

# Cervical Cancer Prevention Program with Visual Inspection with Acetat Acid (VIA) in Twelve Facilities in Karawang District

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## ABSTRACT

*The visual inspection with acetat acid of is one of the methods for an early detection of cervical cancer and this method could be applied at community health center like primary health care. In Karawang Regency it self, there are 12 primary health care that have become provider for the IVA inspection service supported by JHPIEGO Indonesia. In the method, they have collected data of the service during 2008. The result until December 2008, there were 5,651 people done the IVA test (20,14% of the annual target) with the IVA positive in total 164 people (2.9% from the total number of clients undergone the checked) and there are 37 clients undergo chrio-therapy (22,56% of the client with IVA positive).*

**Key Words :** Visual Inspection with acetate acid, primary health care, health promotion

## ABSTRAK

Inspeksi Visual Asam asetat merupakan metode deteksi dini kanker leher rahim yang sangat sederhana dan dapat dilakukan di pelayanan kesehatan dasar seperti puskesmas. Di Kabupaten Karawang, terdapat 12 puskesmas yang telah menjadi *provider* pelayanan pemeriksaan IVA yang dibantu oleh JHPIEGO Indonesia. Metode yang dilakukan diambil dari data pelayanan 2008. Hasil pelayanan sampai Desember 2008 mendapatkan 5.651 orang klien dilakukan tes IVA (20,14% dari target tahunan). Dari jumlah tersebut, klien dengan IVA positif sebanyak 164 orang (2,90% dari jumlah klien yang diperiksa) dan 37 orang diantaranya mendapatkan krioterapi (22,56% dari klien dengan IVA positif).

**Kata kunci:** Inspeksi Visual Asam Asetat (IVA), puskesmas, promosi kesehatan

## BACKGROUND

Cervical cancer is a serious problem in Indonesia and has not been addressed comprehensively. While national documentation is weak, based on hospital statistics (MOH, 2006) cervical cancer is the second most often cause of female cancers followed by breast cancer. Screening for cervical cancer currently is still regarded as unaffordable and is not generally accessible to all women. Pap smear is only provided in a limited number of facilities largely due to the limited number of pathologists and cytotechnicians. An early cervical cancer detection program that is only dependent on Pap-smear would never reach a sufficient coverage of the target population in Indonesia.

In response to this finding, the Ministry of Health is preparing a policy to support the implementation of VIA as an appropriate screening method for cervical cancer in Indonesia, where Pap-smear services are not available. Another relevant policy development that will be important in the VIA program as a Single Visit Approach (SVA), is regulating trained and

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qualified midwives to do cryotherapy. This policy is currently under consideration.

In preparation for the expansion of VIA services to 33 provinces in Indonesia, the Ministry of Health has asked for technical assistance from Jhpiego to develop a pilot model of the SVA using VIA for screening pre-cancer lesions and providing on-site cryotherapy for those who screen positive at 12 Puskesmas in Karawang district, West Java.

Before the model was developed, a need assessment was conducted by the MOH and Jhpiego to identify technical assistance needed by MOH to implement and manage cervical cancer prevention program in one year. Jhpiego, with support from Ford Foundation, and partnering with the National Clinical Training Network (NCTN) conducted capacity building and training effort to develop local experts.

To support this program, the MOH has asked the first lady of Indonesia to launched the national program on early detection of Cervical- and Breast –cancer on the 21<sup>st</sup> of April 2008 in Karawang district. This is a momentum to develop early cancer detection programs in other regions in Indonesia.

The preparatory phase of this program also included the selection of 12 Puskesmas (primary health centers) who will offer cervical cancer screening, competency based training of midwives and doctors from selected Puskesmas, and the provision of cryotherapy equipment. Training was conducted by NCTN trainers who were initially trained by Jhpiego. The four Puskesmas that were selected were, Rengasdengklok, Pangkalan, Cilamaya Ciampel, Karawang, Pedes, Cikampek, Tempuran, Jatisari, Kotabaru, Klari and Telagasari all in Karawang district, with the Karawang district hospital as the referral center. The clinical trainers from the NCTN conducted supervisory post training follow up visits. The monitoring visits typically include 3 – 4 members of the monitoring team from Jakarta and 1 – 2 from district level. Each visit was conducted for one day and include only one Puskesmas per day.

## OBJECTIVE

The primary goal of the monitoring visits was to provide technical guidance by NCTN and trainer and monitor progress of cervical cancer prevention program with VIA. The specific objectives of the visits included:

1. To document the training approach.
2. To assess if the VIA provided are in compliance of clinical standards.
3. To assess the coverage of VIA services.
4. To learn about efforts conducted by facilities to expand services.
5. To review record and reports.

## METHODS:

Monitoring visits were conducted to the twelve Puskesmas twice during the period of September 2007 to March 2008 by:

- Observation of VIA services
- Interview of VIA providers
- Review of record of VIA clients
- Review training reports

The instruments used for monitoring are attached, which are:

- Checklist of VIA services from the VIA and Cryotherapy checklists used during training.
- Interview forms for providers

Service statistic forms were developed based on the indicators that were developed by MOH and Jhpiego that should be monitored, which are shown in table 1 below. Not all indicators could be assessed, because of still limited number of clients, incomplete recording and less than one year follow-up.

The indicators were calculated based on target population for each Puskesmas. For this pilot phase, the target populations are women at the age of 25 to 49 years. Based on interview with program managers at district level and provider from each Puskesmas, coverage expected for each Puskesmas is 80% of women at that age group over a 5 year period.

The monitoring team specifically asked, if for the first few months the target were reduced. No temporary targets were set for the first months of this program. So the performance of each Puskesmas was measured against the above targets, using data from the client register. Data was available until December 2008.

## RESULTS

In the twelve facilities providers have been trained by the regional trainers to provide VIA Services, cryotherapy could only be demonstrated, because there were not enough clients. During this assessment period, cryotherapy was conducted on a day, when the NCTN trainer could visit the Puskesmas, to provide technical assistance and coaching to do cryotherapy. Single day visit for VIA and cryotherapy could not be implemented during this period, but is the goal of this program.

These twelve Puskesmas have also received equipment to provide these services.

- Cryotherapy Unit: was provided by Jhpiego.
- CO2 Gas container: was provided by Jhpiego
- Other equipment and supplies: speculum, examination lamp and hand washing facilities.

## Monitoring Visits by Trainer

The trainer observed the clinical procedure of VIA conducted by all the providers in each Puskesmas during

**Table 1: Number of target populations for each puskesmas**

No	Facility	No of women 25 – 49 yrs	80% of target group	No of annual screenings	No of monthly screenings	No of weekly screenings
1	R. Dengklok	22.418	17.934	3.587	299	75
2	Cilamaya	18.696	14.957	2.991	249	62
3	Pangkalan	8.253	6.602	1.320	110	28
4	Ciampel	7.874	6.299	1.260	105	26
5	Klari	16.875	13.500	2.700	225	56
6	Jatisari	11.398	9.118	1.823	152	38
7	Kotabaru	8.550	6.840	1.368	114	29
8	Telagasari	14.578	11.662	2.332	194	49
9	Karawang	13.617	10.894	2.179	182	46
10	Cikampek	20.786	16.629	3.325	177	44
11	Pedes	16.874	13.499	2.700	225	56
12	Tempuran	15.481	12.385	2.477	206	51
<b>Total</b>		<b>175.400</b>	<b>140.319</b>	<b>28.062</b>	<b>2.238</b>	<b>560</b>

**Table 2: Number of providers trained by puskesmas in Karawang:**

No	Facility	Doctor	Midwife	Total	Note
1	R. Dengklok	1	4	5	
2	Cilamaya	1	3	4	
3	Pangkalan	1	3	4	1 midwife moved
4	Ciampel	1	3	4	
5	Klari	1	3	4	
6	Jatisari	1	3	4	
7	Kotabaru	1	3	4	
8	Telagasari	1	3	4	
9	Karawang	1	3	4	
10	Cikampek	1	3	4	
11	Pedes	1	3	4	
12	Tempuran	1	3	4	
<b>Total</b>		<b>12</b>	<b>37</b>	<b>49</b>	

three day. Results of observation showed that, the steps of VIA were in compliance to standards. Counseling skills need to be improved, especially in conducting counseling for women with positive VIA results or are suspected in having cancer.

**Results of Observation by JHPIEGO Consultant**

All 12 Puskesmas were visited on three day, for the monitoring of the program. All VIA services that were provided to clients on the day of the visit were observed by the monitoring team. All providers that were present on the day of the visit, took turns in providing VIA services, so that the observer had a chance to observe almost all providers from each facility.

**Coverage of VIA Services**

Data from clients register were reviewed to assess the performance of each Puskesmas. The results are purely

based on the completed registers. Incomplete registers may result in in correct numbers in the tables below.

Even though the number of days, when VIA services are offered varies among the 12 Puskesmas, the average number of client seen per month for VIA does not vary much, it ranges from 12 – 128 per month. This range includes women who do not belong to the target group (age 25 – 49). Most VIA positive results was seen in Rengas Dengklok Puskesmas. In all the 12 puskesmas, there were also women screened who did not belong to the target age group. While the suspect cancer clients all belong to the target age group (25 – 49 years).

By the time of the visit, no facility has achieved the target number assigned to them, which is 80% of eligible women in a 5 year period. Considering this is the first year of implementing this program, Pangkalan- and Ciampel puskesmas have already achieved more than 50% of the target, while Jatisari, Karawang, Cikampek, Pedes and Tempuran Puskesmas have achieved less than 10% of the target. For the first year the target of 80% may not be realistic. All twelve Puskesmas have done efforts to increase coverage by involving the community to promote VIA services (see table 4 above).

The prevalence of positive VIA ranges from 1,08% to 15,33% with the highestprevalence in Ciampel Puskesmas and lowest in Karawang and Cikampek Puskesmas, but not all have received cryotherapy. At the time of visit cryotherapy could not be offered at the same day of VIA, because of lack of equipment and providers in the puskesmas have not been trained yet. The VIA positive clients did not all comeback to get treatment. Overall only a little more than 20% received cryotherapy treatment. That is why single visit approach is very important. Currently there is no plan or special effort to get the positive women come for cryotherapy.

Table 3: Number of VIA services provided by puskesmas until December 2008

No.	Facility/ Puskesmas	No total clients	Average client/month	VIA results:		Cryotherapy
				Positive	Suspect Ca	
1.	R.Dengklok	1.449	120,7	54	2	3
2.	Cilamaya	1.024	85,3	18	10	6
3.	Pangkalan	898	74,8	13	1	1
4.	Ciampel	798	66,5	31	2	23
5.	Klari	348	58	5	0	0
6.	Jatisari	137	22,8	21	1	0
7.	Kotabaru	171	28,5	9	0	2
8.	Telagasari	265	44,2	8	1	0
9.	Karawang	125	12,5	0	0	0
10.	Cikampek	116	11,6	0	2	0
11.	Pedes	135	13,5	3	0	2
12.	Tempuran	185	18,5	2	2	0
<b>Total</b>		<b>5.651</b>	<b>556.9</b>	<b>164</b>	<b>21</b>	<b>37</b>

Table 4: Program Achievement

Nr.	Facility	% screened/ target	% positive/ screened	% cryoth/ positive VIA	Increase coverage by					
					Involving			Increasing services		
					Cadres	Village Midwife	Women leaders	Community leaders	Offering VIA every day	Mobile service
1.	R. Dengklok	40,40	3,73	5,56	Y	Y	Y	Y	N	N
2.	Cilamaya	34,24	1,76	33,33	Y	Y	N	N	Y	N
3.	Pangkalan	68,03	1,45	7,69	Y	Y	N	N	N	Y
4.	Ciampel	63,33	3,88	74,19	Y	Y	N	N	N	N
5.	Klari	12,89	1,44	0	Y	Y	N	N	N	N
6.	Jatisari	7,52	15,33	0	Y	Y	N	N	N	N
7.	Kotabaru	12,50	5,26	22,22	Y	Y	N	N	N	N
8.	Telagasari	11,36	3,02	0	Y	Y	N	N	N	N
9.	Karawang	5,74	0	0	Y	Y	N	N	N	N
10.	Cikampek	3,49	0	0	Y	Y	N	N	N	N
11.	Pedes	5,00	2,22	66,67	Y	Y	N	N	N	N
12.	Tempuran	7,47	1,08	0	Y	Y	N	N	N	N
<b>Total</b>		<b>20,14</b>	<b>2,90</b>	<b>22,56</b>						

Note: Y = yes      N = no

### Recording and Reporting

The providers of VIA are asked to fill in a client registration form, that was distributed to them during their training. It was explained to them that they should fill in the form for each client that comes for VIA. They were not provided with special forms that should be submitted monthly.

Every month they submit a summary report of VIA activities to the district health office, using their own format. Not every Puskesmas submit the same information in their summary report. This is only for the project. The regular reporting form for all Puskesmas is a Cancer surveillance form, that will be further explained below.

### Recording

This registration form records the following data of a client: (see attachment)

#### General Information:

- Date of visit
- Registration number
- Name of client
- Address
- Age
- Reason for visit:

\* VIA and Breast exam

- \* Cryotherapy that has been postponed
- \* Unplanned Follow-up visit
- \* Follow-up post cryotherapy
- \* One-year follow-up

**Result of Examination and Follow-up:**

Result of VIA:

- \* Positive
- \* Negative
- \* Suspect Cancer
- \* Name of provider

Referral:

- \* Big Lesion
- \* Suspect Cancer
- \* Other gynaecological problems

Cryotherapy:

- \* On the same day
- \* Postponed ( more than 1 day)
- \* Postponed one day
- \* Name of provider

Result of Breast Examination:

- \* Normal
- \* Suspect Cancer
- \* Other problems
- \* Referred
- \* Name of provider

**Reporting**

The Puskesmas only reports the positive new cases to the district health office, based on age group using a "Cancer Surveillance Form" provided by the Ministry of Health. There is no reporting form for the eighteen indicators that has been agreed for this program by the Ministry of health.

**Referral Hospital**

Register forms at the District Hospital uses the same format as in the Puskesmas. In the district hospital, there are cases positive VIA that were referred from Puskesmas to colposcopy and cryotherapy. There is no other explanation in the records reviewed. To know the final diagnosis of the suspect cases, other records have to be reviewed. We also could not get data about number of cases that were referred from a Puskesmas. According to the midwife at the hospital, the reason is that usually the midwife from the Puskesmas take the client to the hospital herself, so that the Puskesmas knows exactly which client comes to the hospital or not, so there is no need to record it.

**CONCLUSIONS AND RECOMMENDATIONS**

The conclusion from the monitoring visits are:

1. Counseling pre VIA could not be observed with

effective, but based on the case on discussion with providers, the counseling is not done as required.

2. VIA procedure is in compliance with clinical standard in eleven. Puskesmas, while in one Puskesmas, hand washing was not conducted
3. The coverage of VIA screening is a little more than 20 % in average the observed period, highest coverage (> 50%) is in Pangkalan and Ciampel Puskesmas.
4. All Puskesmas have done efforts to increase coverage of cervical cancer screening, by involving community and broaden services.
5. JHPIEGO has prepared National trainers to conduct training for regional trainers. The regional trainers in West Java have trained providers in some Puskesmas in Karawang.
6. Records are not completed in a uniform way and also not completely filled in. Reports only positive cases to the district health office.

Recommendations:

1. Counseling should be strengthened for VIA providers, since the screening is for a serious disease the can cause mortality. The providers would need special training and counseling tools (flipchart, leaflets etc).
2. Information, Education and Communication materials should be provided, to promote cancer prevention programs, especiall VIA.
3. Appropriate equipment should be provided to support the program.
4. Monitoring and supervision should be continued for clinical procedures to improve and maintain compliance to clinical standards.
5. More stakeholders from different levels should be involved in promoting VIA services. Advocacy to decision makers to support this program is needed.
6. Records should be simplified and the providers should be trained to fill in completely and correctly.
7. Information system that can provide information for the 18 indicators for this program that has been agreed by MOH, should be developed and implemented.
8. Minimal standard for providing mobile services should be developed, so that quality of services is maintained and assured. ❖

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