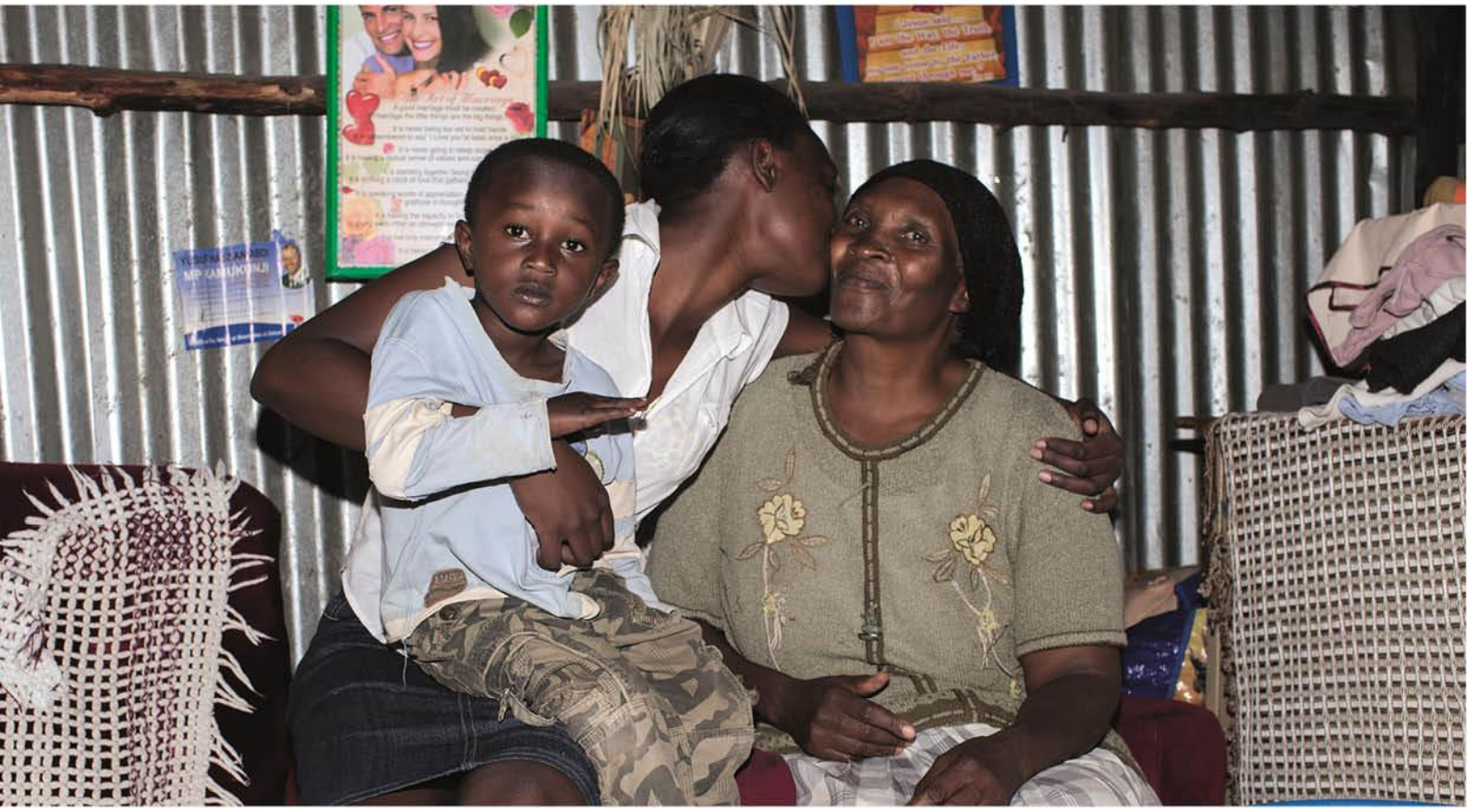
Evalution report

SAVE MY MOTHER



Toward the eradication of cervical cancer

FEMALE CANCER FOUNDATION

50 jaar | SOS kinderdorpen

NATIONALE POSTCODE LOTERIJ

Ans de Jager
Avance
August 2015

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the impact engineers

EXECUTIVE SUMMARY

Save My Mother (2011-2014) is a pilot programme targeting the prevention of cervical cancer, through the "see and treat" methodology, in Gambia, Ghana, Kenya, Malawi and Zambia, implemented by SOS Children's Villages and the Female Cancer Foundation, supported by the Nationale Postcode Loterij.

The Save my Mother programme has obtained remarkable results. Not only were all the targets more then attained, the programme has also been received with overwhelming commendation by the women who were beneficiaries of the programme.

Well over 450.000 people have been reached through the awareness raising activities, almost 70.000 women have undergone screening and almost 7.300 women have been provided with preventative treatment.

The programme has been a fulfilling and gratifying experience for the people who worked on the programme, making them to feel proud of being able to support the saving of lives of so many women and hence preventing children from becoming orphans.

Through adding out-reach screening and treatment facilities the number of women reached has been enhanced and more over in this way the hard to reach and those most vulnerable were reached.

The programme is very cost effective with a cost of EURO 8.70, per beneficiary screened and/or screened and treated, this excludes the women reached through awareness raising only. The figures also exclude the coordination and monitoring costs made by FCF and SOS CV.

Positive public opinion has been generated and the urgency to address cervical cancer and the preventative approach applied have been put on the agenda.

In order to scale-up the participating organisations (SOS CV and FCF) need to capitalize on the results obtained during the pilot phase of the project and share the story with the wider public, carefully analyse the potential stakeholders who could enhance the reach and define a strategy to involve them. In addition they should actively engage governments in the implementation of the programme and facilitate the process of collective fundraising for extensions of the programme. In order to support those endeavours the national boards and international offices of SOS CV need to be brought on-board to use their advocating and fundraising powers.

Using the powerful story and engaging the women who have benefitted from the programme extensive advocacy should be undertaken in order to make the prevention of cervical cancer a priority in the participating countries.

In order for the service to be sustainable in the longer-term up-take by government and coverage of the service through insurance are paramount. To make this possible however substantial advocacy is needed as well as supporting governments in acquiring the needed resources and capacities that will enable them to integrate the service in their standard package.

In the short term there is scope to engage further with likeminded organisations, to engage in networks, involve corporates with donations of materials and to charge a minor fee for the service especially among the urban population and those receiving the service at the SOS health facilities. This could reduce the burden on external funding.

The programme as an added result has been able to generate exposure and recognition for the SOS CV organisation as a whole in the countries of operation.

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INTRODUCTION

Save my Mother is a programme aiming at the eradication of cervical cancer in women.

Cervical cancer is a largely preventable disease, but worldwide it is one of the leading causes of death in women. Most deaths occur in low- to middle-income countries.

This pilot programme has been implemented in five countries: *Ghana, Kenya, Gambia, Malawi and Zambia*, in 9 Medical Centres based in different locations and contexts and through outreach. The programme's objective was to promote a technique called See & Treat. Women in the high-risk age of 15-45 years undergo a test with the so-called *Visual Inspection with Acetic Acid* (VIA) method. The cases in which malignant cells are identified in an early stage (approximately in 10% of the tested women) are treated with liquid nitrogen right away. The advantages of this approach are multiple: its simplicity (test and possible treatment require a single visit), low investment in equipment and simple application, so that health workers are able to appropriate the technique quickly. These characteristics contribute to the affordability of the approach that is specifically important in low resource settings.

The programme Implementing partners of this programme are the Female Cancer Foundation and SOS Children's Villages, including the National Associations of the five countries, the Continental Office and SOS CV The Netherlands.

The first phase of the programme (2011-2014) had the objective to prove that See & Treat can be an effective and feasible approach in the fight against cervical cancer, specifically in low resource settings. The approach requires relatively modest inputs in terms of money, training and equipment. The programme aimed to reach 500.000 women through awareness raising, 100.000 of these women should have been tested, and approximately 15.000 with malignant cells should have been treated, thus preventing women to develop cervical cancer and eventually die from the disease.

An evaluation was carried out to assess the results of the programme and more specifically to formulate recommendations with regards to up-scaling opportunities, sustainability and possibilities for co-operation.

The evaluation was carried-out between May and July 2015. This report discusses the outcomes of the programme and provides recommendations for future programming.

1. BACKGROUND ON THE SAVE MY MOTHER PROGRAMME

CERVICAL CANCER

Cervical cancer occurs worldwide, but the highest incidence rates are found in Central and South America, East Africa, South and South-East Asia, and the Western Pacific[1]. That cervical cancer is one of the most deadly diseases affecting women worldwide is a relatively un-known fact. Most of the women who die of cervical cancer, are from low and middle-income countries, with the rural poor being the most at risk.

After breast cancer, cervical cancer is the most frequently occurring type of cancer among women under the age of 45. Worldwide, over 500,000 women each year are diagnosed with this type of cancer, of which approximately 50% don't survive the disease. Over 80% of these women live in developing countries. It often concerns young mothers who are the mainstay of the household and indispensable for the family income and local economy. When they are no longer there, this has a major impact on their family and on the village in which they live. It is also the third prevalent cancer in developing countries.

The primary cause of cervical cancer or pre-cancer is persistent or chronic infection with one or more of the "high-risk" or oncogenic types of human papillomavirus (HPV).

Most women who die from cervical cancer, particularly in developing countries, are in the prime of their lives. They may be raising children, caring for their families and contributing to the social and economic lives of their towns and villages. A woman's death is both a personal tragedy and a sad and unnecessary loss to her family and her community, with enormous repercussions for the welfare of both. These deaths are unnecessary because there is compelling evidence that cervical cancer is one of the most preventable and treatable forms of cancer if it is detected early and managed effectively[2].

THE SEE AND TREAT METHOD

The preventative method using Visual Inspection with Acetic Acid (VIA) is a method, which is highly recommended in low resource settings. During the screening the HPV-Infected cells that can cause cervical cancer, become white and visible. This change in colour can be seen with the naked eye.

CRYOTHERAPY

Women with whom the colour change is observed are treated immediately. According to the same principle for the treatment of small warts, the deviating cells in the cervix are frozen. This is referred to as cryotherapy. If deviations in a further advanced stage are observed in a woman, she will then be referred to the closest hospital that is equipped to treat this.

SAVE MY MOTHER: FEMALE CANCER FOUNDATION AND SOS CHILDREN'S VILLAGES

The Female Cancer Foundation was founded based on the ambition of taking up the challenge and fighting cervical cancer worldwide. A world free of cervical cancer. The Female Cancer Foundation

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[1] WHO; Comprehensive cervical cancer control; A guide to essential practice, 2014, ISBN 978 92 4 154895 3

[2] Idem

aims to reach this by providing care (screening and treatment) on site, providing education and information and carrying out research. In everything that Female Cancer Foundation does, the main objective is to ensure that the local healthcare providers and population acquire the knowledge that they need to fight cervical cancer themselves.

SOS CV works with children, families, communities and states to prevent family breakdown and ensure that every child's right to family, protection, education and health care are fulfilled. If a child has lost parental care, or it is not in the child's best interests to remain in their family, then SOS works with community and state partners to provide the child with loving and supported family-based care.

The coordination between the two organisations in this programme is based on the shared aim to save women and by doing so preventing children from loosing their mothers.

2. EVALUATION METHODOLOGY

With the aim of collecting evidence in relation to successes, the best practices, and the lessons learned in the Save my Mother project, the evaluation focussed on the collection of qualitative data combined with a review of basic quantitative data collected in each country (number of clients reached, programme expenditure, etc.).

Considering the time and human resources available, (a total of 6 weeks for data collection done by in-country teams) tools were mostly self explanatory and easy to use for people who have little or no experience in data-collection and research.

The evaluation concentrated on answering questions around three main topics:

- What are possibilities for up scaling of the services?
- How to guarantee sustainability of the services in the longer term?
- What are opportunities for collaboration with other parties?

In the table below an overview of the type of questions asked and the target groups is given.

QUESTIONS	TARGET GROUPS	TOOLS
Up-Scaling		
• How were women reached? • What made the women attend screening? • Which awareness raising and mobilization strategies have worked and what did not work? • How do women evaluate the screening and treatment procedure? • How do relatives influence the women's decision to get screening/treatment? • To what extend has the public opinion with regards to Cervical cancer and the "see and treat" method been changed and how? • What kind of publicity has been generated for the service and with what effect?	• Women that have gone through screening/ treatment • Women attending the clinics • Teams • Key Informants	• Focus group discussion • Team survey • Client survey • Key Informant interview
Sustainability		
• Can the "see and treat" method be integrated in the national health system? • How can awareness on cervical cancer be raised further? • How can the costs for screening and treatment be covered? • Is the See and treat method covered by health insurance companies? • Are there possibilities to include the method in insurance packages? • Is the government able and willing to take-up (part of) the costs for the see and treat method? • Are there any other health related organizations that are interested in taking up the method including the costs?	• Team • Key informants • Stakeholders	• Potential stakeholder analysis • Key informant interview • Team Survey • Desk research by consultant (information already available)

QUESTIONS	TARGET GROUPS	TOOLS
Collaboration		
• Which stakeholders have been involved in the programme? • How have those stakeholders contributed to the programme? • Why did those stakeholders chose to become involved? • Which stakeholders have contributed financially to the programme and why? • Have official partnerships been formed and how did they work out? • Which other stakeholders have been approached and how? • Up to what extend has Cervical Cancer been prioritized at national level through the programme? • Which other potential stakeholders can be identified and what role could they play? • How could those stakeholders be motivated to be involved?	• Team • Stakeholders • Key informants	• Current stakeholder analysis • Potential stakeholder analysis • Team survey • Key informant interviews

Table 1: Type of questions asked

TOOLS AND GUIDELINES

Questions in relation to the three topics have been asked in the different tools, this allowed for triangulation and comparison of responses across different target groups. The table in annex 4 gives an overview of the different tools used for this evaluation. The tools themselves are attached in annex 5.

In order to be able to draw conclusions across the different countries, and provide recommendations that can be relevant in relation to further up scaling outside the current programme countries it was important that the same process was followed in each country and that the tools were being used as per the guidelines.

In some countries it has been necessary to translate some of the tools. Also in the case that the focus group discussion was held in a local language additional time and resources was set aside for transcribing the results of the discussion in English.

PROCESS

After approval of the tools by SOS Children's villages, the Female Cancer Foundation and the participating countries, skype meetings were organized with each country to further explain the use of the instruments and guidelines.

During data collection the consultant was available for the teams through email/skype for any queries or consultations in relation to the data collection. Once all data was collected it was send to the consultant for initial analysis.

The consultant summarized the outcomes, and prepared for a verification and discussion on those results during a three-day international meeting, which was held in Malawi. During the international meeting the preliminary results were further verified, discussed and analysed. Conclusions were drawn and recommendations formulated.

LIMITATIONS

Both the short time frame and the relatively limited capacity in country posed considerable difficulties. Data collection started much later then initially anticipated and hence the completion of the data collection was also pushed forward. As a result of limited time, certain tools were clearly filled-in in a rushed way in several countries; this was mostly observed for the stakeholder analysis and the team questionnaire.

This research did not examine the scientific quality of the services provided, nor does it intent to provide scientifically sound proof for the success of the service.

3. FINDINGS

The review of the programme consisted of three elements as described above: 1. Desk review of reports and other data provided by the programme, 2. Data collection using the tools described above and 3. A verification workshop, bringing key staff from all the project countries and staff from the Female Cancer Foundation The Netherlands to explore and verify the data obtained through the research and to define further recommendations and actions for the next phase of the programme.

1. REVIEW OF REPORTS

Based on the data provided by the 5 countries between 2011 and 2014 the following results can be presented.

The objectives/targets of Save my mother were:

- Prevention of cervical cancer for 15.000 mothers
- Preventions for around 60.000 children of losing their mothers
- Awareness raising: 400.000 women
- Medical screening of 100.000 women

The figures show that more than 470.000 women were reached through awareness raising activities.

The screening target was also more than met at the end of 2014, with close to 70.000 being screened.

The cost per beneficiary (excluding awareness) for the pilot phase of the project stood at € 8.50, this also includes the costs made for training and the purchase of equipment. It excludes the costs made on behalf of FCF and SOS CV for coordination, monitoring and evaluation and administration.

Close to 12% of women are found to be positive after screening. The table below shows the percentages per country.

WOMEN FOUND VIA+ AFTER SCREENING	
Ghana	12%
Gambia	12.50%
Malawi	5.20%
Kenya	16.50%
Zambia	12.00%
Total	**11.60%**

Table 2: percentage of women found VIA+ after screening 2011-2014

On average 9.5% of screened women received treatment. As can be observed in the table below. Kenya has the highest percentage of women found positive after screening and needing treatment after screening, while Malawi shows a very low percentage of women needing treatment. The Reasons for those variations are not clear and would need to be further researched. However possible explanations could be the high HIV incidence areas were SOS CV is screening in Kenya. For Malawi is said that one region, which is more urban shows low positive rates, while the remote area were outreach has been done shows higher positives.

% WOMEN TREATED AFTER SCREENING	
Ghana	8.5
Gambia	8.1
Malawi	4.7
Kenya	15.9
Zambia	10.1
Total	**9.5**

Table 3: percentage of women treated directly out of all women screened

The percentages of women that have received immediate treatment after having been found VIA positive are shown in the table below. The Gambia experienced difficulties in obtaining the gas for the cryotherapy during the initial stages of the project, hence the low scores. This problem was however solved later on. On average 1% of women screened have been referred to specialized services.

% VIA+ receiving treatment 2011-2014	
Ghana	75%
Gambia	61%
Malawi	91%
Kenya	96%
Zambia	83%
Total	**81%**

Table 4: percentage of clients receiving treatment after being VIA+ 2011-2014

An overview of the total results is presented in the graphic below

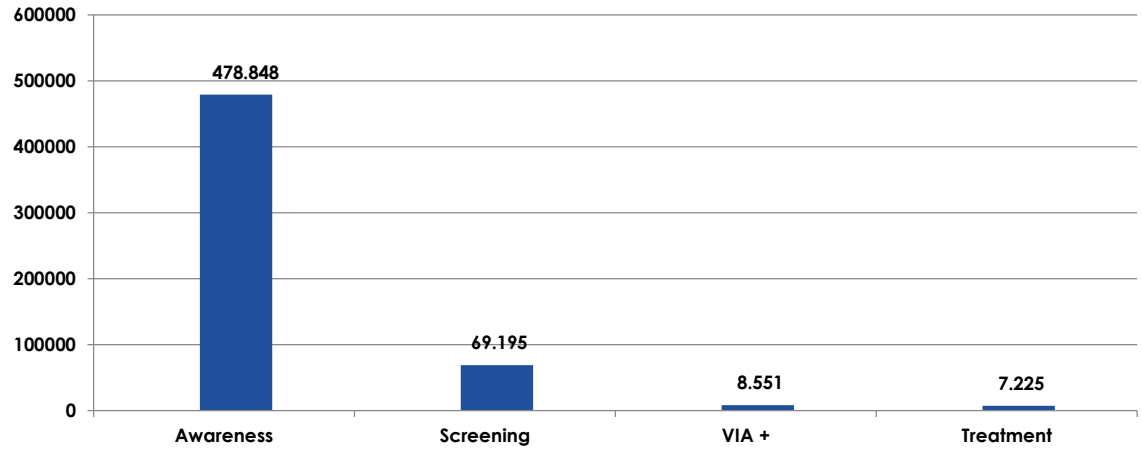

Figure 1: Clients reached with the different services 2011-2014

If looking at the results per year the following can be observed:

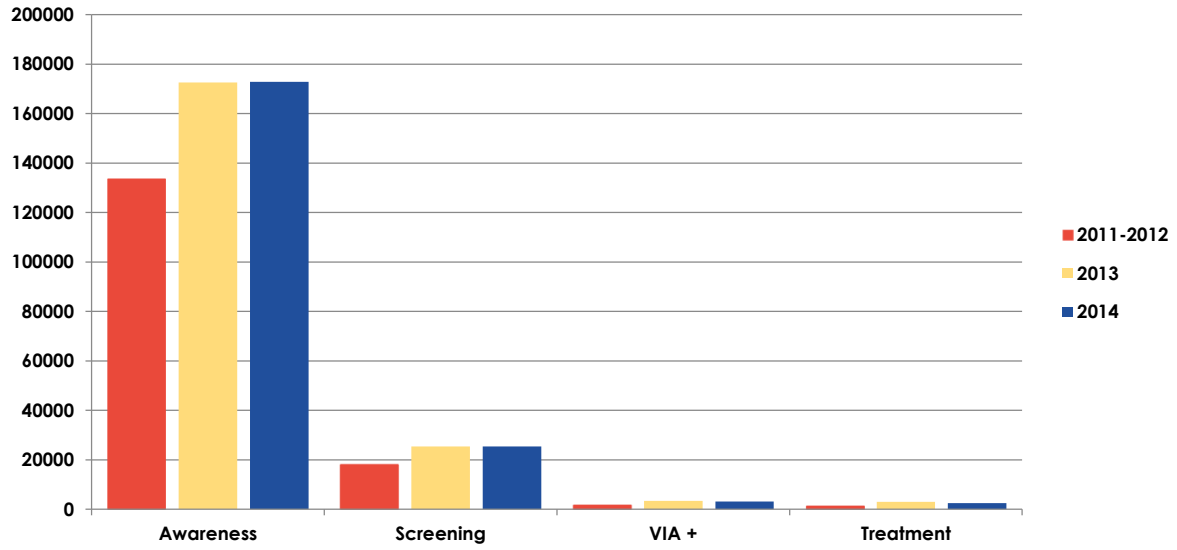

Figure 2: Number of women reached per year

While the number of people reached through awareness raising is has been growing considerably over the years, the numbers taking the screening and treatment if applicable did not increase to the same extend. It would be good to identify the reasons for this; it could be a result of not increasing the screening capacity.

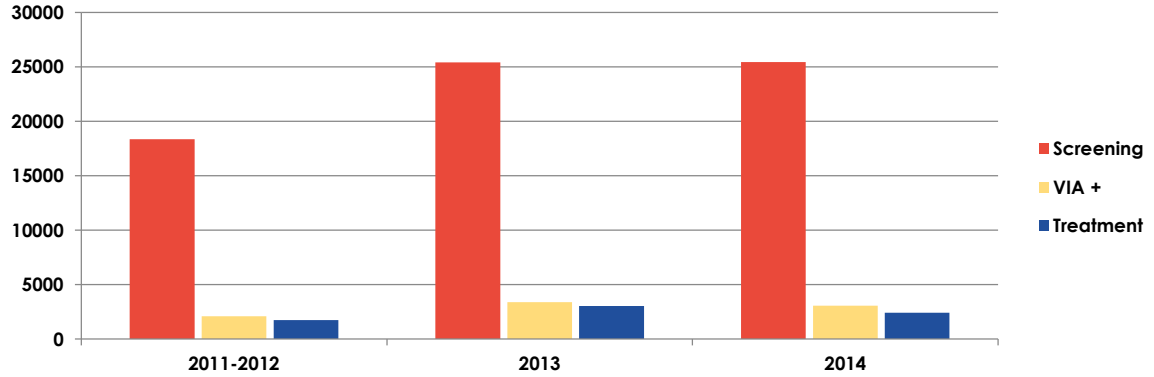

Figure 3: Number of women undergoing screening, being VIA+ and having received treatment

2. LESSONS LEARNED

In 2014 during a workshop several good practices were identified.

1. Outreach activities cater for reaching large amounts of women and are perceived to be very positive by all participants, both team members and beneficiaries.
2. Where it has been possible to involve the government in the programme positive results in terms of better reach have been observed. It has to be noted however that the involvement of governments in general has been difficult to obtain.
3. In a few cases involvement and/or support had been obtained from prominent figures such as the first lady. Where this was the case, an increase in reach could be observed.

4. In Gambia all client data were digitalized into a database, this supported keeping track of results as well as following-up on clients, where applicable.
5. It was observed that sharing results and statistics with third parties, was helpful in enhancing the understanding among the wider public as well as awareness raising on the issue of cervical cancer.
6. Training staff of other entities resulted in a larger screening capacity.
7. Providing counselling for advanced cases was identified a good practice and should be stimulated throughout the programme.
8. The involvement of men especially in the awareness raising and for the communication around screening opportunities was also perceived as adding to the success.
9. Lastly it was observed that when the screening was combined with other services (e.g. screening for other STI's) this enhanced the numbers of women turning-up for screening.

Adding to those already identified good practices the 2015 review workshop held in Malawi identified some further learning, reflections and acknowledgements:

10. Through the programme there is an opportunity for history taking and by being on the ground additional support can be provided to those that are HIV positive, as well as support for women with other STI's.
11. Several of the countries have become part of national networks. This really supports the knowledge about the programme and enhances the possibilities for cooperation. Malawi for example joined the Save Motherhood network.
12. Adding to the already known fact that the out-reach yields much larger results then the clinic based services it should also be recognized that it helps specifically for reaching the hard to reach and the poorest segment of the population. In addition to that if the 80% coverage were a specific target it would be advisable to remain in one community with the outreach programme until this target has been accomplished.
13. As also came out clearly from the research the option of the immediate treatment (the single visit approach) is of particular value, especially so in the more remote areas.
14. The participants in the workshop acknowledged that the programme has been a learning experience for all involved.
15. The experience has also been very fulfilling for the team members who have worked on this programme, they perceive a great satisfaction through being able to provide an essential service to a large amount of women, with relatively little resources. They expressed feeling proud to work on this programme; to have saved so many lives and protected so many children from potentially loosing their mothers. They have also enjoyed the direct interaction with the clients, learning from them as well. Specifically the out-reach activities have been very gratifying for the SOS CV staff as most of them, working in the clinic settings had not experienced this before.
16. Finally the participants also recognized that this programme has had a positive effect on the recognition for SOS CV in general by the wider public.

3. OUTCOMES DATA COLLECTION

CLIENT MINI-SURVEY AND FOCUS GROUP DISCUSSIONS

A large amount of data was gathered, especially with the client mini-survey (see below for the total number of women interviewed).

In some cases answers may be biased and some women may have given socially desirable answers, the results however are overall very positive and the programme was clearly very well received by the women who participated in taking the screening and the treatment when applicable.

The mini-survey consisted of a total of 12 questions, the focus group discussions dealt with more or less the same topics. The results below represent both the results from the mini survey and from the focus group discussions. Note that the mini-surveys were distributed both in the clinic setting and during out-reach.

Distribution of the records of the mini-survey:

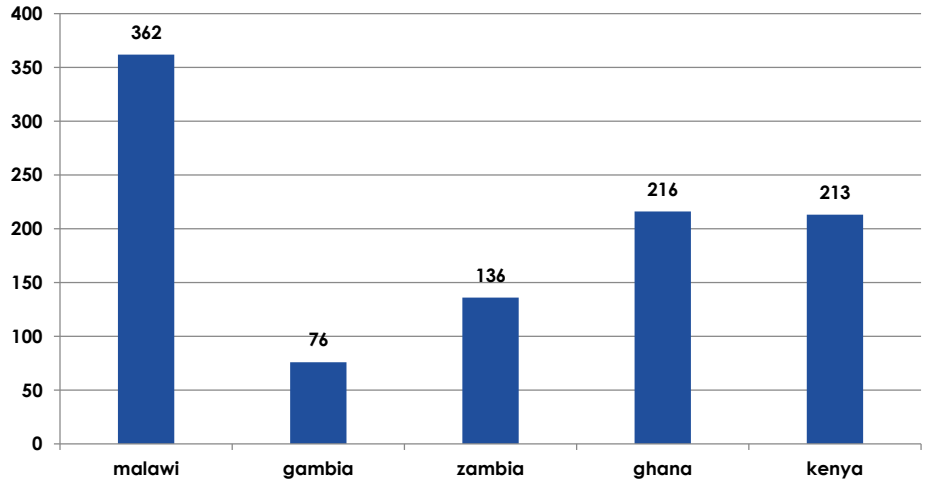

Figure 4: total number of surveys administered per country

Awareness raising

The table below shows the answers on the question how women came to know about the Save my Mother programme. The answers show clearly that both the direct announcements in the community and the mouth to mouth information are most effective were it comes to informing women about the programme. While the media, radio and television, were important means in some locations, overall the direct engagement proved most effective. Looking at the results it could be advised to capitalize on the power of community announcements and mouth-to-mouth marketing to inform the wider public about cervical cancer and for attracting women to the screening.

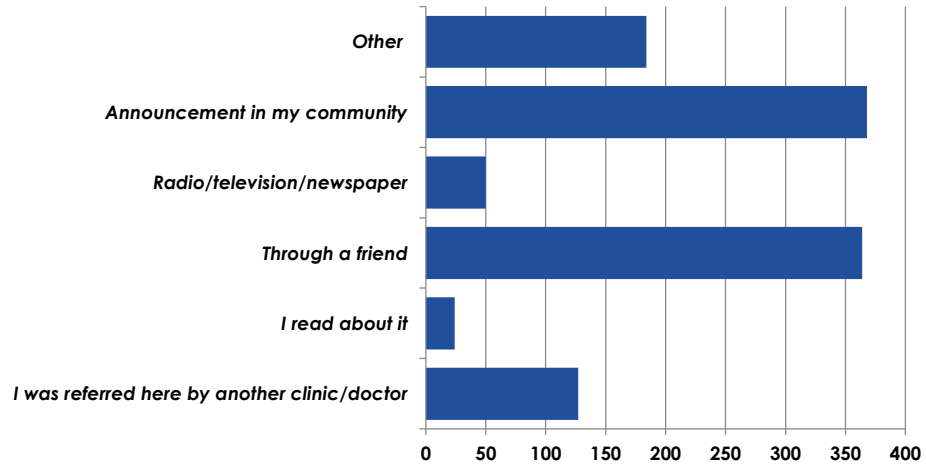

Figure 5: How did you hear about the programme?

Decision to attend screening

On the question why they decided to come the below answers were given. It shows that most women who attend the screening are aware that the screening is primarily a preventative measure. Among the women that responded they had other reasons to come the most frequent answers given were:

- To know my status: 51
- Having health issues: 22
- Fertility, wanting to have a child: 9
- Somebody close had died: 6

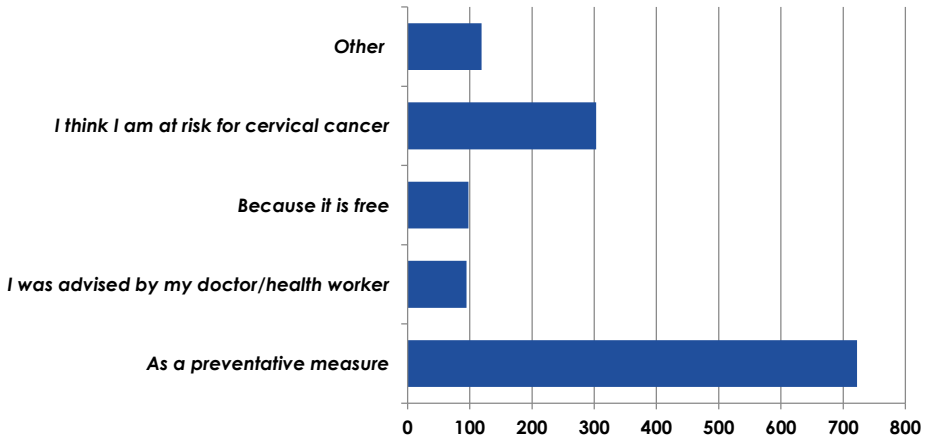

Figure 6: Why did you decide to come for the screening?

In the focus group discussions the question was also discussed. Here the most frequent answers provided were:

- To know my cervical cancer status
- I heard the announcement (in our church) and decided to be checked
- I was feeling unwell, i.e. Stomach cramps, discharges, abdominal pain
- I lost a friend/ relative on cervical cancer
- Others were coming so we joined

Knowledge about cervical cancer

During the focus group discussions women were asked about their knowledge on cervical cancer to gauge what the common understanding in relation to cervical cancer is among the beneficiaries. The most common answers given were:

- Cervical Cancer kills
- It is caused by viruses in vagina
- Affects women's vaginal parts
- Caused by having several sexual partners
- It affects the reproductive system and the womb
- Caused by germs/dirt/bacteria accumulated in vagina
- Cervical cancer can be treated if detected early
- If untreated, surgery needed to remove womb

- It eats the body in stages and needs early treatment
- Blocks the womb and prevents pregnancy

The answers show that the there is a relatively adequate knowledge about cervical cancer among the women. From the research it can however not be known whether this knowledge has been gained as a result of the programme and the information provided to the women during the awareness raising meetings and during the screening, or if this knowledge is readily available in the different countries.

In addition to the above-mentioned frequent answers some women also mentioned that it could be caused by inserting certain items, herbs or soap in the vagina; practices used to make the vagina tight. And cervical cancer is also considered to be a reason for marriage break-ups by some women.

Expectations of the screening

To determine the understanding of the screening process women were asked about their expectations. The most common answers provided were:

- To be screened and treated if positive
- Pain – I was expecting to feel pain during the screening.
- I was worried that my scan results would come out positive
- To know more about cervical cancer and how to prevent
- Scanning – scan of cervix and stomach for any problems
- That it will be quick
- To be comfortable

Clients were also asked whether the process of the screening was clear to them. The results of this question are shown in the graphic below. The positive outcomes relate to the extensive explanations that are given to each client before the procedure and during the general awareness raising. The clients mentioned frequently that the gentle treatment and the thorough explanations about the procedure as provided by the nurses working on the project were highly appreciated. Only 13% of the participating women mentioned that they had hesitated to come to the screening.

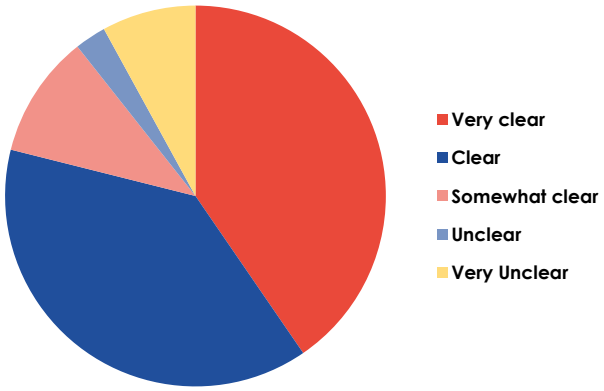

Figure 7: Was it clear to you what the screening involved?

Experience during screening

The screening itself was experienced mostly positively, while few women experienced some discomfort or pain, most of them felt it was a painless procedure and they felt that they had been prepared for it very well by the screening team. The most common answers given during the focus group discussions were:

- It was good no pain/perfect
- Nurses are the best
- Discomfort/little pain
- Information was very good
- Nurse explained carefully
- Afraid of being screened by a man
- Itchiness when vinegar was applied

The clients who participated in the mini survey responded in the below manner to the same question.

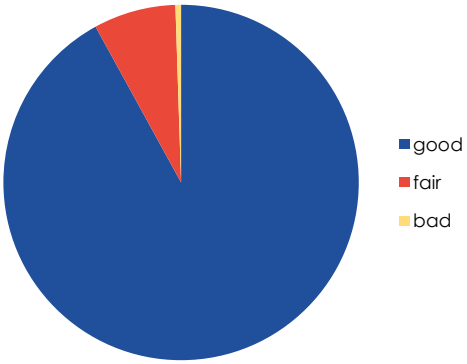

Figure 8: How did you experience the screening?

Willingness to pay for screening

It is remarkable that 88% of the women interviewed claim that they would be ready to pay for the screening and treatment if applicable. This outcome is contrary to the perception of the teams working on the programme; most of the team members believe that it would not be appropriate to charge for the service as most of the attending women are from the poorer areas.

Yet as shown in the table and graphic below a large percentage women are prepared to pay between 1 and 5 euro's for the service provided by Save My Mother.

AMOUNT	GHANA	ZAMBIA	GAMBIA	KENYA	MALAWI	TOTAL	%
any amount	38		55	4	4	101	12
< 1 euro	10	9	3	45	35	102	12
1-2 euro	26	24		32	154	236	29
2-5 euro	73	45		60	72	250	31
> 5 euro	20	48	8	31	21	128	16
Total	**167**	**126**	**66**	**172**	**286**	**817**	**100**

Table 5: Amounts women are willing to pay per country

Some differences can be observed between countries; in Malawi only 80% of women indicated to be willing to pay, which is slightly lower then the average, all other countries showed more then 90% of the women being willing to pay, with Gambia being the highest with 96%. Also most Gambian participants

indicating they would be willing to pay any amount and a relatively high percentage of women in Kenya (26%) indicating they could afford less then 1 euro.

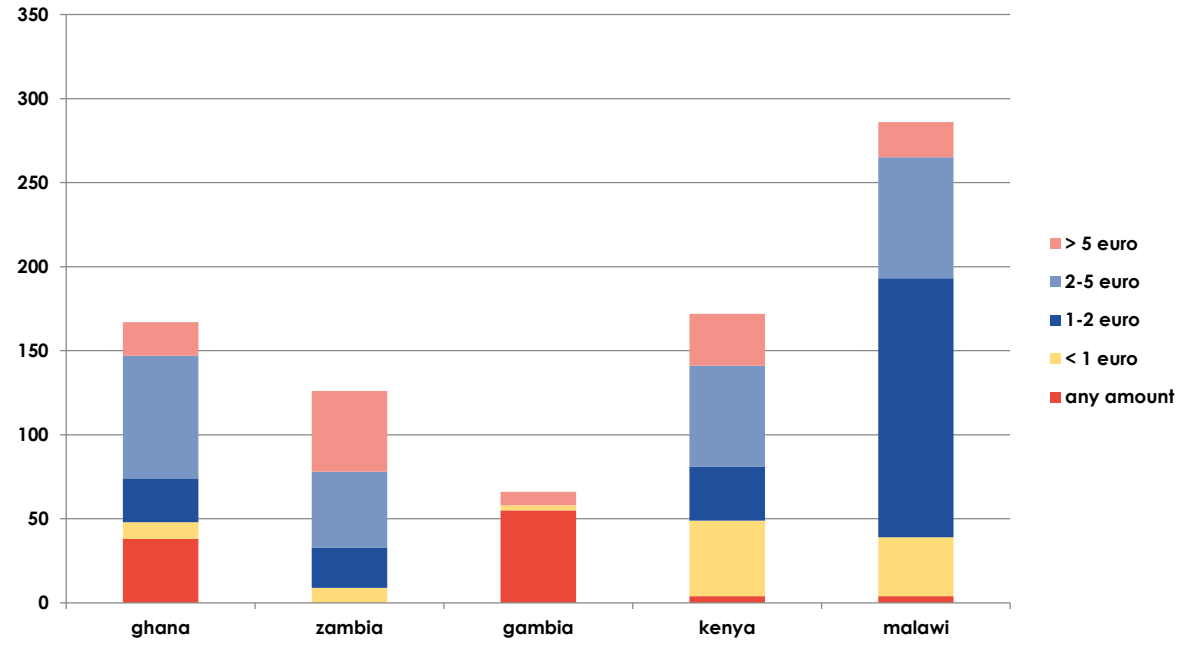

Figure 9: How much would you be willing to pay for the service?

Appreciation of the programme

When asked what they had liked most about the programme women gave a wide variety of answers.

They appreciated that the See and Treat is such an affordable or free method (affordable because in one of the locations in Kenya a small fee is being charged for the services).

As indicated before most women appreciated the hospitality provided by the team, that the doctors and nurses were so friendly, warm and assuring, and that the teams invested time in preparing the clients for the procedure.

The also highly appreciated the fact that the treatment if needed is immediate and can be performed on the spot, preventing them from having to come back or having to spend time and money to travel to a different location.

The awareness raising both before and during the procedure and the teaching provided were well received and added to the feeling of comfort.

That the service is exclusively for women is also valued very highly.

Women were furthermore happy to experience that the screening process is very simple and that it takes a very short time.

Last but not least the cleanliness and proper status of the equipment were prized. This fact also indicates that the experiences of women in other facilities may be different with respect to the status of the equipment and the hygiene observed.

Less appreciated elements

In relation to issues that women did not appreciate about the programme a few comments were made.

Some indicated that they were not comfortable to be screened by men. It has to be noted however that in most cases the nurses performing the screening were exclusively female.

In some countries the women indicated that as there were only few clinicians available for the procedure they waited very long to be screened. This is mostly the case during out-reach, were up to 150 women can show-up at the same time.

Quite considerable numbers indicated that they were disappointed that men are not screened. This comment should be investigated a bit further to determine what is actually meant.

Some women thought the equipment was scary; specifically the speculum is found to be terrifying by some women.

While it would be important to take a close look at those comments it should be acknowledged that an overwhelming majority of the participants stated that there is nothing about the programme they do not like.

Possible additions to the programme

When asked if there is anything they would welcome being added to the programme the participants gave a variety of suggestions, which could be considered.

A large percentage of the women would highly recommend adding a (do-it-yourself**) breast check procedure**, to be taught how to perform this self-scan. This could be a relatively simple though valuable addition to the programme. The time involved with this however should be considered as it would increase the total time spend with each client, posing a possible problem especially during out-reach activities.

Even though a large majority expressed their willingness to pay for the service, many women expressed that it would be good if the service could remain **to be free** always.

In view of the sometime long waiting many women recommended having **more nurses** and/or doctors doing the screening and treatment. This would be particularly relevant for the out-reach activities. This could also impact on the number of women, which can receive the service and hence cater for the other recommendation given by many women to reach more women.

Some respondents would appreciate it if **all types of cancer can be screened and if services could be brought closer**.

Lastly it was mentioned that SOS/SMM **should introduce more trainings in reproductive health**. Cooperation with others, distribution of information material and adding further information during awareness raising talks and during the out-reach activities could be considered. It could also be considered to have one team member providing additional reproductive health information to the women while waiting to be screened, or to have a video playing with additional information in areas were electricity is readily available.

As also mentioned above some women have suggested that they would like **men to be screened too**.

Treatment

When asked if they would take the treatment if so advised 98% said they would take the treatment if so recommended. In order to gauge any cultural barriers it was asked how the spouse would react if the woman were advised to take treatment. Only 1% of women responded that she thinks that spouse would react negatively if they would need to take treatment.

9% of all women interviewed took the treatment, only 7 women among the ones who had been advised treatment did not take the treatment because of the equipment not being available.

90% of women who needed to take treatment acknowledged having received information on the Cryotherapy, what it entails and how the procedure works.

69 of the 82 Women (representing 83%) who took treatment said it was good 13 said it was fair; they experienced some discomfort or pain.

KEY STAKEHOLDERS INTERVIEWS

The teams interviewed a wide variety of key stakeholders. Among them medical doctors, both government and private, nurses, midwifes, counsellors, community leaders, women leaders, traditional birth attendants, radio presenters, etc.

How they have come to know about the SMM programme

Most respondents had heard about this programme through one or more of the SOS staff, others got to know about the programme through the media or through a relative or friend.

What do they know about SMM and about the method?

More then 90% of the respondents can give a good brief overview of SMM, noting the screening and treatment facilities. Only the community leaders have more difficulty in explaining what the service is about. Giving an explanation of the method poses more difficulty for most of the respondents, except for the doctors and nurses; most cannot explain what happens during screening and treatment.

Scoring the service

When asked how they would score the service 38% says it's excellent, 11% finds the service good, 2% (one respondent) score it as average, 18% of the respondents did not give a rating for the service, most of those had never seen or experienced the service.

Success and limiting factors

Among the success factors and the factors preventing a broader reach mentioned by the key stakeholders are:

Benefits of the See and Treat method

Succes factors	Limiting broader reach
• Friendliness and professionalism • Having sufficient resources available • The fact that the service is free of charge • Government and male involvement • Responsive and trained team, • Out-reach and Equipment on site • Cheap and comfortable • Immediate treatment • Follow-up	• The cost, it needs decentralization • Lack of funds • The government not taking up the service • The small fee charged • Lack of awareness • No service in weekend, lack of staff, lack of infrastructure • The location of project • Lack of publicity and religious beliefs • No review meetings with stakeholders • Community not involved in decision making

Table 6: Succes factors and limitations of the See and Treat method

According to the stakeholders interviewed the benefits of this method are:

- That it is cost saving
- The early detection
- The closeness to the community
- Preventing cancer
- Time saving through screening and treatment

Limiting factors for women to attend

Among the factors perceived by respondents that could limit the up-take of the service they mentioned:

- Lack of awareness
- Cultural beliefs and misconceptions
- Fear of the un-know
- Lack of interest and or time
- Limited availability of the service

All interviewed stakeholders responded that they would definitely recommend attending the screening service to their relatives and acquaintances.

Increase awareness

When asked how awareness on cervical cancer and the see and treat method could best be enhanced key stakeholders focussed on three basic channels in their answers:

Mouth to mouth and use of role models:

Through asking the women that have attended the screening to spread the word in their respective communities/neighbourhoods/church groups. In addition women that have done the screening and treatment could narrate their stories through different media (leaflets, radio, video's).

Using mass media:

Stakeholders suggest engaging more in providing media attention; television and radio to create general public knowledge on cervical cancer.

Using the people and structures within public health:

Making more use of the government facilities and staff to spread the knowledge and information on screening days could enhance the awareness.

Government up-take

While respondents generally agree that this service should have a place in the government health system, they have different opinions on where in the health system the service would best fit. A major criteria for the service is said to be the assurance of privacy. In general the reproductive health units and the mother and child health units are mostly mentioned as the best fit.

A small percentage of respondents think that governments could not take up the service as it would compete with other tasks government health workers already have and because government facilities lack the equipment and know-how.

Most respondents agree that for the governments to be able to take-up the service they would need to be provided with the equipment and the continuous servicing of the equipment and they need to receive extensive training and monitoring.

Insurance coverage

While according to the knowledge of all respondents the service is currently not covered in any health insurance scheme, they all agree that it would be possible to realize this, primarily through initially having the government on board and realizing the dialogue with insurance companies. Providing information to insurance companies on the programme will support the possible up-take.

TEAM QUESTIONNAIRE

Among the most gratifying aspects of the programme for most team members are the fact that they are able to support so many women with a critical and life saving service. They also frequently mention that the gratitude of the women keeps them motivated to continue in this programme.

In terms of the elements facilitating their work they mostly mention the availability of resources and the co-operative team members. While the biggest barriers in the work are also related to the equipment, specifically the heaviness of the gas-cylinders and the breaking down of the cryo devices are mentioned frequently. Also the limited availability of replacement materials and gas for refilling are limiting. The long distances that they sometimes travel make the out-reach a heavy burden, while the out-reach activities are also considered to be the most rewarding in terms of the number of clients they are able to attend during those sessions. Other limiting factors include having to depend on the SOS CV financial system, which in some cases has delayed the disbursement of funds; the same applies to the use of the means of transport.

A long list of lessons learned has emerged from the team questionnaires, the entire list is provided in annex 7. Some of the most prominent or interesting lessons, which have not been mentioned earlier, are:

The provision of incentives or hand-outs is considered as a big pull factor for the women to attend the screening. It is however interesting to note that only in one of the focus group discussions this was mentioned, none of the women responding to the mini-survey mentioned the t-shirt or incentive as a reason they had come for the screening.

The importance of coordination with others is readily recognised by all; the potential to reduce costs and the possibility of providing combined services, the visibility of the programme and the learning are mentioned as solid reasons for coordination, however in the practice the coordination that been achieved remains low.

The need for the involvement of family and spouses is clearly recognised. It is however not clear up to which level the family and in particular the husbands are being involved at this stage.

In terms of training the need for regular in-service training is being mentioned as well as the need to have Standard Operation Procedures (SOP) developed.

While the follow-up on clients is generally being perceived as effective, the referrals remain difficult as a result of limited options for referral and limited recognition of the SMM in some cases by the government facilities.

STAKEHOLDER ANALYSIS

The stakeholder analysis was not very well understood and hence did not provide the useful information expected. An extensive brainstorm was held however during the workshop to generate a list of potential stakeholders in different categories (list provided in annex 6). This list could be used to undertake further analysis and develop a plan for stakeholder engagement in the programme.

4. VERFICATION, RECOMMENDATIONS AND ACTION PLANNING

During the verification workshop attended by 2 participants from each of the implementing countries and staff of FCF the following steps were taken:

1. Presentation of preliminary findings of the research
2. Identifying and un-packing lessons with regards to sustainability, up-scaling and collaboration
3. Defining recommendations and action planning

An evaluation of the workshop can be found in annex 8.

PRESENTATION OF RESULTS

The preliminary results shared through a presentation were well received by the participants and were mostly recognised. The results were also a reason to celebrate the success of the SMM programme so far. While the initial phases of the programme posed considerable difficulties it can be concluded that the programme picked-up the pace and delivered fully on the targets set. Participants are proud to have been part of this pilot and feel committed to enhance the potential of the programme.

UN-PACKING LESSONS

In order to establish a clear picture of what the advantages and disadvantages are of each of the opportunities for up scaling, sustainability and cooperation and which steps would be essential to take in this process the participants concentrated on un-packing the following matters:

1. How to ensure government up take?
2. Can training others (government and private) be an avenue to scale-up?
3. Can the service be covered by insurances?
4. Can a (small) fee be charged for the service?
5. How to engage in advocacy?

The outcomes of the discussions on those matters are presented in annex 7.

In addition to the extensive analysis of the above issues a discussion was held on additional questions:

How could registration and data collection be improved?

It was suggested that using a uniform system for collecting key data would be beneficial not only for monitoring the implementation of the programme, but also to be able to compare results across countries, to graft the story and to continuously be able to share information with key players. Having key data and statistics available is also a prerequisite for engaging in advocacy. At the same time caution should be taken in terms of collecting an overload of data.

Additions to programme e.g. breast cancer screening, diagnosis and/or treatment of other STI's?

The beneficiaries of the SMM repeatedly expressed an interest in additional services to be added to the programme. While this would obviously serve the women there are also some critical factors to consider before exploring this further. There is a risk of loosing focus, if the programme staff would need to take this up it would require considerable additional (material and human) resources and training. It could be explored if the out reach services could be accompanied by other organisations who could provide the additional services. This would pose a huge benefit, if and when a quality control procedure could be established with the other party to prevent a possible backlash on the SMM programme in case low quality services are provided. It would also require extensive planning and coordination skills.

Do we reach the **population** we want/need to reach?

It was discussed how to ensure that the programme reaches the intended beneficiaries. While the aim is to reach the most vulnerable and the hard to reach, it is not always clear if those are indeed the populations that are being reached. In addition it was acknowledged that in order to be able to say that a certain community or region is screened, at least 80% of the women in that area should have been screened. This would require in many cases for the teams to remain longer in one community, which could potentially mean incurring higher costs. At the same time the teams also feel bound by the areas of operation of SOS CV, which don't allow them to venture into other regions or districts.

Could providing **training and screening** equipment at community level support up scaling?

It was debated if it would be possible to train community health workers/mid-wives to do screening, while SOS staff could then come with the equipment to do treatment only. The advantage of this would be an enormous reduction in time and resources and hence being able to reach many more women. The disadvantages would be the possible reduced quality and accuracy of the screening and the possible loss of clients as a result of having to come back for treatment. The immediate treatment option would no longer be available.

Would it be worth it to develop **additional publicity** and information material like video's, posters, and pictures explaining the procedure?

The idea of having a video playing that explains the screening and treatment procedure during the out reach activities, so that women can learn more about the procedure but also about cervical cancer in general and other women's health issues came up during discussions. The other ideas could be to have women who have undergone the procedure to tell their story in a video or in a tape for radio promotion was also discussed. Asking the women who have benefitted to promote the approach in their communities and church groups could further add to promotion and reduce on the myths surrounding the SMM; like the idea that the womb will be removed during the procedure.

Are the **hand outs and incentives** like T-shirts and other items really essential?

While the teams believe that the hand outs are a big pull factor for women to come for the screening, this was never expressed by the women who benefitted. Looking also at the fact that the fast majority of women would be willing to even pay for the service it is questionable if the hand outs are of large added value.

Does increased (countrywide) **awareness**, lead to increased turn-up? And what is the aim of the awareness raising activities?

As was seen in the overall statistics while the number of people reached through awareness raising activities increased dramatically over the years, the number of people reached with screening and treatment did not increase to the same extend. This suggests that the awareness activities are not necessarily reaching the potential clients or that the awareness as such did not serve as a motivation

to attend the programme. It is therefor important to analyse carefully how awareness raising is done, what the intention is and which target group is intended to be reached.

HPV vaccination programmes how to link?

In some countries governments and others are working on programmes introducing the cervical prevention through HPV vaccinations for young girls. It would be advised to discuss which links the SMM programme has to those programmes and how both can support each other.

DEFINING RECOMMENDATIONS AND ACTIONS

The last part of the workshop included the formulation of recommendations and short and long-term actions.

A summary of the recommendations is presented below and will be further elaborated on in the next chapter.

In terms of immediate actions each participant made an individual commitment to undertake several actions in the coming period.

General recommendations for the SMM teams:

- Engage governments, not only during implementation but also in planning and monitoring
- Share the experiences with the SMM programme widely, both nationally in the different implementing countries as well as internationally.
- Have a strong story to tell; prepare and re-pack the story in different formats for different target groups
- Identify who to approach for what; stakeholder analysis
- Get the SOS national and international boards on board, informing them on the programme and using them in fundraising and advocacy
- Capitalize more on existing relations and networks; share the story and present the data in those networks
- Make an assessment of government facilities, where screening and treatment can take place
- Support government where possible, this is part of relationship building.
- Keep focus; manage ambitions, don't try to do everything at same time
- Consider introducing fees for the service (gradual and free for extreme poor)
- Form additional partnerships based on thorough analysis.

5. CONCLUSIONS AND RECOMMENDATIONS

REGARDING UP SCALING

Conclusions

The vast majority of women were reached through out-reach programmes, whereby the SMM team has provided the "see and treat" approach at community level. This approach has been far more successful then attending women at the clinic level, especially in terms of reaching larger numbers and reaching the hard to reach. The service being available in women's own communities prevents them from having to travel, incur costs and spending a long time away from home.

The involvement of the community; using the community leaders, the churches; community health workers and other community groups to support the mobilization and the awareness raising on the programme has proved to be the most successful approach to inform women on the programme and motivate them to attend.

The friendly and comforting attitude of staff has been one of factors contributing greatly to the success. Women got extensive explanations on what would happen during the screening they were treated with respect and attention for their concerns. This made the experience comfortable and ensured that they would share their experience with others and encourage them to also attend.

The fact that the procedure is simple and quick has been another factor adding to the success of the programme. The whole procedure only takes a few minutes and having the opportunity of providing the treatment immediately is greatly appreciated and prevents dropout.

While the involvement of relatives has shown to be very important especially the involvement of husbands for the women who need to take treatment, this has not yet received enough attention in the programme. Mothers, sisters and grandmothers support the mobilization of their relatives. Through actively asking the women who come for the screening to also inform their female relatives this could be optimized.

In general positive public opinion has been generated for the programme, however sharing of information and advocating for the cause of cervical cancer prevention has been limited. Networks have been used only to a limited extend.

The staffs working on the programme is highly motivated, mostly as a result of the major results they reach in terms of the screening and treatment. They consider their tasks to be fulfilling and they are proud of what they do. They are mostly facilitated through the availability of the equipment (when not broken down) and transport. The training and guidance that has been provided to them has been appreciated and valued as indispensable.

Recommendations

1. **Engage the government**. Even if it is not always possible to have the government directly implementing the service, they can be a gateway to further support from others, corporates, donors, etc. Engaging the government in planning, providing them with reports and information will facilitate the relationship building and bring them on-board.
2. **Share the experiences** broadly and have a strong story to tell & sell. Show the results of the first three years, inform and engage public and private facilities, engage in relevant networks.

3. **Engage the community**; involve the women, the leaders and other influential people in the community in planning, mobilizing and sharing the story.
4. **Concentrate on out reach programmes**; dedicate the bulk of resources to the out reach programmes as those rind the best results in terms of reach. Look into possibilities for buying equipment in bulk direct from the source.
5. **Involve the relatives**; develop a leaflet, brochure or other type of information that can be given to the women to share with their husbands if they have needed to take treatment, so that the husbands support the healing process. Develop appropriate information material that can be given to the women to share with their sisters, mothers, grandmothers and friends to motivate them to also attend.
6. **Identify stakeholders**; and prepare a solid analysis of the relevant stakeholders and how to engage them in the programme.
7. **Involve the SOS national boards and senior management**; Creating further buy-in from the senior leadership of SOS CV can enhance the support for the programme and they can use their influence at the national level to bring other relevant people n board.
8. **Contact potential donors** (Including SOS donor countries); actively approach donors for initial meetings presenting the results and gauging the potential interest.
9. **Submit proposal to potential donors**; actively keep track of calls for proposals and open opportunities and have proposals ready to submit. Engage a proposal writer if need be, investing in having a solid technically well-written proposal pays off in the end.

REGARDING SUSTAINABILITY

Conclusions

While in the long term the best options for sustainability of the programme would be the governments to integrate the service fully in their standard package. At the moment this however does not seem to be feasible to have the See and Treat to be taken-up by government as most governments have not yet set cervical cancer prevention as one of it's priorities and more over resources are generally limited and capacity is not available.

Until the "See and Treat" method has been integrated into national policy it is unlikely that the service can be self-sustainable. The costs could be possibly reduced if in-kind donations could be obtained and cost sharing opportunities can be found with other likeminded organisations or organisations providing a complementary service. The costs for staff to implement the programme and other costs would still have to be covered through external resources.

As most beneficiaries have expressed their willingness to pay for the service this would be another opportunity for reducing costs.

Currently the service is not covered by any insurance scheme in any of the countries and while most stakeholders believe that this could be realized, this will require a long-term plan. If insurances will provide coverage it should still be considered that those most vulnerable and hard to reach are also the ones that usually cannot afford a health insurance package.

Recommendations

1. **Engage in relationship building with government**; engaging them in planning and implementation of the programme were possible, showing the urgency of the approach through sharing information, and supporting government were possible through training and provision of equipment to further the interest and potential.

2. **Insurance coverage**; Visit different insurance companies and show the results of the programme as well as showing the potential cost reduction for insurers, preventing women from needing to have intensive and expensive treatment if they develop cervical cancer.
3. **Influence policy makers**; build contacts with policy makers or networks that engage with policy makers and tell and sell the story. Cooperate with other organisations to make the message stronger. Engage not only with the ministry of health but also with other ministries e.g. gender and social well fare and engage pressure groups like women's activist or women's rights groups. Provide policy makers with the evidence and make noise.
4. **Support government in drafting/reviewing of guidelines**; offer support in the development or review of guidelines and policies with regards to cervical cancer prevention.
5. **Consider charging a small fee**; make an analysis of the possibilities to charge a small fee, have a free donation box during screening days, charge only those attending the service at the clinic, etc.

REGARDING COLLABORATION

Conclusions

While collaboration has been sought with a few parties it has to be concluded that so far little has been done to engage other stakeholders. The teams have tried where possible to engage the government up to a certain level, this has however so far not been formalised in any type of agreement, nor have any formal cooperation agreements been made with other stakeholders.

The support received from others is mostly in the area of providing the space for the screening, or supporting mobilization of the target group. In some cases human resources have been mobilized to support the screening activities.

Recommendations

1. **Make a stakeholder analysis**; thoroughly assess which stakeholders would be most appropriate to engage with and for what purpose.
2. **Actively approach stakeholders**; after having identified the best fit stakeholders actively approach them, share the story and the evidence and seek their support along the lines of the strategy fitting each stakeholder, this can range from requesting for material or financial support to combined outreach activities and enhancing influencing powers.
3. **Engage in relevant networks**; actively participate in networks share information and put the programme on the map.
4. **Develop a database**; develop a standardized M&E tool in which basic information is continuously capture, to maintain and enlarge the data-set which provides the basis for telling the story and engaging in advocacy.

RECOMMENDATIONS FOR SOS CV AND FCF

For SOS CV

1. Consider the possibilities to provide **additional funding** for this programme directly from SOS; the SMM programme has the potential to raise the visibility of SOS as a whole and has so far had a positive effect on the image of SOS in the countries of operation.
2. **Spread the SMM story** and successes in all SOS offices; if the concerned SOS CV offices can actively share the story within the constituency the enormous influencing powers of SOS CV could be used to generate awareness on the issue of cervical cancer and the need to prioritize the

prevention, specifically in low resource settings, in order to save mothers world wide. The national boards and higher management levels can use their capacities to influence governments.

3. Support SMM teams **in presenting proposals;** making use of the already available capacity within SOS CV to assist the SMM teams in preparing winning proposals for in-country and international donors

4. Help SMM teams in **building strong relationships** with stakeholders; provide resources for training and coaching of the teams on how to effectively engage stakeholders and partners and how to network and engage in advocacy.

For the Female Cancer Foundation

1. Help SMM teams to **develop plan of action**; based on the resolutions made during the workshop assist the teams in further developing their action plans.

2. Assist teams in **proposal writing** for further funding; providing the technical support needed to deliver high quality proposals as well as assisting teams in identifying opportunities with different donors, specifically the international ones.

3. Present **sell and tell the story** to governments; FCF can use their capacity to reach out to highly level officials to share the story with them and put the SMM on the agenda.

4. Provide **technical support** wherever needed; this can be in sourcing the most appropriate materials and equipment but also in additional training, coaching, developing Standard Operating Procedures (SOP's), in-line with the government requirements and developing additional M&E tools.

ANNEXES

1. Terms of Reference
2. Project Proposal
3. List of reports used
4. Review Methodology
5. Data collection tools
6. Overview of stakeholders
7. Lessons learned and actions
8. Evaluation of the workshop

ANNEX 1
TERMS OF REFERENCE

SAVE MY MOTHER; TOWARDS THE ERADICATION OF CERVICAL CANCER
2011-2014
SOS CHILDREN'S VILLAGES AND THE FEMALE CANCER FOUNDATION

TERMES OF REFERENCE
HOW TO IDENTIFY BEST PRACTICES, LESSONS LEARNED AND SUCCESS FACTORS

1. Overview and key references

Project title	Save my Mother; towards the eradication of cervical cancer
Location	Ghana: Kumasi and Tamale Kenya: Nairobi and Eldoret Gambia: Bakoteh Malawi: Lillongwe and Blantyre Zambia: Lusaka and Kitwe
Duration	2011-2014 Plus 6 months of preparation (in 2010) and budget neutral extension in 2015 for Gambia, Malawi and Zambia
Total approved budget	€ 1.498.600
Donors / commitment per donor	Netherlands Postal Code Lottery (NPL)
Implementing SOS Children's Villages National Association	Ghana, Kenya, Gambia, Malawi , Zambia
Implementing Partner	Female Cancer Foundation
Project manager Female Cancer Foundation	Carlien Marree carlien.marree@femalecancerfoundation.org Lex Peters: lex.peters@gmail.com
Programme advisor continental (till December 2014)	Benedetta Niederhaeusern Benedetta.Niederhaeusern@sos-kd.org
Programme coordinators on national level Gambia : Malawi: Kenya : Ghana : Zambia :	 Adelard Ngabonziza adelard.ngabonziza@sosgambia.org Judith Maleta Judi.maleta@gmail.com Angela Ndaga angela.ndaga@soskenya.org Edward Dassah edidassah@yahoo.com Lukas Lukas Nkhoma lukasnkhoma@yahoo.co.uk
Programme manager in SOS Children's Villages The Netherlands	Mieke Hartveld mieke@soskinderdorpen.nl mobile phone + 31 6 28961735

Type of study	Identification of Best Practices in order to formulate the next phase
The unit of analysis	Project per Medical Centre (9)
Time period covered by the study	January – April 2015
Geographical Coverage of the evaluation	
Core Learning Partners	Country coordinators of Malawi (Judith Maleta) and Kenya (Angela Ndaga)

2. Background and context of the programme

Save my Mother is a programme aiming at the eradication of cervical cancer in women.

Cervical cancer is a largely preventable disease, but worldwide it is one of the leading causes of cancer death in women. Most deaths occur in low- to middle-income countries.

The programme's objective is to promote a technique called See & Treat. Women in the high risk age of 15-45 years undergo a test (See) with the so-called *Visual Inspection with Acetic Acid (VIA)* methode. The cases in which malignant cells are identified in an early stage (approximately in 15% of the tested women) are treated with liquid nitrogen right away. The advantages of this approach are multiple: its simplicity (test and possible treatment require a single visit), low investment in equipment and simple application, so that health workers are able to appropriate the technique quickly. These characteristics contribute to the affordability of the approach which is specifically important in low resource settings.

The current programme has been implemented in five countries: Ghana, Kenya, Gambia, Malawi and Zambia, in 9 Medical Centres based in different locations and contexts . Implementing partners of this programme are the Female Cancer Foundation and SOS Children's Villages, including the National Associations of the five countries, the Continental Office and SOS CV The Netherlands.

The first phase of the programme has the objective to prove that See & Treat can be an the effective and feasible approach in the fight against cervical cancer in women. The approach requires relatively modest inputs in terms of money, training and equipment. Therefore it is suitable for low resource contexts. The programme aimed to reach 500.000 women through awareness raising . 100.000 of these women should have been tested, and approximately 15.000 with malignant cells were treated, thus preventing women to develop cervical cancer and eventually die from the disease.

Activities included

- Equipment of the nine Medical Centres
- Recruitment and training of health workers
- Awareness raising amongst 500.000 women, testing of 100.000 women, treatment of 15.000 women

In Kenya, Ghana and Gambia these targets have been reached, in Malawi and Zambia there is some delay.

3. Purpose of the study

The purpose of the study is to collect evidence based ideas for the second phase of the programme.

Three countries, Ghana, Kenya and Gambia, have been able to secure funding for a second phase (2015- 2017). Malawi has a serious prospect on funding at the Canadian Government. Only for Zambia there are no funding opportunities at this point in time.

The second phase of the programme will certainly have other emphases than the first phase. In the first phase services were provided by the Medical Centres of SOS Children's Villages, and monitoring visits were done by the Female Cancer Foundation. If the aim of Save my Mother is to scale up the audience in the country of intervention, and if the intervention should become a lasting service provided to women, collaboration with other stakeholders and interested parties is a prerequisite. The most obvious stakeholders are the local and national public health services. However, non-governmental organisations (like SOS CV) may be interested in the technique as well.

4. Best Practices, Lessons Learned and Success Factors

The second phase will be more geared towards upscaling the number of beneficiaries and working towards sustainability. Up from now it is our intention that cervical cancer screening and early detection will be embedded in national public health practices and that coverage will be enlarged. Consequently, collaboration with major stakeholders and interested partners must be intensified.

In order to do a proper strategic planning, it is good to benefit from the experiences in Save my Mother so far. Which were, according to SOS staff and other stakeholders, the best practices and lessons learned? And which were the factors and actors which explain the successes?

We are specifically interested in those experiences (best practices, lessons learned and success factors) that are related to the elements which will get much emphasis in the second phase: upscaling, sustainability and collaboration with other stakeholders. These elements are of course intertwined.

Key questions will be formulated as follows:

Regarding upscaling

- Elaborate on the women reached by the See & Treat Campaign (awareness raising, testing and early treatment). How were these women reached? What have you done to reach the so called *hard to reach*? How were different target groups mobilised and motivated to participate in the programme? Which are best practices and lessons learned? What factors explain the success?
- Elaborate on the social environment of the targeted women? What about the relatives: husbands, fathers, mothers, etc.; to what extent were they of influence on the participation of the targeted women? What has been done to influence the public opinion and generate positive publicity for the programme?
- Elaborate on the SOS health workers involved in See & Treat. How were they selected, prepared and equipped? What motivated them? Which factors facilitated their work? Which are best practices and lessons learned? To what extent the experiences are applicable in public health workers or health workers employed in NGOs?

Regarding sustainability

- Which possibilities have been identified to realise lasting results? Which possibilities exist to incorporate the See & Treat approach into national practices? Which possibilities have been identified to cover the costs of the approach? Is health insurance a feasible way in this? What is the potential role of government and other interested parties regarding funding and implementation?
- Which are best practices and lessons learned in this? Which actors and factors explain the (preliminary) success?

Regarding collaboration

- Which stakeholders and other interested parties have been involved in the Save my Mother Programme? What was their role, did they play an implementing role as well? What motivated them? Have these partnerships been formalised, for example by a Memorandum of Understanding?

- What has been done to prioritise cervical cancer amongst other stakeholders (especially public health) so that these stakeholders were persuaded to mobilise human resources and funding as well?

5. Methodology

Data will be collected while using the following tools and methodology.

Country teams will collect data amongst beneficiaries, stakeholders and interested parties, and SOS staff. The tools to be used are divers and include desk reviews, questionnaires, structured interviews, focus group discussions, discussions with stakeholders.

The consultant will offer methodological and organisational guidance to the country teams. This is to the purpose of consistency and comparability.

During the international meeting in which all 5 countries will be represented, the collected data from 5 countries will be gathered and analysed. Strategic implications for the second phase will be discussed here.

6. Timeframe and deliverables

What are the deliverables and the respective timeframes?

1. A technical offer / plan of action based on these Terms of Reference and the relevant documentation (see 9)
2. In communication with the country teams a methodological approach including a set of main questions to be answered
3. Methodological guidance to the country teams in data collection
4. Facilitating the international meeting in analysing the findings and identifying implications for the next phase
5. A final report

The number of days available for the consultant is 12.
The exercise will take approximately 6 weeks.
The international meeting will take place in week 5.

7. Study team composition

The study will be executed by national teams, and technical assistance will be provided by a consultant (based in The Netherlands).

The profile of the consultant is expertise in organisational an management aspects of multi-country programmes, public health, public – private partnerships in health.

Each of the five country teams appoint resource persons, who will communicate with the consultant.

In the international meeting 2 or 3 representatives per country will participate.

8. Management of study

Roles and responsibilities

The main actors of this evaluation are the country teams and the consultants. The Female Cancer Foundation, SOS Children's Villages the Netherlands and the International Office East and Southern Africa will be informed.

The organisation of

Which logistic support will be offered (transport, communication (including internet) and office space)?

9. Relevant documents

- Programme proposal Save my Mother
- Minutes of The Gambia peer review meeting May 2014 (inventory of best practices and challenges)
- Programme proposals phase II (Ghana and Kenya)
- WHO report cervical cancer 2014
- Globocan statistics on cervical cancer per country
  http://globocan.iarc.fr/Pages/fact_sheets_population.aspx

10. Budget

The sum of € 15.000 is available. This sum is also to cover the costs of data collection on the country level.

11. Payment modalities

A consultancy contract will be issued.
Payment will be done in 2 instalments.

ANNEX 2
PROJECT PROPOSAL

PROJECT 'SAVE MY MOTHER', A COOPERATION BETWEEN THE FEMALE CANCER FOUNDATION AND SOS CHILDREN'S VILLAGES

Every year some 500.000 women worldwide get cervical cancer. More than 600 women in the world die every day from cervical cancer, mostly in the developing world. Cervical cancer is a poverty related disease and that is why in developing countries cervical cancer is the leading cause of death among women with cancer. It generally strikes women with young children who are playing a crucial economic and social role in their families and communities.

But unlike many cancers, cervical cancer can easily be prevented. Providing women screening services and when necessary treatment, this devastating disease can be stopped. While most women in industrialized countries have access to cervical cancer preventive services, women in the developing world generally do not.

The Female Cancer Foundation (FCF) supports the fights against this disease in developing countries. Together with local partners in Suriname and Indonesia, the FCF helps the setting up of cost effective screenings programmes in low resource areas.

The FCF does not have the infrastructure to quickly implement their screening methods worldwide. SOS Children's Villages with their 65 MC do. The role of the mother in the live of a child is crucial. Often the family falls apart when they loose the mother. The child looses it's loving mother and home.

To discover if a cooperation would work SOS Children's Villages applied for a grant of € 1,5 mio at The Dutch Postcode Lottery and got the money!

About the Female Cancer Foundation

At the end of the 1980's cooperation was started between the departments of Gynecology, Pathology, Immunohematology and Clinical Epidemiology of the Leiden University Medical Center. This multi disciplinary team of specialists joined forces in the study, treatment and prevention of cervical cancer. On the basis of this collaboration a center of excellence was established on all aspects of cervical cancer, from fundamental research on etiology to new surgical methods and from new insights on tumor biology to immunotherapy and immunoprevention. In the Leiden University Medical Center the highest number of cervical cancer operations in the Netherlands are performed and a peptide vaccine has been developed that aims to prevent and treat cervical cancer. This combined program that involves patient care, research and education has been named: AccA (against cervical cancer). With AccA specific projects in developing countries, the high incidence areas of cervical cancer where 80% of all cases world wide are found, has gained increasing international attention and recognition.

See & Treat method

The See & Treat method is a screening and treatment program on cervical cancer which is very suitable in low resource settings. A field team of doctors and public health workers visit on a regular base health clinics in rural and slum areas. During the visit the public health workers raise awareness on cervical cancer and reproductive health issues as safe sex and family planning. After registration the women are screened with Visual Inspection with Acetic Acid (VIA) or PAP-smear (cytology) by mostly female doctors. When a woman is diagnosed abnormal after the screening, the treatment with cryotherapy

is carried out at the spot. If the screening points out cervical cancer, the woman is referred to an academic hospital nearby.

Objectives project: 'Save my mother'

Short term objectives, periode 2011-2014

- Prevention of cervical cancer for 15.000 mothers
- Preventions for around 60.000 children of losing their mothers
- Awareness raising: 400.000 women
- Medical screening of 100.000 women

Long term objective: 2011- long term

- Implementation of the See & Treat methode in all SOS MC.

To reach this objectives we need to work with 10 MC, where a trained team will work.

An educator, nurse, doctor and a administrative worker will be part of the team. The team will be trained and usually needs 6 months to start the See & Treat methode.

The reach

Within a period of 3 years we are aiming to reach 500.000 women. These women will be educated on cervical cancer, reproductive health issues, safe sex and family planning. These community workers will be active in the communities where SOS is present. The women will come to the SOS MC for screening and treatment and the MC need to be provided with necessary equipment. In general, 15% of the screened women have to be treated to prevent them from having cervical cancer.

The plan and activities

The next steps are needed:

1. Selection of 10 most suitable MC's to pilot the cooperation with FCF
2. Preparing the MC: buying of the cryoguns and other materials needed for the MC
3. Recruitment and training of the staff

Activity 1. Selection of 10 suitable MC

In cooperation with KDI IO SOS The Netherlands need to make a selection of the most suitable MC.

Specific attention for:

- The location and possibility to expand for the FCF programme
- The reach and focus of the MC's selected
- The impact of the programme on the local community
- The cooperation needed between the SOS social workers, and local leaders and CBO's.

Activity 2. Preparing the MC: buying of the cryoguns and other materials needed for the MC

The concept is suitable for a low resource setting. A treatment room, an examination chair and light is needed. To do the See & Treat the MC needs to buy two cryoguns with CO2 tanks and 30 specula per treatment room. Material costs are included in the budget.

Activity 3. Recruitment and training of the staff

We will work with local staff and use the 'train the trainer' principle. The education of local trainers will give a sustainable basis for the prevention programme.

The training will consist of theory and practice and will take 5 working days. Every health worker will have to do a minimum of 100 visual inspections to successfully finish the training.

Single visit approach

The simplicity of process makes the inspection and treatment possible in a single visit. This approach is necessary in developing countries because we know from experience that a lot of women don't show up on a second appointment. They often just can't be missed by their families due to social, financial or cultural reasons.

Awareness raising, Screening and treatment will be free of charge. From experience we know one health worker can screen and treat 25 women per day.

Budget

YEAR 1				
	Price per unit		Budget	#
				10
Awareness raising	€ 0,50		€ 40.000,00	80.000
Screening	€ 7,00		€ 140.000,00	20.000
Treatment with cryoguns	€ 7,50		€ 22.500,00	3.000
Training staff	€ 300,00		€ 30.000,00	100
Buying cryoguns	€ 3.000,00		€ 60.000,00	20
Other cost MC	€ 3.000,00		€ 30.000,00	10
Administrative costs		1%	€ 5.100,00	
M&E costs		2%	€ 10.200,00	
Implementation and controle FCP		9%	€ 45.900,00	
Overheadcosts			€ 30.000,00	
Totaal			€ 413.700,00	

YEAR 2 & 3				
	Price per unit		Budget	#
Awareness raising	€ 0,50		€ 80.000,00	160.000
Screening	€ 7,00		€ 280.000,00	40.000
Treatment with Cyoguns	€ 7,50		€ 45.000,00	6.000
Training staff	€ 150,00		€ 15.000,00	100
Adminstrative costs		1%	€ 5.100,00	
M&E costs		2%	€ 10.200,00	
Implementation and controle FCP		9%	€ 45.900,00	
Overheadcosts			€ 30.000,00	
Totaal			€ 511.200,00	

TOTAL REACH				
	Jaar 1	Jaar 2	Jaar 3	TOTAAL
Awareness	80.000	160.000	160.000	400.000
Screening	20.000	40.000	40.000	100.000
Treatment	3.000	6.000	6.000	15.000
Training	100	0	0	100

TOTAL BUDGET				
Year 1	€ 413.700,00			
Year 2	€ 511.200,00			
Year 3	€ 511.200,00			

TOTAL PROJECT	€ 1.436.100			
COMMUNICATIONS BUDGET	€ 62.500			

ANNEX 3
LIST OF REPORTS USED

- SMM Gambia May 2014 Meeting – Minutes
- SMM Overview of Statistics
- Quarterly reports from the different countries
- WHO; Comprehensive cervical cancer control; A guide to essential practice, 2014, ISBN 978 92 4 154895 3

ANNEX 4
EVALUATION METHODOLOGY

SAVE MY MOTHER
IDENTIFYING BEST PRACTICES, LESSONS LEARNED AND SUCCESS FACTORS

METHODOLOGY, GUIDELINES AND TOOLS

Introduction

Save my Mother is a programme aiming at the eradication of cervical cancer in women.

Cervical cancer is a largely preventable disease, but worldwide it is one of the leading causes of cancer death in women. Most deaths occur in low- to middle-income countries.

The programme's objective is to promote a technique called See & Treat. Women in the high-risk age of 15-45 years undergo a test (See) with the so-called *Visual Inspection with Acetic Acid* (VIA) method. The cases in which malignant cells are identified in an early stage (approximately in 15% of the tested women) are treated with liquid nitrogen right away. The advantages of this approach are multiple: its simplicity (test and possible treatment require a single visit), low investment in equipment and simple application, so that health workers are able to appropriate the technique quickly. These characteristics contribute to the affordability of the approach that is specifically important in low resource settings.

The current programme has been implemented in five countries: Ghana, Kenya, Gambia, Malawi and Zambia, in 9 Medical Centres based in different locations and contexts. Implementing partners of this programme are the Female Cancer Foundation and SOS Children's Villages, including the National Associations of the five countries, the Continental Office and SOS CV The Netherlands.

The first phase of the programme has the objective to prove that See & Treat can be an effective and feasible approach in the fight against cervical cancer in women. The approach requires relatively modest inputs in terms of money, training and equipment. Therefore it is suitable for low resource contexts. The programme aimed to reach 500.000 women through awareness raising. As per the targets set in the programme 100.000 of these women should have been tested, and approximately 15.000 with malignant cells should have been treated, thus preventing women to develop cervical cancer and eventually die from the disease.

The methodology and tools presented herewith intend to evaluate the success of the project and draw lessons, which can support the further scaling-up and sustainability of the service, provided through the "Save my Mother" programme.

Methodology

With the aim of collecting evidence in relation to successes, the best practices, and the lessons learned in the Save my Mother project, the evaluation will take the quantitative data collected in each country (number of clients, number of out reach visits, programme expenditure, etc.) into account and will further analyse the programme through gathering qualitative information using the methodology and tools described below.

Considering the time and human resources available tools will be mostly self explanatory and easy to use for people with little or no experience in data-collection and research.

The evaluation will answer question around three main topics:

- What are possibilities for up scaling of the services?
- How to guarantee sustainability of the services in the longer term?
- What are opportunities for collaboration with other parties?

The clusters of questions, who will be involved in answering those questions and which tools will be used are outlined in the below table.

Questions in relation to the three topics will come back in the different tools, this will allow for triangulation and comparison of response across different target groups.

QUESTIONS	TARGET GROUPS	TOOLS
Up-Scaling		
• How were women reached? • What made the women attend screening? • Which awareness raising and mobilization strategies have worked and what did not work? • How do women evaluate the screening and treatment procedure? • How do relatives influence the women's decision to get screening/treatment? • To what extend has the public opinion with regards to Cervical cancer and the "see and treat" method been changed and how? • What kind of publicity has been generated for the service and with what effect?	• Women that have gone through screening/ treatment • Women attending the clinics • Teams • Key Informants	• Focus group discussion • Team survey • Client survey • Key Informant interview
Sustainability		
• Can the "see and treat" method be integrated in the national health system? • How can awareness on cervical cancer be raised further? • How can the costs for screening and treatment be covered? • Is the See and treat method covered by health insurance companies? • Are there possibilities to include the method in insurance packages? • Is the government able and willing to take-up (part of) the costs for the see and treat method? • Are there any other health related organizations that are interested in taking up the method including the costs?	• Team • Key informants • Stakeholders	• Potential stakeholder analysis • Key informant interview • Team Survey • Desk research by consultant (information already available)
Collaboration		
• Which stakeholders have been involved in the programme? • How have those stakeholders contributed to the programme? • Why did those stakeholders chose to become involved? • Which stakeholders have contributed financially to the programme and why?	• Team • Stakeholders • Key informants	• Current stakeholder analysis • Potential stakeholder analysis • Team survey • Key informant interviews

QUESTIONS	TARGET GROUPS	TOOLS
• Have official partnerships been formed and how did they work out? • Which other stakeholders have been approached and how? • Up to what extend has Cervical Cancer been prioritized at national level through the programme? • Which other potential stakeholders can be identified and what role could they play? • How could those stakeholders be motivated to be involved?		

Tools and guidelines

In the table on the last page an overview is provided of the different tools proposed for this evaluation. The tools themselves are attached.

In order to be able to draw conclusions across the different countries, and provide recommendations that can be relevant in relation to further up scaling outside the current programme countries it is important that the same process is followed in each country and that the tools are being used as per the guidelines.

In some countries it may be necessary to translate some of the tools. Also in the case that the focus group discussion is held in a local language time and resources should be set aside for transcribing the result of the discussion in English.

Process and timeline

After approval of the tools skype meetings will be organized with all countries to further explain the use of the instruments and guidelines.

During data collection the consultant will be available for the teams through email/skype for any queries or consultations in relation to the data collection.

Once all data has been collected it will be send to the consultant for initial analysis.

The consultant will then summarize the outcomes, and prepare for the discussion during the international meeting. During the international meeting the preliminary results will be further discussed and analysed. Conclusions will be drawn and recommendations formulised. A final report will be delivered after the international meeting.

Timeline

ITEM	DATES
Share draft tools with countries	15th April
Feedback from countries re tools	18 th April
Final tools to countries	21-24th April
Discussing guidelines and tools with countries	22-30th April
Data collection by countries	1st May – 5th June
Analysis of data by consultant	6th – 15th June
International meeting	17th -19th June *
Final report	30th June

* If preferred the meeting could also take place in the week after, this would also mean that the report can be finished one week later.

Overview of tools

TOOL	DESCRIPTION	ELEMENTS INCLUDED	TARGET GROUP	COMMENT
Current Stakeholder analysis	Matrix to identify the different stakeholders and their interests	Template and guidelines	A full analysis per country	Involve the entire team in the exercise
Potential stakeholder analysis	Matrix to identify the different stakeholders and their interests	Template and guidelines	Full analysis per country	Involve the team in the exercise and use information obtained also from the key informant interviews
Client Survey	Short questionnaire asking women about the services. Mostly closed questions and scoring.	Questionnaire, guideline, data entry sheet	All clients coming to the clinic/outreach in a period of 2 weeks	Plan a two week period between 01-05 and 01-06 2015 in which all clients can take a short survey after having been attended.
Team survey	Combination of open and closed questions in questionnaire form	Questionnaire, guideline and data entry sheet	All team members working on the SMM programme	This questionnaire can be discussed and answered in a workshop setting with all team members present (advised) or individual team members can fill-out the questionnaire.
Key informant interview	Interview guideline with a combination of open and closed questions	Interview guideline, template for recording the answers	Key informants; ministry of health officials/staff, staff of other NGO's/WHO, community leaders/elders, etc.	A minimum of 10 interviews, but preferably more should be done with people from different sectors. The input given will also feed into the stakeholder analysis exercise
Focus group discussions	Meeting/workshop with group of women to discuss lessons learned in relation to the programme	FGD guideline, information recording template	Women who have in the past undergone treatment and or screening.	Groups of 10-12 women, preferably a mix of women who have only taken screening and those who have undergone treatment as well. Ideally the focus group discussion should be recorded for easy transcription. At least one focus group per location.

ANNEX 5
DATA COLLECTION TOOLS

ANNEX 5A CLIENT MINI SURVEY

This mini survey should be administered to each client/patient coming to the clinic or attending an outreach session for a minimal period of two weeks between 1st of May and 1st of June. The survey should be taken after screening/treatment. The answers to the survey can be entered in the corresponding data-entry document.

You can either give the form to the client to fill it in or ask the questions and fill it out yourself.
If you ask the questions, please make sure that you fill in all the answers exactly as given by the client.
The client is free to refuse to take the survey, in this case please record this in the data entry sheet.

Client survey

We are very interested to get your feedback on the screening and treatment service rendered in this clinic and kindly ask you to answer a few questions. This will only take about 5 minutes of your time and it will help us to improve the services and be able to reach more people. All your answers will be confidential.

Thank you for your cooperation,

The SMM team

Date	
Location	

1. How did you hear about the screening and treatment program at this clinic/outreach? More answers are possible please tick all that apply.

1. I was referred here by another clinic/doctor	
2. I read about it	
3. Through a friend	
4. Radio/television/newspaper	
5. Announcement in my community	
6. Other (please specify)	

2. Why did you decide to have a screening?

1. As a preventative measure	
2. I was advised by my doctor/health worker	
3. Because it is free	
4. I think I am at risk for cervical cancer	
5. Awareness raising campaign	
6. Other (please specify)	

3. Did you hesitate to come for the screening?

☐ Yes
☐ No

If No, What was the reason(s) you hesitated?

_____

4. Do you know of anybody who decided not to come?

☐ Yes
☐ No

If Yes, What was the reason she decided not to come?

_____

5. Was it clear to you what the screening involved?

Very Clear	Clear	Somewhat clear	Unclear	Very unclear

6. How did you experience the screening?

Good	Fair	Bad

Please explain your answer:

_____

7. Is your partner aware that you have come for this screening?

☐ Yes
☐ No
☐ Not Applicable

8. Would you have come if you had to pay for the screening?

☐ Yes
☐ No

If yes; how much would you have been willing to pay?

_____

If no; why not?

_____

9. Would you recommend your friends and relatives to attend this service?

☐ Yes
☐ No

Why/whynot?:_____

10. Do you have any recommendations to improve the service?

_____

11. Did you get information on the treatment/ cryotherapy?

☐ Yes
☐ No

12. Would you take the treatment in case you would have been tested positive?

☐ Yes
☐ No

13. How would your family/spouse react to you taking the treatment?

Positive	Neutral	Negative

If you have not been recommended for any treatment you can skip the last few questions. Thank you so much for your cooperation.

In case you have been recommended to take treatment could you answer the following questions?

14. Have you taken the treatment offered here?

☐ Yes
☐ No

If Yes, how do you evaluate the treatment?

Good	Fair	Bad

Please explain your answer:

_____

If no, why not?

_____

Thank you so much for your cooperation!

ANNEX 5B FOCUS GROUP DISCUSSION

In order to get rich information from the perspective of the women that have participated in the programme it is proposed that you under take at least one and maximum two focus group discussions in each of the locations where you have implemented the programme (including an outreach location).

In each location 10 to 12 Women that have in the past participated in the programme should be invited for this discussion. Make sure that you get a mix of women who have taken screening only and women who have also taken treatment.

It is best if possible to record the session in order to be better able to make the report. In some cases the discussion will be held in the local language so also consider having somebody who can transcribe in English. If you record the session, make sure you ask for permission to do this from all participants.

It is best also to count with a note taker during the session.

Each session should take between 1.5 and 2 hours. Make sure that you chose a location for the session where the participants feel safe and free to express their ideas. Make sure the participants understand that the information will be treated confidentially and anonymous.

The outline of the session is described below. A template for making your report on the session is provided.

Materials you need to implement the session are:

- Flipcharts
- Markers
- Masking tape
- Sticky notes
- Plain paper
- Crayons or pencils
- Recording device/notebook

Session plan

STEP 1

Start with an introduction of yourself and your colleagues and extend a welcome to all participants, thanking them for coming and explaining what the purpose of the meeting is.

This session is to reflect together on the experiences you all had in the "Save my Mother" programme. We are evaluating the programme so your opinions and ideas are very valuable to us. If we can share openly with your inputs we will be able to improve on the services provided and design the best possible strategies to extend those services to more women.

(if you are wanting to record the session, ask for their permission)

STEP 2

Explain that this is a discussion so everybody should feel free to participate and express their ideas; there are no right or wrong answers in this meeting. We will discuss about what has been good in the programme, what could be improved and what lessons we have learned.

STEP 3

Let the group briefly introduce themselves by telling their names, where they are from and if they had screening and or treatment.

STEP 4

Warming-up exercise

(note: if you have another warming-up exercise please feel free to change)

Tell the group:

" Let's first of all get to know each other a bit better still through an exercise"

This exercise is called " the walking billboard"

I will give each of you a paper, please divide your paper in 6 squares:

Hand out some crayons or coloured pencils.

Now ask them to draw:

Section 1: Their favourite music.

Section 2: Their favourite food.

Section 3: Their family.

Section 4: Something they like to do the most.

Section 5: Something they do not like at all.

Section 6: A dream for the future.

Tell the participants that they have 10 minutes for this step.

Some participants may feel uncomfortable drawing. Explain that they can make very simple drawings, or write their answers in each section or ask another participant or a facilitator for help.

After they have finished, ask the participants to stick their papers to their chests with tape, or hold their papers in front of them. Now, ask the participants to walk around, looking at each other's drawings.

Have them pair up to ask each other about their drawings. Let them look at and discuss what they have in common with each other, and where they differ. After a few minutes, ask them to walk around again and pair up with someone else. Repeat this until they have talked to 3 or 4 people. Now ask the participants to identify one person with whom they have something in common and stand close to that person. Ask the participants to share the similarities they discovered.

STEP 5

Now lets start the discussion on the "Save my Mother" programme.

Make sure you put up a flipchart and record all the comments.

Questions to the group:

- **As a first item can we discuss what made you all to decide to come for the programme?** Also make sure you give all participants a change to say something. Make sure to probe a bit if their answers are short. (Who told you about the programme?, where did you see the announcement?, etc.)
- **What do you know about cervical cancer? How do you get it?** What can be done against it? Do you know people that have had cervical cancer and what happened to them? Etc.
- **When you came for the screening what did you expect?** Probe to understand what the participants expected would happen during the screening, the possible misconceptions they might have had before coming, their worries, etc.
- **How did you experience the screening***?* Was it scary, uncomfortable or was it a very simple procedure for you, did the nurse make you feel at ease, did it go like they had expected, would you go again knowing now how it works, would you advise others to go? Also ask whether they have been attended by a male or a female nurse/doctor and if that made any difference to them.
- **If you were advised to take treatment can you share your experience on that***?* Did you get the treatment immediately? How was it? Did you feel at ease? Was it explained clearly to you what was to happen? Have you gone back later for follow-up?
- **What have liked about this programme?** Again probe and ask them to explain further.
- **Was there anything you didn't like about this programme/the service***?* After their answers probe further. (e.g. so you said that you didn't like xxx, does anybody recognise this?, why did you not like that aspect?)
- **What would you like to add or change in the programme?** If they have suggestions for improvements probe further (e.g. and do you have any suggestions how that could be organised?, How would you go about this?, where could that be done?, who could support that?, etc.)
- **Is there anything else you would like to share with us in relation to the programme?**

STEP 6

You have now come to the end of the session, thank all participants for sharing their ideas so openly and re confirm that everything that they have shared is confidential.

Collect all flipcharts with the comments you have written down so that you can transcribe them into a report.

ANNEX 5C KEY STAKEHOLDERS INTERVIEW

This questionnaire is intended for key persons who have a liaison to the project; government officials, doctors in other clinics (both government facilities and private clinics), community elders/chiefs, staff of other NGO's, insurance companies, WHO staff, etc.). It is important that you try to interview 5 to 8 people in different categories.

Please write the answers to the open questions down as carefully as possible (if possible you could record the interview).

Please take time for the interview, give the interviewee ample time to respond to you questions and try to probe further, ask additional questions if needed.

Probing questions:

- That's interesting, could you explain that to me a bit further?
- Could you maybe give me an example of what you just told me?
- So you told me ….. did I understand that correctly?
- What makes you to feel that way?
- Could you tell me more about that?
- Could you explain to me exactly what happened?

Etc.

In the case that it's difficult to physically meet with the people you'd like to interview, you could consider sending the questionnaire via email and request the person to fill it out and send it back to you. Or hand deliver the questionnaire and collect it later. This is however not ideal so try as much as possible to physically meet your informants.

Questionnaire

Name interviewer	
Name interviewee	
Position/role interviewee	
Date	
Country	
Location	

Introduction: Dear … thank you so much for your cooperation. I am involved in the Save my Mother project of SOS Children Villages, which has been implemented in….. since 2011. Currently we are undertaking an evaluation of the project and your input is very valuable to us. You have been selected as a respondent because of your interest in this project. The interview will take about 45 minutes of your time. Your answers will be treated confidentially.

1. Please tell me how you got to know about the Save my Mother programme?

2. Could you explain the programme to me in your own words?

3. Have you ever attended one of the centers where the "cervical cancer screening" is provided?

☐ YES, which center: _____
☐ No (if no, skip questions 4 and continue with question 6)

4. Do you know how the method works?

☐ YES, how? _____
☐ No

5. How would you score the services rendered in the SMM project?

Excellent	Good	Average	Poor	Very bad

6. What according to you are the most important factors contributing to the success of the project?

7. Which factors prevent the project from having a broader reach?

8. What are the benefits of the "see and treat" method according to you?

9. Do you know of any organizations in your network that might be interested to learn more about the "see and treat" method?

☐ YES
☐ No

Please name them: (ask for contacts if appropriate)

10. What in your opinion are the most limiting factors for women to attend a screening and receive treatment?

11. Would you recommend your own relatives to go for a screening?

☐ YES
☐ No

Why?

How in your opinion could awareness on cervical cancer and on this programme be enhanced

12. In which area/sector of the health care system does the "see and treat" method best fit?

13. Do you think that government health facilities could take on this programme?

☐ YES
☐ No

If Yes, what needs to be done to make this happen?

If No, Why not?

14. Is the "see and treat" method currently covered in any health insurance policy that you know of?

☐ YES
☐ No

If Yes, please name the insurance companies that do cover

If No, do you think this could be a possibility?

☐ YES
☐ No

Is there anything to would like to add?

Thank you so much for your cooperation.

ANNEX 5D STAKEHOLDER EXERCISE

Country	
Location	
Date	

This exercise is about identifying the organisations and persons (so called stakeholders) that have played a role in the pilot programme and the organisations and persons that could potentially play a role but have not been involved so far.

It is important that you include all organisations and persons that you can possibly think of, not only those that enhance the programme and help the scaling up but also include the ones (if any) that have or could hinder the further scaling up of the programme. This way we can get a complete overview and be able to design the best strategies for involving those stakeholders in the cause.

The exercise can take you approximately 4-5 hours and it is advised to work in a group (your team), using the brainstorm method, first listing all the organisations and subsequently filling-in the additional information for each of them.

1. Stakeholders that have been involved already

Stakeholder	Current role	How have they contributed to success of the programme	How could their contribution be enhanced	What are the barriers for their further involvement

Add more rows if needed

2. Stakeholders that have not been involved but could play a role

(do this exercise after having done the key informant interviews, if any potential stakeholders have been mentioned you should add them here), please try to come-up with as many stakeholders as possible.

Stakeholder	Role/stake in the issue	What could they contribute to the success of the programme	What is needed to involve them	What are the barriers for them to be involved

Add more rows if needed

ANNEX 5E TEAM QUESTIONNAIRE

The following questionnaire is for the team that has been working on the SMM project.

You can come together as a team and fill the questionnaire together. Do include all opinions/answers that come-up during the meeting in the respective answer boxes.

It is advised to do this exercise with the entire team (or each location team). In case one of the members can really not be present please let that person fill-out the questionnaire individually and add it to the document.

If through the discussions you have you come to further insights, which are not covered by the questions please write those down as well.

Country	
Location	
Name(s)	
Position(s)	
Working on project since	

1. How did you become part of the Save my Mother team?

2. What did you receive to prepare yourself for your tasks within the programme?

3. What motivated you to be involved in this programme?

4. What motivates you to continue in this work?

5. Which elements/issues facilitate your work?

6. Which elements/issues disturb/hinder you most in your work?

7. Please list the most important lessons learned in relation to the below topics

Topic	**Lesson learned**
Awareness on Cervical Cancer	What I learned is….
Accessibility of the service	
Pull factors for women to attend	
Barriers for women to attend	
Coordination with others	
Role of the family	

Training	
Facilities	
Equipment	
Mobilization of the target groups	
Marketing of the service	
Implementation of "see and treat" single visit approach	
Referral and follow up	

8. In which area/sector of the health care system does the "see and treat" method best fit?

9. Do you think that government health facilities could take on this programme?

☐ YES
☐ No

If Yes, what needs to be done to make this happen?

If No, Why not?

10. Is the "see and treat" method currently covered in any health insurance policy that you know of?

☐ YES
☐ No

If Yes, please name the insurance companies that do cover

If No, do you think this could be a possibility?

☐ YES
☐ No

11. What have you done to put cervical cancer on the agenda in your area/country?

12. What do you consider to be the biggest success of the programme?

13. What do you consider to be the biggest challenge?

14. Looking at the organisations that have partnered with you in the programme, which organisations have been most useful and why?

Organisation	**Usefulness**

15. With which organisations have you formed an official partnership and what kind of agreement has been made?

Organisation	**Type of agreement**

16. With which organisations would you recommend to have partnerships for scaling up and sustain the program?

Organisation	**Type of agreement**

17. Do you want to give any other feedback or input?

ANNEX 6
OVERVIEW OF STAKEHOLDERS

SERVICE PROVIDER	NETWORK	DONOR	POLITICIANS	CORPORATES
• Kamuzu Central Hospital • Queen Elizabeth Central Hospital • Bwaila Hospital • Football association of Zambia • Adult center of women with cancers • Care for business • Marie stopes • district health clinics • Baffron Medical center • Asalcua health center • God cares comm hospital • Crown health care • drug sppliers • Wallach • MEDS • PATH • Wallach Agents africa • Walach USA and NL	• TWG (Technical working group • GAVI • Action 2015 Kenya • Young Proffesional Women • Int Agency for Research on Cancer IARCC • Cervical Cancer Action (coalition) • Union for International Cancer Control UICC • Pink Ribbon / Red Ribbon • World Health Organisation • International NGO's Network • National Aids commission NAC • International federation of women lawyers (FIDA) • Safe Motherhood • Netball association of Malawi • Ghana national association of lady teachers	• USAID • SOS PSA's • Bill & melinda gates foundation • Clinton Health acces foundation CHA • NORAD • EU • DFID • PEPFAR • CHURCHES HEALTH Association Zambia CHAZ • FCF • DANIDA • UNFPA • Female service clubs NL (rotary, Lions) • Dutch corporates that work in SMM countries • UNICEF • SOS • Post code Lottery	• wifes of other political party leaders • members of parliament • Patricia Kaliati • Women's caucus • First Ladies • Ministers	• Johnson &Johnson • Chain of Private Clinics • Adventist Health Board • Methodist Health Board • Catholic Health board • Orange • MTN • MDDV • VODACOM • Smith &Nephew • AIRTEL • GSK • Safaricom foundation • Total • Toyota • Printing companies • Media Houses • AFROX • KCB Foundation • Equity foundation • Board of trustees • Heyden medicals • Wallach • banks • Cell 2 • Social security and finance health scheme • TAKFUL insurance company • Coca Cola company • Southern Bottlers • Ilovo Sugar • Mutual health Insurance • GCB • ADB

COMMUNITY STAKEHOLDERS	INVESTORS	GOVERNEMENT	CBO'S
• Traditional birth attendants • family strenghtening program • Chiefs and Alkalo's • Peer health educators • Praise singers (Kanya Lengs) • target group for screening • community neighbourhood watch for health • Womens bureau • traditional leaders • CBO's on catchment area • Elders • Queen mothers • Chiefs	• Total Petrol station • ECO bank Gambia • Standard Chartered Bank • Gambia International Airways • China Geo • Mopani Mines • Lumwana Mines • Gambia ports Authority • Newmont mining company • Westend Mall • Accra Mall	• Ministry of Health and Women's affairs • African Union • Ministry of Local Government • Ministry of Education • AU committee for Health + Well fare • Divisional health team • Dutch Ministry of Foreign Affairs • Ministry of Health • Embassies (in SMM countries) • Embassies of SMM Countries in NL • ECOWAS Economic Committe of West Africa • European Parliament • Government health facilities • Sub county health offices • Health services • Quasi Government e.g. Jirapa Hosp. • Minsitry of Gender, Children & soacial protection • Office of the first lady • Reproductive and child health • Ministry of works and supply • Ministry of community develoment • mother and child health • National Health insurance	• UMUNTHO foundation • Mother groups • MUUNGANO MWEMA • KENWA • DANSO • RELNA Women group • Cancer associantion of Malawi • Women group leaders

PUBLIC FIGURES	MEDIA	FAITH BASED ORG'S
• Women representative • Christine Kaseba • Yvonne Nelson • Izeki Jakobo • Sister D • Angela Nyirenda • Miss Malawi • Miss Ghana • SowKodie • Lex Peters • Koffi Anan • Eto Fils • Abdou Diouf • Drogba • Lucas Hadebe • Salif Kieta • P-sqare • Naomi Campbell • Amgelique Kidio • Michelle Obama • Jaliba Kuyatea • Asamoal Gyan • Tania Bongers • Macky 2	• West coast Radio Station • malawi institute of Journalism • Safai FM • Gambia Radio and Televion Services • Luv FM • Peace FM • Eastern FM • GTV • TV 3 • Metro TV • FISH FM • KOCH FM • Linda Magazine • Tania Bongers • TV 5 Afrique • Aljazeera •	• Iman's • Pastors • International Central gospel church • Muslem Association of Malawi • Mission based facilities • CHAM Christian Health association Malawi • Shmadiya Moslem • Catholic Church • Interfaith non givt. Organisation ZINGO • Seventh day adventist health centers • Circles of hope assemblies of god church • Young women christian association • Gambia Muslem agency • Gambia Christian Council

ANNEX 7
LESSONS LEARNED AND ACTIONS

With regards to Government up-take

ADVANTAGES
Wider spread; more facilities
Country ownership
More human resources
Broader network, more partners
More power
More specialists, Use existing structures
Buy-in/ownership

DISADVANTAGES
Not a priority
Lack of resources, funds
Awareness/willingness to be screened
Quality of service will be compromised
Commitment

STEPS TO TAKE
Establish partnership through MoU?/ or partnership agreement
Give them more information
Influence national plans through attending meetings, using government policy
Provide evidence, to show the priority (CC nr 1 or 2 cause of death)
Get ministry of women affairs on board
Collaboration with other stakeholders for advocacy
Being visible
Have to still be with them, training, attend technical working groups

RESOURCES NEEDED
Right individuals; influential people, human resource/trainers
Data/numbers
Equipment / maintenance, financial resources for training

WHO NEEDS TO TAKE RESPONSIBILITY?
National and district coordinators/ SOS and FCF, PM's SOS, Vocal person, FMOH, health coordinator

With regards to training others

ADVANTAGES
Improve skills, more skilled people, no work overload, more H resource increased screening, building capacity, reduce workload, recognition
Improve efficiency, partners can also be trained, More with less, services decentralized, Broader scope, reach more people, more communities

DISADVANTAGES
Cost/time, compromised skill, costs to train more people, Human resources (what other tasks do they already have), training does not guarantee service, lack of control over trained ppl (transfers) , funding, Quality may be compromised, loosing control, need for more material and equipment

STEPS TO TAKE
Standard training material, standard implementation protocol, identify resources
Using network, training of trainers (people that have trained before, identify trainees, how is it going?) baseline on trained persons, curriculum development/adoption, identify training schedules, refresher training, identify locations, accreditation, identify national training manuals and implementation protocols that are available in country, FCF also challenges sometimes, aligning materials. Ready to compromise on quality, what can you do to prevent that quality drops. Loosing control? Capacity for monitoring quality. Choice, attitude to do the right thing.

RESOURCES NEEDED
Equipment, human resource, skills training
Protocols and guidelines (some already exists)
Trainers
Space
Money

WHO NEEDS TO TAKE RESPONSIBILITY?
SMM coordinators, trained trainers, programme manager, reproductive health coordinator, ministry of health, other trained stakeholders. Collaboration and partnership with FCF, SOSCV, Govt. See and Treat team, trainees

With regards to insurances

ADVANTAGES
Sustainability
Motivation to come for screening

DISADVANTAGES
No prevention, only curing
Private is for wealthy

STEPS TO TAKE
Dialogue with national insurance
Rationalize on cost issue (prevention vs treatment)
Dialogue with private companies

RESOURCES NEEDED
Data to present, financial
Skilled personnel for dialogue

WHO NEEDS TO TAKE RESPONSIBILITY?
SMM coordinators with government

NB: Little exploration has been done, first step would be to go and meet some insurance companies and discuss. Opportunity in countries where they are discussing national insurance package: good to be involved at an early stage.

With regards to charging a fee for the service

ADVANTAGES
Quality
Plough back to running project
Perceived value of service enhanced

DISADVANTAGES
Limited access for the poor
Affordability
Fees go to general pool
Discouragement

STEPS TO TAKE
Create awareness, cost analysis, accountant/control, collaboration, health insurance, gradual introduction, periodic review of fees.

RESOURCES NEEDED
Financial data, accountancy system, cashier, IEC materials, feasibility study

WHO NEEDS TO TAKE RESPONSIBILITY?:
Programme managers, cashiers, medical center management or national level

With regards to engaging in advocacy

ADVANTAGES
Increase up-take of service, increase buy-in from government, CBO's, more partners, resources and skills, enhance quality, awareness of programme within SOS

DISADVANTAGES
Becoming political, loosing value, no guarantees

STEPS TO TAKE
Identify partners, data/information, organise meetings, sell idea, be present at meetings, stakeholder analysis (who to influence?) form collaborations with likeminded orgs, disseminate data

RESOURCES NEEDED
Training and guideline, strategy, data, skilled individuals, research/evidence

WHO NEEDS TO TAKE RESPONSIBILITY?
Advocacy officer, programme managers, SOS national level, FCF (for data collection)

With regards to increased awareness

ADVANTAGES
More people sensitized for service and make use of it, more partners on board, commitment of government & partners, increased funding, involvement of more Programme Supporting Associations', goodwill of people/stakeholders, reach more people, acceptance

DISADVANTAGES
Demand exceeding supply, compromised quality, straining of resources, emergence of quacks, requires funding

STEPS TO TAKE
Advocacy, engaging stakeholders in planning, sharing good practices, story telling, identify target audience and current knowledge, choose appropriate media in line with audience, package info and disseminate

RESOURCES NEEDED
Strategies per target group, partnerships, resource mobilization,

WHO NEEDS TO TAKE RESPONSIBILITY?
SOS CV, FCF, Public, community (needs specification)

With regards to adding extra services (e.g. breast cancer scanning)

ADVANTAGES
Integrated services/management, increased accessibility of other services, one stop service, including HPV Vaccination (in partnership), this will make the package complete, making use of existing structures and personnel, synergies will leverage the service, possibility of creating more male involvement

DISADVANTAGES
More workload, more resources, more training (knowledge &skills), cultural barriers depending on service, over dependence on existing structure, straying from core business, perceptional barriers, workload on staff

STEPS TO TAKE
Identify need/services, ToT's for skills, ormation of strategic partnerships, deciding on what to add, identifying networks/existing programmes, capacity building making use of complementary services

RESOURCES NEEDED
Funding, get approval from government, partnerships and networks, HR

WHO NEEDS TO TAKE RESPONSIBILITY?
Government, other stakeholders, SOS CV PM/MA, FCF-IO, Govt. partners

NB: no need to do all, partnering with others can also be an option

With regards to additional funding

ADVANTAGES
Bigger team, more services, more into the rural, more integrated care, more service, equipment, reach

DISADVANTAGES
Government could be less involved, more accountability to stakeholders,

STEPS TO TAKE
Analysis of proposed project, problem analysis, write proposal, submitting, possible stakeholders, resource mobilization strategy, engage stakeholders for buy-in (PSA's, corporates, individuals)

RESOURCES NEEDED
Data, technical skills for proposal development,

WHO NEEDS TO TAKE RESPONSIBILITY?
SMM team, SOS management, PM/MA SOS CV, FCF, IO SOSCV, NO's-SOS CV

With regards to efficiency (reducing costs per client)

ADVANTAGES
Saving money that can be reallocated

DISADVANTAGES
Compromising quality, questioning on previous spending patterns

STEPS TO TAKE
Budgeting (of material) & prioritizing, identify activity for re-allocation of funds

RESOURCES NEEDED
Know-how on budgeting within programme, someone responsible for the questioning and accounting

WHO NEEDS TO TAKE RESPONSIBILITY?
Programme manager and accountant

With regards to involving strategic partners

ADVANTAGES
Efficiency, lower cost, resource mobilization, more visibility

DISADVANTAGES
Dilution of human resource/cause, risk of diversion to something else

STEPS TO TAKE
Advocacy, MoU's, Sharing best practices, Identifying networks and joining, stakeholder analysis, identify their interest/gains, identify partners (stakeholder analysis), Approach stakeholders and present MoU to them, implementation and M&E

RESOURCES NEEDED
Human Resource, Like minded partners, skills in IPD

WHO NEEDS TO TAKE RESPONSIBILITY?
IPD, programme manager, senior management

Exercise on prioritizing best-fit partners per country

Prioritize the type of partners for collaboration per country:
Determine two types that best fit, for each of them answer the following questions:

1. What is our objective/goal re collaboration? (funding, awareness, quality, sustainability, up-scaling, etc.)
2. Why does this type of partner fit best for our objective?
3. What target can we set for our self to establish this collaboration?
4. Who else do we need to engage?

GAMBIA

1. Government (Ministry of health; reproductive and child health)
Objective Finalize signing of MoU
Best fit

- Regular supervision and monitoring
- Selection of nurses to be trained
- Identifying already available structures
- Increase up-take of screening

Who Else DIVISIONAL HEALTH TEAM
Target Facilitate awareness in community. Increase collaboration

2. UNFPA
Best fit Funding: supply of gas, equipment, sustainability
Objective Strengthen partnership for continued support and wider coverage
Target Create an action plan to guide us meet our end of 2016 goals
Who else WOMENS BUREAU: Advocacy, SMM

MALAWI

1. Government (Ministry of health)
Objectives Accreditation and funding, Up-scaling, Service delivery, Quality control
Best fit Policy holder for health services, setting national standards, strategies and guidelines. They have most HRH in the country. Existing infrastructure in urban and rural settings. They have the influence to lead.
Targets Sept 2015: meeting with national cervcal cancer screening coordinator
Oct. 2015: Present idea to the safe motherhood cb committee with the results of the evaluation of the first phase of SMM
Who else Cancer association of Malawi, UN women, UNFPA, malawi Health Equity Network (Lobby and Advocacy), Women group of parliament, CHAM

2. Non Govt. Organisations
Objective Resource pooling (awareness, implementation, training, up-scaling, purchase of resources and supplies, and provision of transport for out reach)
Partnership
Up-Scaling
Best fit Like minded organisations, Enough financial and material resources
Target Present to different NGO's in safe motherhood sub-committee team, mapping exercise to establish places of coverage and non coverage, plan of action and MoU
Engage Government

KENYA

1. NGO's

Goals/Objectives Awareness in 3 counties, Up-scaling, Increased up-take of screening, treatment services

Best Fit Well-packaged IEC materials, Presence of NGO's in different Geographical regions, Existing budget provision

Target Stakeholder mapping during TWG meeting (dec 2015)

Who else Focal person rep's from various NGO's, SOS rep's (PM and coordinator)

2. GOVERNMENT: COUNTY HEALTH OFFICES

Objectives Sustainability, Up-scaling, Training, Equipment and tools

Best fit Health facilities widely spread across counties, attract funding opportunities, already existing curriculum, HC's already have these tools of trade

Target Short term 2 county governments, MoU signing within the year (dec 2015), Long term: include one more county: Kisumu (march 2016)

Who else County Director Health, Reproductive health coordinator/officer, Programme Manager. National director

ZAMBIA

1. Government

Objective Ensure sustainability, sustainable implementation of SMM activities, continued coordination, monitoring and evaluation of SMM activities

Best fit Govt is a duty bearer, have resources for operations (human, infrastructure and financial), have wider coverage in the country

Target Clearance from IO in July 2015, present paper with the board (december 2015) Pamela Mwila

Who else FCF, Carlien

2. PEPFAR, CHAZ, BILL GATES (DONORS)

Objective To obtain funds for continuation of project

Best fit They are already funding similar projects, their focus is on Cervical cancer screening and treatment

Target Have the potential donor with this focus (august 2015)

Proposal writing with IPD Fiona and lunia (July 2015)

Who else Carlien FCF

GHANA

1. Govt. Special facilities

Objective to ensure un-interupted and efficient VIA See and treat services in selected facilities Provide supporting HR for training & M&E, Develop training guidelines & timelines, agree on roles by mid 2016

Corporates Provide funding for part or full cost for screening

Target Identify companies & provide necessary data ($ burden, screening data, cost) & discuss funding opportunities by mid 2016

Who else Media (awareness) & community (awareness and attendance)

Objective Establish 3 operating centers for VIA See and Treat by end 2016

Government/ Quasi govt.: Has space and HR, Engage MoH, Family health division & disease control unit (GHS), RHA, DMHTS & identify specific facilities & discuss area for collaboration by mid 2016

Who else Corporates (banks and mining companies):
Provide funds as part of their CSR, Identify specific banks and mining companies that can support, discuss with necessary data by mid 2016

FCF NL

1. Donors (SOS Donor countries)
Objective Access to funding & partnership for sustainability for SMM teams.
Want to reach that SMM is core business
Best fit Existing relationships, easily accessible for story telling, looking for good projects; stories to sell.
Target Facilitate & support the making of the story to tell, support 1 pitch per country at a SOS donor country in the coming year (need to be invited), joint realization of phase 2 for every SMM country.
Who else SOS NL, SOS international communications departments, SOS SMM Project management, SOS donor countries, Lex Peters

2. Stakeholders that make or influence policy
Objectives Cervical Cancer higher on the agenda/priority list, Buy-in and allocation of budget at national level.
Best fit Decision makers, Network, Power
Targets Be invited by every SmM country to have spoken with policy makers, become a member of international cervical cancer platforms, tell the SmM story (success story) to networks and potential partners, Visit and speak on summits
Who else Lex Peters and other experts (FCF, SmM, SOS)

ANNEX 8
EVALUATION OF THE WORKSHOP

(Scores: 1=bad, 5=good)

Item/score	1	2	3	4	5	TOTAL
Venue				2	12	**14**
Logistics			3	10		**13**
Facilitator				8	6	**14**
Topics				3	11	**14**
Time			1	9	4	**14**
Opportunity for exchange				4	10	**14**
Learning				8	6	**14**
Take away's			1	6	7	**14**

Comments

- So pleased and proud with the dedication of the teams/participants love to work together
- Great learning, interaction process with the teams
- Thank you all for your involvement & sharing openly ideas &experience
- A great eye opening session with lots to take back and work on, thank you
- Simplified evaluation process and lessons learned, best practices picked
- Lots to take away, many lessons learned from other SMM team, facilitator, lots of gratitude
- It was very easy to follow and not too complicated for a technical programme, well done to facilitators and all those implementing. It needs to go on
- It was a great learning and sharing time and I have a lot to take back and share with the rest of the SMM Gambia team thank you
- What a fruitful meeting and experience in learning &sharing
- Good planning went into organizing the meeting
- Great evaluation workshop! Good learning process!
- Great facilitation, enjoyed the group work, was good to know what each team in different countries were doing, great networking opportunity too thanks ! :-)