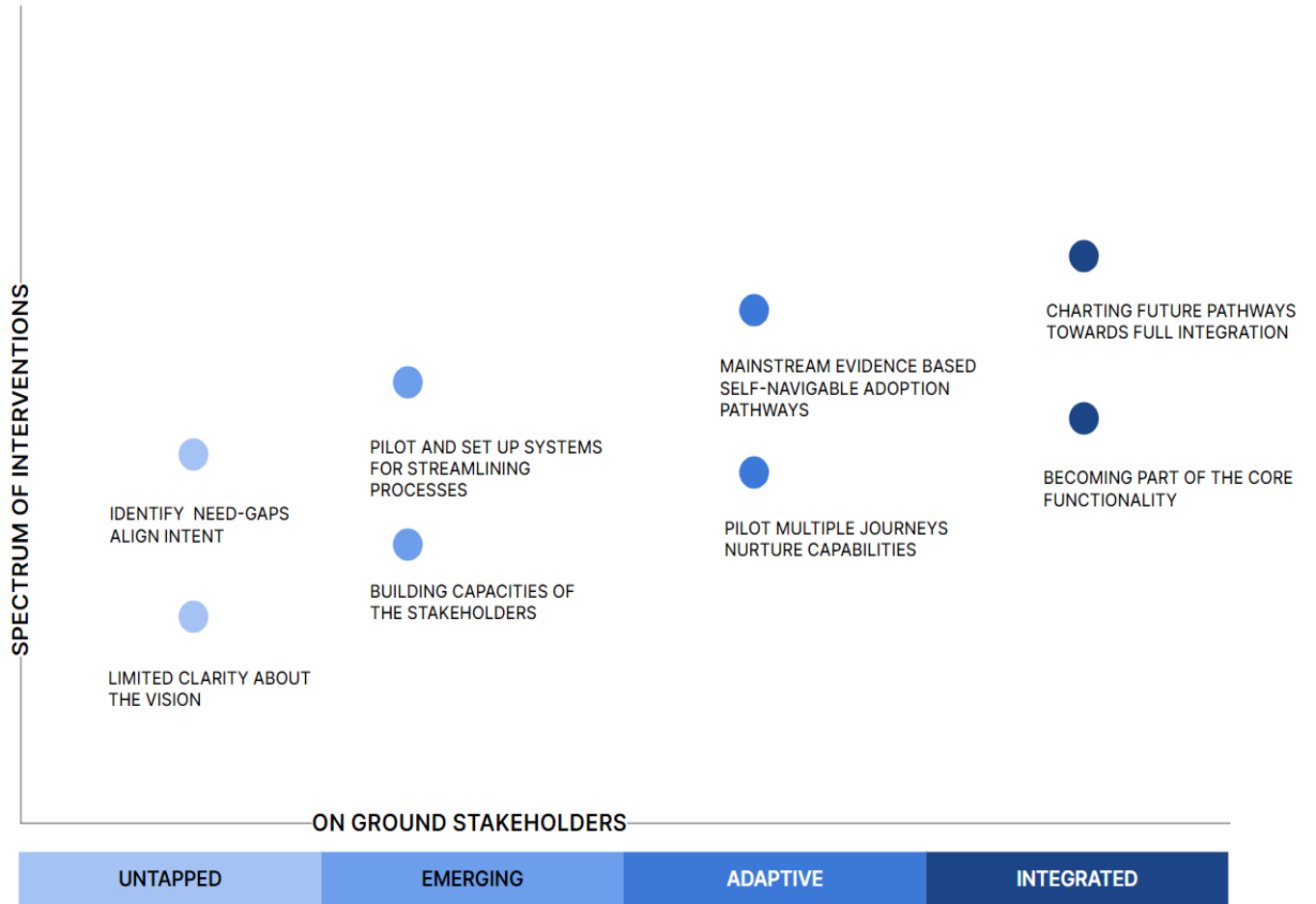
## 4/ Pre-Cancer Treatment and Referral

After program implementation, there is widespread understanding of the pre-cancer treatment process following cervical cancer screening. Healthcare facilities are better equipped to provide cervical pre-cancer treatment for any positive diagnoses. However, challenges remain, particularly in cases requiring referral, leading to a high rate of patient loss to follow-up.

Based on our interactions with the healthcare professionals, and the understanding that was gathered about the pre and post intervention scenario, we are mapping below different stages of the ecosystem evolution.

- Across the four focus areas, each of the facilities was at the **'untapped'** phase before the introduction of the program. There were minimal or no activities that took place to enhance the number of cervical cancer screenings.
- Post the intervention, healthcare facilities have moved to the **'emerging'** phase. Some of the healthcare facilities visited during the field research reported an increase in the number of women screened for cervical cancer from an average 10-20 to 70-90 per month. Access and availability to equipment, capacity building training of healthcare staff has supported this significant improvement. Each facility that was a part of the program now has at least 2 gynaecologists and 1-2 nursing staff who have received requisite training.
- As the intervention and programmatic support offered to the facilities phase out, trained staff from the healthcare facilities have moved into the **'adaptive'** stage. For instance, they are exploring ways to understand how comprehensive and continuous monitoring and evaluation can take place without any support from the external agency. Some of the respondents cited that to ensure new systems and processes are ingrained into the system, another one or two years of external support might be needed. Furthermore, to mainstream newly adopted systems and train many more healthcare professionals, a roadmap that outlines how to continue without the external support might be needed.
- The last stage **'integrated'** was cited as the larger goal / outcome by state and district level officials. To sustain any efforts under the NCD programs and not cervical cancer only, there is a need to integrate systems developed for secondary prevention of cervical cancer as core functionalities, across the tiered public health system including community health centres and primary care / health & wellness centres.

This has been demonstrated at the public health facilities supported by the WJCF-Birlasoft program.



*Evolution of an ecosystem from pre to post intervention.*

## Section 02: Background of the Study

---

Cervical cancer is considered as the second leading cause of cancer amongst women, accounting for over 18% of cancer burden (by incidence) per the Globocan 2022 report of The Global Cancer Observatory of the World Health Organisation (WHO). The WHO has also set a target of eliminating cervical cancer by the year 2030 with a focus on prevention, screening, and management.

While cervical cancer is preventable, socio-cultural, and economic barriers hinder diagnosis and treatment. Lack of awareness and knowledge, especially in rural areas, deters women from undergoing testing since most do not understand the importance of preventive screening. Additionally, decision-making being collective in households necessitates educating all members on the importance of screening for cervical cancer. Along with limited awareness, constraints such as limited geographic and economic access to adequate quality screening and treatment services, impede uptake.

In Rajasthan, the NFHS-5 reports screening of women for cervical cancer, aged 30-49 years is 0.6% and 0.3% in urban and rural areas respectively.

In 2022, WJCF with support from Birlasoft under their CSR initiative, collaborated with the Government of Rajasthan for a program on preventing deaths from cervical cancer by strengthening access to screening and treatment services. The program was implemented for a period of 15 months, covering 7 medical colleges, 16 sub-district, and 31 district hospitals covering all districts in the state.

The program focused on four different objectives:

1. Improving access to cervical cancer screening
2. Expanding and decentralising access to cervical pre-cancer treatment
3. Strengthening reporting and referral formats
4. Creating awareness amongst frontline health workers and beneficiaries to mobilise women for screening.

## Section 03: Research Method

---

### A/ Scope of the Study

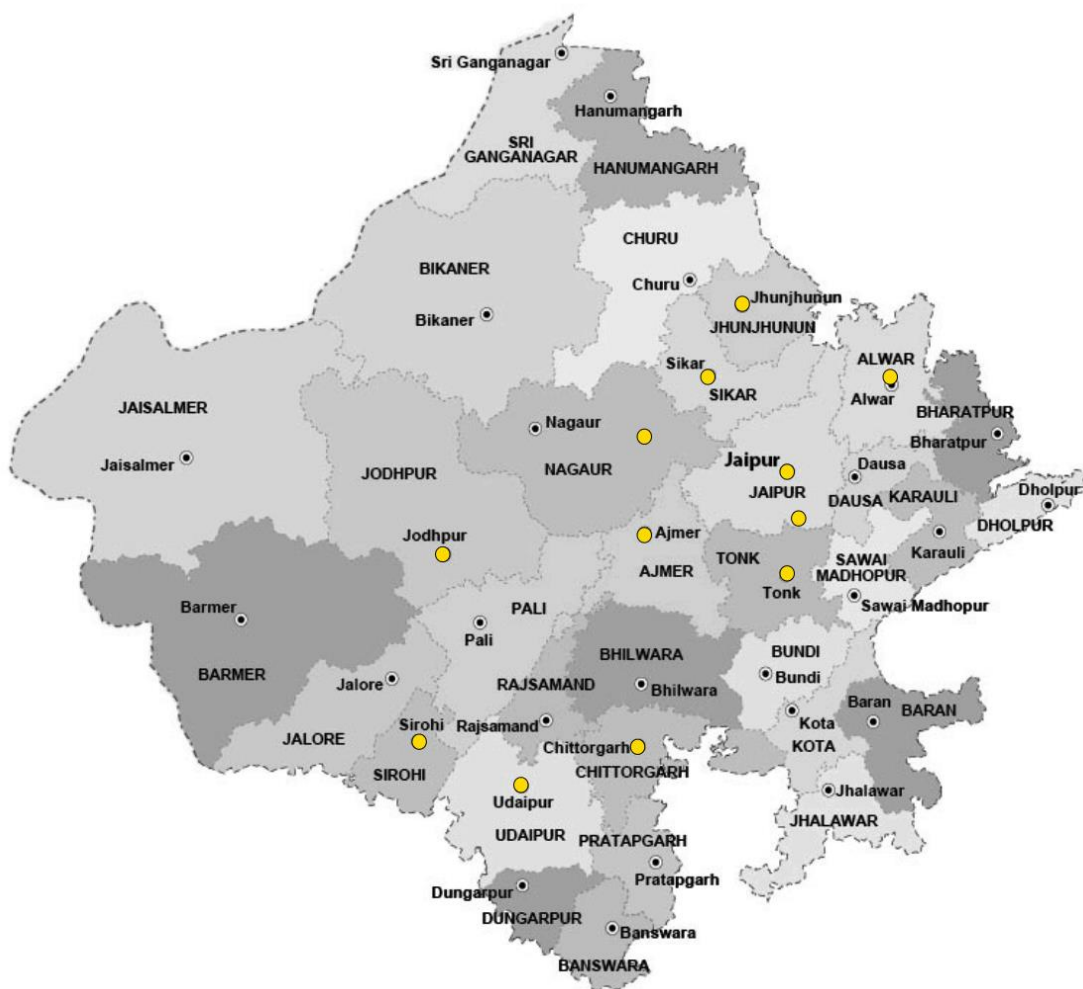
#### A.1 Key objective:

The intent of the impact assessment study is to gain an understanding of the current scenario of cervical cancer screening and pre-cancer treatment post the implementation of Birlasoft's CSR initiative. The study was carried out in 12 districts across four divisions of Rajasthan where WJCF had supported the state government of Rajasthan in strengthening and improving access to services for secondary prevention of cervical cancer.

To understand the impact of the intervention, a qualitative study was facilitated. As part of this research, semi-structured, in-depth, 1:1 interviews were conducted with four categories of stakeholders at State, District, Facility and Program Level respectively.

#### A.2 Locations Covered:

Division	Districts
Jaipur	Jaipur I, Jaipur II (Chaksu), Sikar, Jhunjhunu, Alwar
Jodhpur	Jodhpur, Sirohi
Ajmer	Ajmer, Deedawana, Tonk
Udaipur	Udaipur, Chittorgarh



*Locations covered by the study*

The study covered three different types of healthcare facilities: District Hospital, Sub-District Hospital and Medical Colleges

A.3 Stakeholders covered in the study:

State level	State Nodal Officer, NCDs, State Program Officer
District level	District Program Coordinator
Facility level	Head of Department, Gynaecologists, Nurses
Programme level	Programme Lead, Volunteers





*'Mahila Chikitsalay' Jaipur I*

#### B. Key Themes captured in the assessment:

The research focused on capturing the perspectives and experiences of the four stakeholder groups. The key themes that were uncovered during the course of the research are:

1. Improving access to cervical cancer screening and treatment
2. Availability of adequate equipment and infrastructure
3. Awareness and education of the community
4. Data documentation process and referral mechanisms

#### C. Limitation of the assessment:

Considering scope of the project, only selected locations were covered as part of the impact assessment. The effort has been to capture the overall systemic level insights through interactions with the District Program Coordinators, Volunteers, and state level officers.

## Section 04: Key Findings

---

### Overview of the journey of a patient

To effectively address cervical cancer and have a higher focus on secondary prevention, it is essential to emphasise on all the touchpoints of a patient's journey. While screening and pre-cancer treatment are the major components in secondary prevention of cervical cancer, a multitude of factors play a role in determining their journey.

A patient's journey of screening for cervical cancer begins from the first touchpoint they interact with, which is usually the outpatient department (OPD) at a district or sub-district hospital, their nearest healthcare facility such as a Primary Health Centre (PHC) or Community Health Centre (CHC) or a community healthcare worker. Therefore, the first component of the journey of a patient which is resource availability is crucial. The extent to which their nearest healthcare facility is equipped to provide screening and pre-cancer treatment services to the community, defines whether a patient's journey to treatment will begin or gets discontinued because of the entry barrier. Along with availability of resources, at each point of the journey, the socio-cultural factors of a community alongside the awareness in the society plays a key role in carrying out preventive screening and treatment for cervical cancer.



*The journey of a patient for cervical cancer*

The journey of a patient is essential as it provides a holistic overview of the different components that play a key role in the patient undergoing screening and eventual treatment. As mentioned before, the screening of a patient does not happen in isolation but occurs as a result of the various factors that are in play within their ecosystem. Now that betterment of screening and treatment processes has been implemented in the healthcare facilities, it is essential to also gain an understanding of the other factors that may contribute to the patient availing these services. To implement an effective screening process, the first step involved ensuring better access by providing necessary resources to district, sub-district hospitals, and medical colleges. This included supplying the tools required for screening and providing

training for healthcare professionals. Once these resources were in place, the focus shifted to generating awareness within the community, encouraging them to avail these services.

The key findings presented in the report follow a similar structure as the patient's journey. Our aim is to provide insights into what has changed on the ground as a result of the intervention supported by Birlasoft and WJCF and efforts invested by multiple system stakeholders. Additionally, the report outlines system readiness to take the initiative forward and opportunities for further support as stated by these stakeholders.

## Resource Availability

---

### 1. Targeted efforts on undertaking cervical cancer screening have increased access to services

Prior to the interventions supported by Birlasoft and WJCF, there was limited or no availability of resources for cervical cancer screening at the healthcare facility level. Majority of the stakeholders shared that the earlier patient's journey started only at the stage where symptoms were visible. Early stages of cervical cancer often do not show significant symptoms. Therefore, use cases of cervical cancer not getting treated at the early stage were higher. Prior to the program intervention, there was limited emphasis on cervical cancer screening. At the OPD level at district and sub-district hospitals, only symptomatic screening was undertaken at the discretion of the providers. With the implementation of the program by Birlasoft, there are now targeted efforts towards preventive screening for all women above the age of 30. Availability to equipment, trained resources became accessible and therefore, screening of asymptomatic patients became a possibility.

While challenges such as the need to decentralise screening to the PHC and CHC levels remain, and which were not under the purview of the program, the district and sub-district level hospitals and other facilities such as medical colleges have begun screening at asymptomatic stage itself. A common suggestion shared by state and district officials was to disseminate the training and learning to other facilities like PHCs and CHCs to ensure a wider coverage of screening.

### 2. Beyond the scope of the current program, decentralisation of efforts could enhance the access and drive more sustained impact.

The program began with training for healthcare professionals at a district and sub district level. By ensuring that the tertiary and secondary level facilities were equipped to carry out effective screening, and trained skill is now available at the nodal secondary and tertiary level facilities, the way forward is to expand and adopt the cascade training model wherein this training is now disseminated to healthcare professionals at PHCs and CHCs.

To make screening more accessible right from the start and lessen the burden on district and sub-district levels, decentralising efforts and resources is essential. Stakeholders recommended providing extensive support to nursing and PHC/CHC staff and ensuring the availability of necessary screening equipment. They found training provided by the WJCF team and Birlasoft volunteers very helpful, as it gave a thorough understanding of screening and treatment procedures and fostered collaboration among stakeholders. Individual facilities have also devised their own methods for training various stakeholders, such as training resident doctors at medical colleges and seeking their assistance in managing patient loads.



*VIA screening equipment at District Hospital, Sikar*

## Awareness

### 1. Generating awareness within the healthcare facility staff to amplify the impact of awareness activities

Across the study locations, it was observed that healthcare facilities conducted an internal awareness drive to inform their own female staff members about cervical cancer. Frontline health workers as ASHAs who otherwise engage in regular interactions with the community members were also included in the awareness drive. As part of this, all the female staff members were screened for cervical cancer. This initiative had a significant impact, as ASHAs, having undergone screening themselves, could now effectively communicate with community members and address their concerns about cervical cancer.

### 2. Contextualising talking about 'cervical cancer' to bring awareness and encourage patients to take

### **an informed decision**

Talking about 'cervical cancer' and female reproductive organs is considered taboo. Such socio-cultural influences create barriers in making an informed and self-initiated decision about screening and treatment. Additionally, fear of talking or thinking about 'cancer' poses new challenges. Healthcare professionals emphasised the importance of breaking down information about screening and treatment into smaller, manageable steps rather than overwhelming patients with the entire process at once.

Moreover, low awareness and limited understanding of cervical cancer are additional barriers that hinder expression of early symptoms. However, comprehensive training and targeted awareness campaigns among healthcare staff have proven effective in empowering them with the necessary tools to educate women about cervical cancer and overcome these challenges.

### **3. Targeting the household as one unit to enable the decision-making process from being informed to getting screened**

Often decision making, especially for something as sensitive as cervical cancer is not an independent choice made by an individual. The decision is usually governed by the opinion of other members of the family as well. It has been observed by healthcare professionals that it is not considered enough to only convince the patient to undergo screening; there is a requirement to educate the other family members as well.

There have been instances in the past where the patients have left the healthcare facility, to avoid undergoing screening without the discretion of other family members such as their male partners or mother-in-law. One suggested approach is to use the waiting time at the OPD to educate accompanying family members about the importance of screening.

### **4. Leveraging the existing network within the community for awareness generation is essential for a successful implementation of a program**

The current existing network of ASHAs are currently carrying out awareness efforts within the community. Healthcare facility staff have shared that it is essential for them to continue this as they are a crucial anchor point for the community. Screening ASHAs themselves as a part of the awareness programs was viewed as an effective strategy by district and healthcare facility officials. Additionally, the district and healthcare officials shared that it is crucial to extend the program to cadres such as the CHOs and facilities like PHCs, CHCs and Health and Wellness Centres to have a wider reach to the community.



### 5. Utilising collaterals as a conversation starter

Information, Education and Communication (IEC) materials (posters) that have been provided to the healthcare facilities have been placed in the OPD and areas of screening. It was observed in some locations, the collaterals were positioned near enquiry booths, or in waiting areas. Healthcare professionals have shared that they find them effective for initiating patient conversations.

A few challenges shared by the healthcare professionals include the different types of collaterals shared with the healthcare facilities.

Poster provided by Birlasoft and WJCF at an enquiry Counter.

For instance, the type of posters included long format ones with detailed information and short format ones with targeted content and pictures. Challenges were cited with respect to the patients taking an effort to go through the content. Literacy levels of the patients and others accompanying them, not having the mind space to notice long format and text-heavy posters, feeling overwhelmed as there are multiple posters displayed on the wall and for different diseases.



Poster placed for a VIA screening camp at a District Hospital in Chittorgarh, Udaipur



Poster provided by Birlasoft and WJCF placed in the OPD at a Hospital at District Hospital, Jhunjhunu, Jaipur

## Screening

### 1. Strengthening capacities through comprehensive training programs and dedicated mentoring

By providing training to the gynaecologists and nursing staff, the healthcare facility staff is more confident about their ability to be able to screen women for cervical cancer. The gynaecologists found the training that they received to be easily understandable with information that can be disseminated to the community. This was beneficial as it means that efforts and resources can be decentralised whenever required.

Additionally, having the nurses receive training provided them more confidence about having multiple hands-on decks to take forward the screening efforts. Availability of expert mentors helped doctors to resolve their queries faster. The mentors were part of the WhatsApp group created by the program team. Sending photos, asking questions, and getting feedback helped especially in the early stages of the program.

### 2. Systematic program implementation streamlined data documentation processes

Providing a common format for data documentation has proved to be an effective practice as it has streamlined the overall process for healthcare facilities. As the healthcare facility staff, specifically the nurses, have received training on how to document information within this format, it has made the process of documenting a large amount of data easier for them. Additionally, a firm requirement of providing a monthly report was effective in ensuring data was maintained, the WhatsApp group helped in maintaining accountability of the process being implemented.

Register being used to document the details of the patients being screened



Poster placed near the OPD about Friday camps.

### 3. The introduction of camps and having set targets have aided in the increase in screening

A screening camp is conducted every Friday which is beneficial as it helps in targeted efforts towards screening, and it also involves the residents from the medical college and is a more hands-on effort. The presence of other interventions such as the mobile medical van aids in ensuring screening is more widespread. Additionally, in Jodhpur, under the NCD (non-communicable diseases) programme there has been a target set for 100 days which has further assisted in ensuring higher targets of screening are being met. Number of patients screened has increased from 10-20 to 70-90 per month on an average. Some of the facilities we visited, number of screenings prior to the program were almost in single digit.

### 4. Due to limited human resource available at the OPD, prioritising screening for cervical cancer is a challenge

As screening for cervical cancer is conducted in the gynaecology department, there is a high load of patients coming in with cases that are time sensitive and require immediate care. As a result, higher priority is given to other patients in comparison to carrying out cervical cancer screening for other visiting patients who may meet the criteria. To effectively carry on the program, there is a requirement to deploy a structured human resource that can offer support for screening efforts. At the district hospital in Jhunjhunu, it is a common practice for gynaecologists to resort to pap smears as a method for screening in comparison to visual inspection with acetic acid (VIA) screening. However, VIA screening is considered to be preferential for cervical cancer screening as it has a quicker turnaround time, and results are available immediately, thereby reducing decision making time required prior to treatment initiation.

### 5. Space constraint remains a challenge for some of the smaller facilities such as sub-district hospitals

In some facilities, such as smaller sub-district hospitals, there is limited space available to conduct screenings for cervical cancer. In some instances, a shared unit is being utilised for screening for cervical cancer as well as for the use of labour and delivery patients. In larger facilities such as medical colleges or district hospitals, there is a clear demarcated segregation of the space available and as a result, they have the ability to carry out screening without disturbance of their existing load.

As the issue of space constraint is faced for other services as well, it is difficult to find a solution to it. Especially during the peak OPD hours, it's a common challenge. For instance, at one of the facilities, they only had one or two beds available in a small room that was to be used by patients for delivery as well as regular check-ups such as cervical cancer screening. With only one or two gynaecologists attending to the high load during the OPD hours, and with minimal space available, it is a challenge to contribute concentrated efforts towards only screening.

While the constraint of adequate space poses a significant challenge, there has been considerable difference in the number of screenings that have begun to take place. More healthcare professionals have been trained to carry out screenings effectively.





*Shared area for ante-natal care and cervical cancer screening at Sub-District Hospital, Jaipur II*



*Dedicated space for cervical cancer screening at District Hospital, Chittorgarh*

## Pre-cancer Treatment and Referral

### 1. Post program implementation, there is a higher emphasis on pre-cancer treatment

Prior to the implementation of the program, trainings had been conducted for cervical cancer screening, however, there was limited emphasis on pre-cancer treatment. With the introduction of thermal ablation (TA) devices and education on the importance of prevention, there is now a concentrated effort on pre-cancer treatment along with screening.

The availability of thermal ablation devices has now introduced a treat component to cervical cancer, which allows for treatment of cervical cancer at precancerous stages, which was not emphasised on before. Prior to the program, while there have been instances of training for cervical cancer screening, pre-cancer treatment has not been a high area of focus. With the introduction of TA devices, if diagnosed in the same facility then the process of receiving treatment has become more streamlined and accessible.

### 2. Referral to a higher facility for treatment leads to loss to follow up with the patients

In instances where the patients need to be referred to another facility to undergo treatment, there is a significant loss to follow up (where a patient screened-positive does not avail or chose to undergo recommended treatment) as the patients often do not end up visiting a second facility for treatment. At one of the facilities, stakeholders cited, this is also a timeframe, when patients and their family members reconsider whether to seek a second opinion from a private hospital, thereby making follow-up with screen-positive women a key challenge. Furthermore, as part of the intervention, systems for documenting positive cases have been created; even then, due to workload and limited availability of human resources, maintaining documentation of all the positive cases and following up with them was cited as a challenge.



*Thermal Ablation Device*



*Nurse sharing the process of screening for cervical cancer*

## Experience of the CSR Volunteers with the Program



OPD of a sub-district hospital

The CSR volunteers participated in initiatives designed to conduct education and awareness sessions alongside ASHA workers in their respective divisions. These sessions covered topics such as cervical cancer, its symptoms, and severity. Activities like role-playing and poster-making were then used to reinforce the key learnings.

### Key takeaways:

1. The volunteers shared that the primary takeaway for them was **gaining a deep understanding of cervical cancer**, a type of cancer that they had never heard of before. They took these learnings forward by **educating their own community** by sharing information on social media and ensuring their immediate family members were tested as well. The program also prompted them to further educate themselves on the severity and importance of the cancer.
2. The CSR volunteers found their **interactions with the ASHAs to be informative** as this provided them with a **deeper insight into the role played by ASHAs** within the community. The volunteers also visited the hospital where the screening was conducted, for further insights into the screening process.
3. The program aimed to equip ASHAs with effective strategies for educating the community and promoting cervical cancer screening. Through role-play activities, **ASHAs developed a structured approach for sharing information, while volunteers gained insight into the community's challenges regarding screening**. Strategies included refraining from using the term "cancer" directly and emphasising the benefits of screening. Role-plays involved ASHAs navigating conversations with difficult family members such as a male decision maker, providing valuable insights into communication strategies for the community.
4. The ASHAs were **given booklets with information that detailed the symptoms of cervical cancer**,

and how they can receive free testing at government hospitals.

5. The ASHA workers were also encouraged to get tested and were active participants in the screening drive as they were also educated on the importance of being tested and how they can share their personal experiences with the community.
6. This interaction provided the volunteers a better understanding of the different challenges faced by the community to avail these services. For example, it was shared how women in the community were apprehensive about being tested because they did not want to bear the cost of visiting a healthcare facility from their home. As women are dependent on their family members, it is difficult for them to make these decisions independently. Given the context of the location and its socio-cultural framework, it is challenging for them to engage in these conversations with others.



*District Hospital, Chaksu*

## Section 05: Way forward

---

The following section highlights opportunities stemming from the Birlasoft-WJCF initiative on secondary prevention of cervical cancer, for sustaining the program and further scaling-up and decentralising service delivery to CHCs and PHCs/HWCs.

### A. Capacity Building and monitoring of service delivery

1. The program has capacitated service providers including gynaecologists, medical officers, and staff nurses at the program sites in cervical cancer screening using VIA and pre-cancer treatment using portable thermal ablation devices. This is getting reflected in the increasing number of screenings at each of the facilities and reduced dependency on the external mentors (who were part of the Birlasoft-WJCF initiative).
2. A structured approach to integrate the cervical cancer prevention program into the existing service offering at the public health facility and further decentralise the program to lower-level facilities as CHC and PHC/HWC levels is needed. This process of integration and decentralisation risks slowing down in the absence of external oversight and support from development partners and donors.
3. The present model of routine monitoring is a key contributor to the current levels of cervical cancer screening. A structured plan will be required to maintain similar levels of uptake.
4. In the absence of external oversight, scaling up the program poses challenges effective monitoring of data on service uptake and coverage.
5. Going forward, strengthening capacities of additional staff, for example those who interact with the women and families directly or those who can offer support to the doctors is critical. This will help in extending the network of skilled staff and thereby, efficiency of the efforts will increase.

### B. Human Resources

1. The training provided to current staff has equipped healthcare facilities to conduct cervical cancer screening effectively. However, there's a need for a structured approach to extend this training to additional staff members.
2. State, district, and healthcare officials emphasise the importance of training personnel at PHCs, CHCs, and Health and Wellness Centres to ensure comprehensive community coverage.

### C. Equipment and Infrastructure

1. Details of essential commodities for screening have been shared with sites and availability has been ensured at program sites. Going forward, availability of such essential needs to be monitored regularly to ensure sustenance screening services.
2. Program sites have been equipped with pre-cancer treatment devices and service providers trained on usage. As the state plans to decentralise prevention to lower-level facilities such as CHCs and PHCs/HWCs, it must ensure such facilities are equipped with devices for pre-cancer treatment and in the event of the equipment's end-of-life or breakdown, replacements are provided, to ensure decentralisation and continuity in pre-cancer treatment services.

### D. Awareness and Education

1. Sustenance of awareness initiatives for healthcare staff, frontline community workers as ASHAs, and beneficiaries at the community levels, is essential to maintain the same level of engagement with cervical cancer screening.
2. It is crucial to target awareness towards not just the target group but also their family members as the family plays a pivotal role in decision making for the group.

---

End of report

## About the organisations

---

### Birlasoft Limited

Birlasoft is part of the CK Birla Group, which is amongst India's leading business conglomerates, with a presence across sectors including automotive, technology, home and building, infrastructure, healthcare, and education, along with a strong reputation in Philanthropy. Birlasoft, with an employee strength of ~12,500+ professionals, is an established entity in the digital technologies space. Through its Corporate Social Responsibility (CSR) initiatives, Birlasoft seeks to contribute to the social and economic development of the local community in which the company operates, and society at large. With program across two thematic areas of environment sustainability and women & children development, it has undertaken multiple award-winning CSR initiatives such as Project *Shodhan* that seeks to address the issue of crop residue burning by educating the farmers on new farm practices; Project *Disha* that focuses on education and inducing behavioural change amongst children through regular communication; and Project *e-vidya* that focuses on digital literacy of women to skill, empower and enable employment in the corporate sector.

### William J Clinton Foundation (WJCF)

The William J Clinton Foundation (WJCF) is a health organisation committed to saving lives and reducing the burden of disease while strengthening and sustaining high-quality health systems. With support of its international affiliate Clinton Health Access Initiative Inc. (CHAI), WJCF has been working in India since 2007 in close partnership with and under the guidance of the Ministry of Health and Family Welfare (MoH&FW) at the both the Central and States' levels on an array of high priority initiatives aimed at improving health outcomes for people living with HIV/AIDS, Tuberculosis, Hepatitis C, Non-communicable diseases including cancer, and providing effective care and treatment for children suffering from malnutrition, diarrhoea, pneumonia, and malaria. WJCF focuses on improving market dynamics for medicines and diagnostics, lowering prices for treatment, accelerating access to life-saving technologies, and helping build capacity required for high-quality care and treatment programs. Since 2019, WJCF has been working to expand access to quality cancer care in India by supporting solutions to improve affordability, availability and access to treatment, and capacity building of healthcare workers in screening of common cancers and effective secondary prevention of cervical cancer. With CSR funding support from Birlasoft Ltd. The program on secondary prevention of cervical cancer was scaled-up to strengthen prevention services in Rajasthan.

### Treemouse

At Treemouse, we approach our work with a behaviour-first lens, consistently delivering impactful results in improving products and services. As a strategic design and research consultancy, we drive a

higher sense of agency for the communities, ensuring inclusivity from the beginning of the decision-making processes. Our multidisciplinary approach allows us to learn and grow insights from a wide range of engagements, leading to holistic solutions that work at scale. Our larger mission is to enable our partners to build scalable, sustainable, and inclusive solutions for the underserved communities. Over the last 8 years, we have worked across domains such as healthcare, edtech, capacity building of professionals, social behaviour change and communication, and emerging technologies.