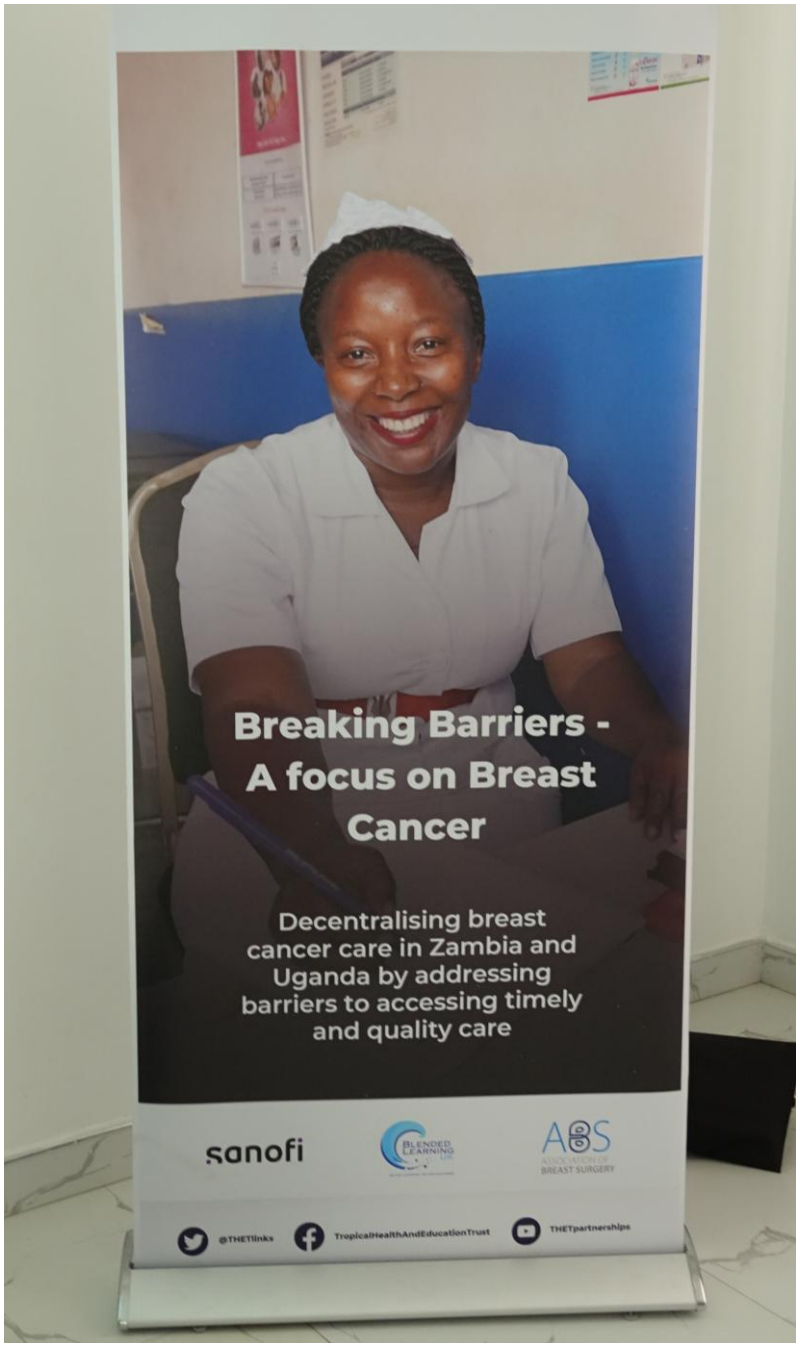
# A Focus on Breast Cancer Project: Introduction of the Proposed Training Program to the Ugandan and Zambian Teams for Feedback and Contextualisation

# Team Report

March 17th-21st 2025
FUNDED BY SANOFI
*Report by Ruth James*


Breaking Barriers -
A focus on Breast
Cancer
Decentralising breast
cancer care in Zambia and
Uganda by addressing
barriers to accessing timely
and quality care
sanofi
BLENDED LEARNING
BREAST SURGERY
@THETlinks
TropicalHealthAndEducationTrust
THETpartnerships

## Overview of the Project

The breast cancer care project titled ‘A Focus on Breast Cancer’, is a collaborative initiative led by Global Health Partners (formerly THET) in partnership with the Association of Breast Surgery (ABS) and Blended Learning UK (BLUK), with funding from Sanofi. The project focuses on addressing the disparities in breast cancer care in Zambia and Uganda, where women often face late diagnoses and limited access to timely treatment. By decentralising breast cancer care, the project aims to empower healthcare workers at the primary and community levels with the skills and knowledge needed to improve early detection, diagnosis, and management of breast cancer.

### Objectives

**Develop a Global Breast Cancer Training Package**: Create standardised tools and training materials tailored to the needs of primary and community health workers in low- and middle-income countries (LMICs).

**Strengthen Health Worker Capacity:** Train Master Trainers and support them in cascading knowledge to Primary Healthcare Workers (PHWs) and Community Health Workers (CHWs).

**Equip healthcare workers** to raise awareness, screen, diagnose, and manage breast cancer cases effectively.

**Enhance Community Awareness**: Promote early detection and self-examination through awareness campaigns integrated with existing community health structures.

**Support Healthcare Systems:** Collaborate with Ministries of Health to decentralise breast cancer care, aligning with national health strategies and priorities.

**Establish robust data collection systems** to track project outcomes and inform policy improvements.

### Implementation Approach

The project employs a phased approach:
**Phase 1** focuses on developing the training package with input from local and international experts, conducting baseline assessments, and establishing a technical oversight group.

**Phase 2** involves rolling out the training package through a cascade model, starting with Master Trainers, followed by training PHWs and CHWs in Uganda and Zambia.

### Expected Impact

Improved awareness and earlier detection of breast cancer.

Enhanced skills and knowledge among healthcare workers.

Strengthened referral systems and community engagement for breast cancer care.

Development of a sustainable, scalable training model for replication in other LMICs.

## Summary of the visit

### Purpose of the Visit

The visit was essential to the project in ensuring that the training package aligned with local needs and objectives. Aims included:-

- **Presentation of the draft curriculum, training package design and educational tools** to local teams for their feedback to ensure that the programme meets the stated need.

- **Discussion of underlying educational principles** to enhance project delivery and sustainability

- **Focus groups with Master Trainers and survivor groups** to ensure that the training package was contextualised and aligned with both national strategies and the priorities identified through patient experience.

- **Delivery of practical sessions in teaching CBE and BSE t**o test the training materials developed for the programme

**Visiting Team**

Professor Sue Down: Representative of Blended Learning UK (BLUK)

Miss Ruth James: Representative of the Association of Breast Surgery (ABS)

**Timeline**

**Departure from the UK:** Saturday, 15h March 2025.

**Uganda Visit:** Arrived in Entebbe, Uganda on Sunday, 16th March 2025.

Activities spanned from Monday, 17th March to Wednesday, 19th March 2025.

**Zambia Visit**: Arrived in Lusaka, Zambia on Thursday, 20th March 2025.

Activities continued from Thursday, 20th March to Friday, 21st March 2025.

**Departure from Zambia:** Saturday, 22nd March 2025 (delayed to Sunday, 23rd March).

**Key Activities**

The visit encompassed stakeholder engagement sessions, delivery of an overview of the training package and practical training sessions at the Ugandan Cancer Institute in Kampala and the Cancer Diseases Hospital in Lusaka. Highlights included:-

1. **Introduction to the training package for Master Trainers, TOTs (Uganda) and PHWs**

The curriculum, programme design and educational tools developed for the programme were presented to the Master Trainers and other groups. This was followed by focus group discussions to provide granular feedback.

2. **Practical training sessions for Master Trainers**

Small group training sessions were held with Master Trainers teaching CBE and BSE using videos and checklists designed for the programme. The format involved role play encompassing the teacher, trainee and observer roles with the observer providing structured feedback.

3. **Practical training sessions for TOTs delivered by Master Trainers and PHWs delivered by TOTs (Uganda) or direct training of PHWs by Master Trainers (Zambia)**

The Ugandan Master Trainers held practical small group sessions with TOTs who then cascaded the training to the PHW groups. This involved teaching BSE using the programme tools with volunteer patients and attendees acting as models. The Zambian Master Trainers held small group sessions for PHWs using volunteers from a cancer survivors group as models.

4. **Semi structured focus group sessions with survivor groups**

Survivors belonging to the UWOCASA and ZCS charities took part in structured focus groups providing vital information on patient experience and cultural beliefs. Their messages for health care workers and community members were recorded in short videos which for use as educational and awareness tools within the programme.

## 17th March 2025 (Monday)

## Day One - Master Trainers

**Locations:** UCI - Fred Hutch Cancer Centre, Kampala


**Overview**

The team, consisting of Professor Sue Down (BLUK) and Miss Ruth James (ABS), began official activities in Uganda on Monday 17th March having arrived in Entebbe at 22.50 on Sunday 16th March . They were joined by Vincent Kalungi and Sheila Aryatua representing GHP. The day commenced with a meeting with the Master Trainers and TOTs. The TOT group held a separate session in order conduct a review of written educational material. This informed a presentation providing detailed feedback on Day 2. Dr Alfred Jatho, Head of Cancer Community Services at UCI, gave a presentation on the project need. The Master Trainers were then given an overview of the project, the curriculum content, module design and underlying educational principles. This was followed by focus group discussions designed to provide local context and structured feedback. The day concluded with training on how to run a practical skills workshop followed by a focus group session on decentralisation.

**Activities conducted**

**<u>Session 1</u>**

**Lecture 1. Project aims presentation - Dr Alfred Jatho**


Dr Jatho presented the breast cancer burden for Uganda in the context of other cancer sites and by region. This was followed by a detailed presentation of modifiable and non modifiable risk factors according to their evidence base (strong vs limited) and their impact in pre and post menopausal women. The mechanisms for the effects of healthy diet, physical activity and lactation in reducing cancer risk and increased alcohol intake in increasing risk were outlined. The need for a new decentralised approach to improve breast cancer outcomes was presented along with an outline of the programme, the time line and project roles.

**Key Insights**

- Breast cancer is the second most commonly diagnosed female cancer in Uganda, after cervical cancer, and continues to exhibit an exponential rise in incidence.

- The estimated five-year survival rate from breast cancer in Uganda is approximately 46%, contrasting sharply with high-income countries where survival is above 90%

- In Uganda, health system factors such as low cancer health literacy, limited access to adequate screening and delayed and inadequate diagnostic services leading to advanced stage cancer presentation contribute to the poor survival rate.

**Lecture 2. Project design presentation - Prof Sue Down**

Prof Down introduced the organisations comprising the technical partnership (ABS and BLUK) and outlined their role in delivering a generic Global Breast Cancer Training Program to address the educational needs of the project. Progress was charted through a review of what had been achieved so far. A proposed timeline was presented with a view to completing the implementation of the training program prior to Breast Cancer Awareness events in October.

The cascade structure of the training program was reviewed and the broad training aims for each group was outlined:

- Master Trainers to be trained in mentorship and the implementation of the training package
- PHWs to be trained in skills for early diagnosis and referral, basic management and patient support
- VHTs to be trained in teaching BSE, raising community awareness, referral pathways and patient support.

The aims of the visit were outlined as follows:-

•To conduct focus group discussions to define decentralisation of breast cancer care and understand specific training needs
•To facilitate practical sessions to optimise face to face training for PHWs and VHTs
•To liaise with cancer survivor groups to identify and address local barriers to early breast cancer diagnosis
•To gather information on local contextualisation to finalise the project materials

**Lecture 3. Needs Analysis presentation - Prof Sue Down**

**Master Trainers (27 responses from Uganda and Zambia)**

- Majority doctors, nurses or health educators with wide experience across MDT specialities

- Half had training as educators and 85% had experience as mentors

**Primary Health Workers (102 responses from Zambia, Kenya, Ethiopia and Tanzania)**

No results have been received from Uganda to date due to the need for ethics approval to be completed.

- More than half of respondents had been trained in breast cancer, screening and diagnosis
- One third had received training in how to train others and just under half had had some training in leadership and mentorship
- They were confident in all aspects of breast cancer knowledge and skills apart from biopsy and ultrasound
- They wanted training in all aspects of breast cancer knowledge and skills including biopsy and ultrasound
- They were comfortable with a wide range of learning approaches, including on line, face to face, group discussion and practical experience with a tendency to prefer to be able to organise their own study time

**Lecture 4. Curriculum Overview presentation - Miss Ruth James**

The learning objectives specific to Master Trainers, PHWs and VHTs were presented followed by a more detailed description of the curriculum divided into 6 domains:-

- Domain 1: Reducing risk and promoting early presentation
- Domain 2: Core knowledge and skills
- Domain 3: Referral pathways and documentation
- Domain 4: Educational skills
- Domain 5: Mentorship and leadership skills
- Domain 6: Evaluation and implementation

**Lecture 5. Project Materials - Prof Sue Down**

The educational framework was outlined for each group. This involved blended learning for the Master Trainer group and for the PHWs in the intervention arm of the study. The remaining PHWs will have face to face training in conjunction with a handbook. VHT training will be face to face using resources collated into a VHT handbook.

A sample module from the Master Trainers on line  training package was presented along with a timeline and the planned assessment tools.

Checklists for structured training and assessment in Clinical Breast Examination and Breast Self Examination were presented for discussion. PHW and VHT learning evaluation forms and a trainer - peer feedback tool were also presented.

**Lecture 6. Giving and Receiving Feedback - Miss Ruth James**

The importance of feedback, as a means of facilitating learning and evaluating the programme, was presented. A structure for giving feedback was introduced with an emphasis on encouraging reflection and providing both support and challenge. The need to model how to receive feedback was also discussed.

**Key insights**

- The proposed curriculum, project design and materials were well received.
- The need for precision and understanding of context in the use of terms was raised. It was pointed out that ‘mentor’ and ‘mentee’ may be unfamiliar terms. The use of ‘supervisor’ is more familiar but can have negative connotations. The terms PHW and CHW are not used in Uganda.
- Time management could be an issue in embarking on a self directed programme of learning.
- The feedback model was well received but it was pointed out that, despite a simple structure, this involved high level concepts which it may be difficult for PHWs to grasp given their level of education and experience.

**Proposed Action**

- The curriculum and course content will be reviewed to ensure that terms are clear. These will be contextualised for each of the pilot countries.
- The time requirements and expectations for the course will be clearly described.
- The feedback model will be adapted to make it suitable for use at PHW level

**<u>Session 2</u>**

**1. Focus group: key areas for project delivery**

The Master Trainers were divided into 4 groups of 2 or 3 and asked to discuss a list of questions exploring their allocated topic. The group then reconvened. A representative of each breakaway group presented the points raised from their discussion which were then opened up to the wider group.

- Group 1: Breast cancer context and interventions.
- Group 2: Mentoring - how can the role be used to support the programme and key challenges.
- Group 3: The role of PHWs in delivering the programme, their main challenges and required skills.
- Group 4: The role of VHTs in delivering the programme, their main challenges and required skills.

**Key insights**

- Key challenges include lack of knowledge amongst healthcare workers, lack of awareness in the community, lack of trained personnel, lack of resources required for early diagnosis and lack of referral pathways.
- The training programme needs to be comprehensive in its focus on diagnosis and presentation.
- To succeed the training programme should be integrated with other programmes.
- Challenges to mentorship include time pressure, cultural differences between cadres and the degree of incentivisation. VHTs may share the same beliefs and misconceptions as their communities and this will need to be addressed by PHWs.

- Challenges for PHWs include lack of diagnostic resources in lower level health centres and lack of IEC materials.
- PHWs are the first point of contact with the health service. Key skills include communication and counselling skills and knowledge of benign and malignant presentations.
- Key skills for VHTs include the ability to raise awareness, educate community members and teach BSE. The training programme should focus on developing these key skills and providing IEC materials and knowledge of local referral pathways. For success, the programme should be supported.

**Proposed action**

- The curriculum and course content to be adjusted according to the recommendations raised during the discussion
- IEC materials suitable for use at PHW and VHT level to be produced as part of course materials.

**2. Focus groups: Curriculum design**

- Group 1: Domain 1 - Reducing risk and promoting early presentation
- Group 2: Domain 2 - Core knowledge and skills
- Group 3: Domain 4 - Educational skills
- Group 4: Domain 5 - Mentorship and leadership skills

**Key insights**

- Initiatives exist to address modifiable risk factors but further awareness is needed.

- Key areas of skills and knowledge for the PHW group include the ability to recognise the signs of breast cancer, to be able to support patients, to initiate appropriate follow up and the ability to address myths
- The curriculum as presented is appropriate - nothing to add or remove.
- The educational approaches most likely to achieve success in the PHW group include a blend of theory and practical training, an on line mentoring component, remote MDT support and the use of bidirectional feedback.
- Master Trainers have existing educational networks whereas PHWs do not.
- For the concept of mentorship to be successfully adopted at PHW level there need to be clear definitions and boundaries and a framework.

**Proposed action:**

- Curriculum content to be weighted towards the priorities for training identified in the discussion.
- Opportunities for developing educational networks for PHWs to be explored.
- The concept of mentorship to be presented in a clear and accessible form for the PHW group

**Lecture 7. Running an Effective Training Session - Prof Sue Down**

This lecture provided a structure for practical skills training based on 6 ‘E’s’:-

- **Engagement**: including pre course materials and organisation
- **Environment**: providing an appropriate learning environment and resources eg models
- **Ethos**: communicating clear goals and outcomes
- **Effectiveness**: ensuring that the structure and materials are appropriate for learning
- **Evaluation**: assessing knowledge gained and the effectiveness of teaching
- **Evolution**: review of feedback and appropriate course modification

**Skills training: Experiential learning - Prof Sue Down**

The framework for a practical training session on how to teach a colleague to perform BSE was outlined. This included rotation of the role of trainer, trainee and observer. The trainer was asked to use a structured checklist for training. The observer was asked to provide structured feedback using a peer evaluation tool.

**Presentation of bespoke tools for training in CBE/BSE - Miss Ruth James**

- CBE video demonstration
- CBE checklist
- Teaching BSE video demonstration (doctor instructing patient)
- Teaching BSE video demonstration (patient instructing peers)
- BSE checklist

**Key insights**

- The videos and checklists were held to be useful tools for training
- Detailed feedback was provided on additions and amendments to be made to the videos

**Proposed action**

- All 3 videos to be amended as discussed

**3. Focus Group Discussion: Decentralisation**

**Key insights**

- Start at community level with VHTs trained to increase breast awareness.
- PHWs should all be competent at CBE and be able to triage patients for referral for core biopsy and USS.
- Diagnostic facilities start at Health Centre level 4 - VHTs and PHWs should refer people with suspicious symptoms directly to level 4.
- The high turn over of PHWs at different centres means that the skill mix may change so referral pathways will need frequent updating.
- 'Integration' is an important approach as it ties CBE to other examinations and encourages them to become habitual.
- On line learning is useful to enable learning in your own time.

**Proposed action**

- The curriculum and course content to be adjusted according to the recommendations raised during the discussion

**End of day**

## 18th March 2025 (Tuesday)

## Day Two- Trainers of Trainers (TOTs)

**Overview**

The day commenced with a presentation from the TOTs on their review of written materials. The group then divided into a Master Trainer practical session giving the opportunity to practice the clinical skills training model outlined on day 1 and a TOTs group. The TOTs group were given an overview of the project, the curriculum content, module design and underlying educational principles as given to the Master Trainers on Day 1. This was followed by a practical session led by Master Trainers in which they used the training materials and model provided to train the TOTss group in BSE using volunteers as subjects. The TOT's then used the same model to teach a group of PHWs. The final activity of the day was a feedback session and course evaluation. The team were joined by Dr Sheba Gitta, Vincent Kalungi and Sheila Aryatuha representing GHP.

**Activities conducted**

**<u>Session 1</u>**

**Trainer of Trainers evaluation of written materials**

The TOT group were asked to evaluate 4 handbooks: 'VHT Breast Training Manual Uganda', 'Breast Cancer Information, Education and Communication Booklet for Health Workers UCI', 'Breast Cancer Control, Master Trainers Manual CDH' and the South African 'Breast Care' handbook.

They were asked to use the written material as a basis for recommendations for course material.

**Key insights**

- Male breast cancer and the symptoms of advanced cancer should be included in course material.
- Information on staging classifications should be clearly described.
- Side effects of treatment should be demystified and clearly explained
- Palliative treatments should be included.
- Risk factors should be grouped as modifiable and non modifiable (including gene mutations) and preventative measures should be presented in a clear and accessible form.
- The South African ‘Breast Care’ handbook was felt to be the most useful as it contained the most detail but in a simplified form and used common case based scenarios.

**Proposed action**

- The evaluation will be used to guide the structure and content of the bespoke written materials for the course.

Session 2

**Clinical Skills session - Master Trainers (self directed)**

This involved splitting into groups of 3 and practicing the experiential skills format of training to teach BSE (Trainer-Trainee-Observor roles). This enabled the Master Trainers to familiarise themselves with the checklist and feedback tools before the TOT training session the following day.

**Project overview - TOTs**

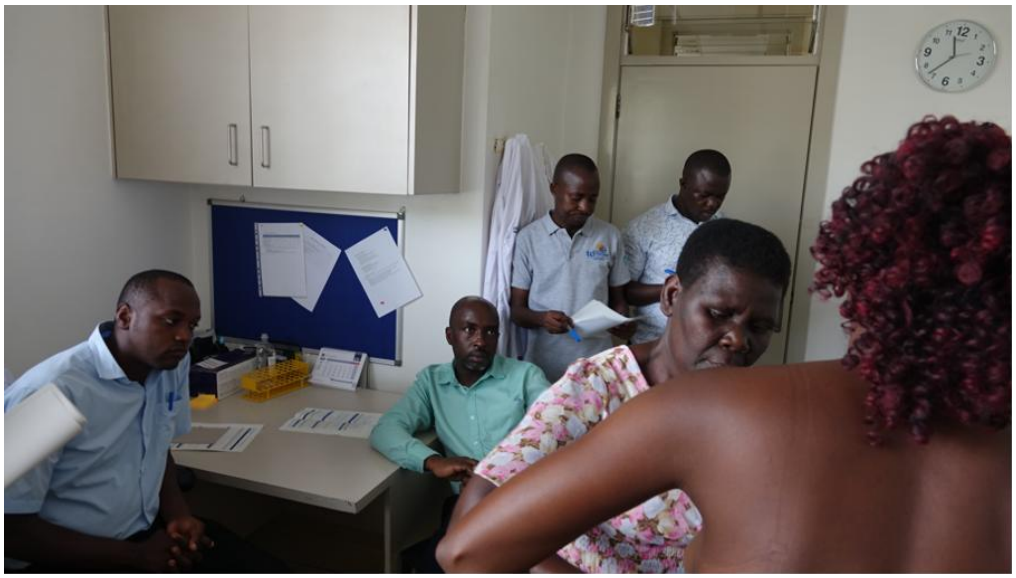
Lectures were repeated from the previous day.

Lecture 1. **Project aims** presentation - Dr Alfred Jatho
Lecture 2. **Project design** presentation - Prof Sue Down
Lecture 3. **Needs Analysis** presentation - Prof Sue Down
Lecture 4. **Curriculum Overview** presentation - Miss Ruth James
Lecture 5. **Project Materials** - Prof Sue Down
Lecture 6. **Giving and Receiving Feedback** - Miss Ruth James

Session 3

**Training of TOTs in clinical skills teaching by MTs**


The session was lead by Dr James Kafeero, Medical Officer in Surgery and Cancer Community Services at UCI with an introduction to CBE and BSE. Videos illustrating CBE and BSE could also be viewed. The larger group was divided up for small group teaching with 2 Master trainers in the Trainer and Observor roles and 3 or 4 TOTs. Training took place in clinic rooms using patient volunteers and was followed by a brief evaluation session.



Session 4

**Training of PHWs in clinical skills by ToTs- practice session**

This followed the same format as the previous session but with the initial introductory session lead by one of the TOTs.

**Course Feedback**

Detailed feedback was obtained for the lectures and practical sessions This is presented in combination with the Zambian feedback at the end of the report.

**Key insights**

- The lectures on planning a training session and feedback were found to be particularly informative
- The training model utilising checklists for structured training and assessment and for feedback were well received

**End of Day**

## 19th March 2025 (Wednesday)

## Day Three - Survivor Group Interviews


## Overview

The team, consisting of Prof Down, Miss James, Dr Jatho and Sheila Aryatuha (representing GHP) met Gertrude Nakkigudde, CEO of the Ugandan Womens' Cancer Support Organisation (UWOCASA) at the charity's offices at the St. Paul Complex Holy Trinity Catholic Church, Kamwokya Parish in Kampala. The aim of the visit was to meet survivors and gain insight into patient experience in Uganda. Key areas for exploration included additions to the training programme that could improve the patient journey and the most impactful approaches for raising community awareness.

UWOCSA is a national organisation with a network of survivors in every region. They hold annual training events which train their members to teach BSE. They hold quarterly meetings with at least 120 attending. The discussions are very wide ranging and empowering. They also hold events in the community and teach BSE using their own posters.

Charity members work with local hospitals who invite survivors to meet newly diagnosed patients in the hospital setting. They are able to provide support and advice to patients while the clinic nurses deliver treatments. They then visit the woman at her home. They can arrange transport, give advice by telephone and provide psychological support. They can give information about hair loss and reassure women that it will grow back. Wigs can be provided by the charity. People donate their own hair which is used by a wig maker connected to the charity. Survivors can be trained to make wigs and to make mastectomy bras and pillows. Lymphoedema sleeves are donated from abroad and distributed by the charity. They raise awareness in schools, churches, womens' groups, health facilities, maternity clinics, universities, corporate institutions and banks. The charity is partnered with the community programme at the Ugandan Cancer Institute. They attend talks with an expert who talks about cancer biology and gives other medical information. The survivors share their experiences and talk about stigma, social issues, beliefs and fears. In Uganda, they are the main group to provide information and support to women with breast cancer.

## Survivor Focus Group session

Prof Down and Miss James held a structured focus group session with four volunteers from UWOCASA; Joyce, Josephine, Elisabeth and Caroline. Videos of each survivor giving a brief statement aimed at PHWs and members of the community were recorded for use in IEC materials.

**Key insights**

- Cancer is not openly discussed contributing to lack of awareness, myths and fear
- Survivors need to be visible in society as they convey a powerful message that breast cancer can be treated and cured - 'seeing is believing'
- Training health professionals to communicate clearly and with empathy is very important
- Psychosocial support and provision of information on treatment plans and the management of side effects would help patients to complete their treatment.
- Posters or videos involving survivors with images only or brief messages are most impactful in raising awareness.

**Proposed action**

- Adaptation of the curriculum to include more weight on communication skills, information provision and psychosocial support
- Development of IEC material using survivor stories and messages

## 20th March 2025 (Thursday)

## Day Four - Master Trainers

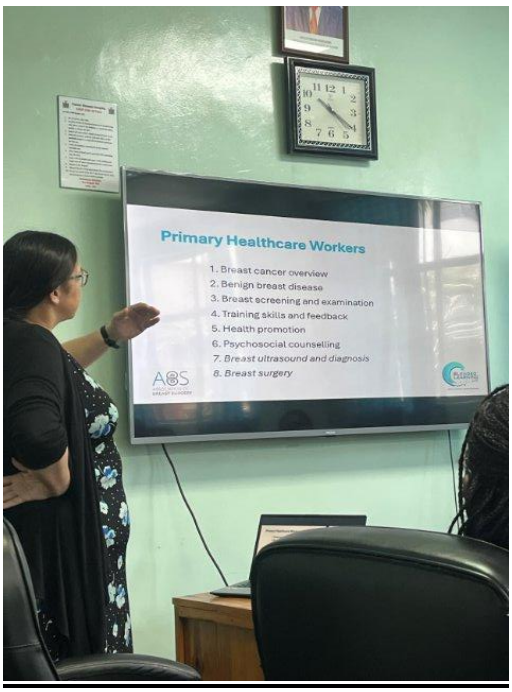
**Venue: Zambia: CDH, Lusaka**


**Overview**

Professor Down and Miss James began official activities in Zambia on Thursday 20th March having arrived in Lusaka at 23.45 on Wednesday 19th March . They were joined by Ndekeela Mwamba and Sheena Millapo representing GHP. The day commenced with meeting the Master Trainers. The Master Trainers were given an overview of the project, the curriculum content, module design and underlying educational principles. The group then received a presentation by Dr Kabisa Mwala on the project need. This was followed by focus group discussions designed to provide local context and structured feedback. The day concluded with training in how to run a practical skills workshop.

**Activities conducted**

**<u>Session 1</u>**




Lecture 1. **Project design** presentation - Prof Sue Down
Lecture 2. **Needs Analysis** presentation - Prof Sue Down
Lecture 3. **Curriculum Overview** presentation - Miss Ruth James
Lecture 4. **Project Materials** - Prof Sue Down
Lecture 5. **Giving and Receiving Feedback** - Miss Ruth James


**Key insights**

- The project was felt to be ambitious but the curriculum structure and proposed educational delivery were well received

**Proposed action**

- Further information to be obtained from focus group to contextualise and refine course material

**Session 2**

**1. Focus group: key areas for project delivery**

The Master Trainers were divided into 4 groups of 2 or 3 and asked to discuss a list of questions exploring their allocated topic. The group then reconvened. A representative of each breakaway group presented the points raised from their discussion which were then opened up to the wider group.

- Group 1: Breast cancer context and interventions.
- Group 2: Mentoring - how this can be used to support the programme and key challenges.
- Group 3: The role of PHWs in delivering the programme, their main challenges and required skills.
- Group 4: The role of VHTs in delivering the programme, their main challenges and required skills.


**Key Insights**

- The key factor in determining outcome is the point in the health care system at which a diagnosis is achieved and the stage at diagnosis
- There is poor knowledge and understanding amongst health care workers at all levels.
- For success the program should focus on presentation from the home to the first point of medical contact and on stakeholder collaboration.
- Navigation is essential for directing people to the right service to make the diagnosis.
- Careful selection of PHWs is key
- The biggest challenges faced in mentoring the PHW group include adapting knowledge to the correct level, differences in ethnic group and language and resistance to new ideas. Ideally PHWs would be paired with CHWs from the same ethnic and language group.
- PHWs are not clearly defined as a group. They need to be able to perform CBE, make a diagnosis and make a good referral. Patient navigation skills and clear referral pathways are key.
- Cadre selection is very important. Core biopsy skills are key but they require guidelines and standards. A lot of people do incision biopsies because they lack consumables. Careful selection is important for continuity and sustainability. PHWs need to be interested, motivated and committed to the process. How do you stir interest? Some people will see it as a burden and additional work. Could the role be incentivised at some point?
- Linking stakeholders, including PHWs, policy makers, chiefs and the community, with the programme is key to it's success
- The greatest challenges for CHWs include cultural and religious beliefs, low educational attainment (unable to translate leaflets) and the need for financial support to cover costs.
- CHWs require skills in early detection , knowledge of breast cancer symptoms, BSE, the difference between normal and benign symptoms and referral pathways. They need to know which health centre to send the patient to to make the diagnosis.
- CHWs could be incentivised through provision of motivational support, financial support and provision of basic materials with pictures rather than words.
- On World Cancer Day all cancers are talked about and it would be possible to integrate breast cancer screening/diagnosis into other existing programmes. Breast cancer could be partnered with cervical cancer screening. The national co ordinator for cervical cancer screening is based in CDH. Men could have opportunistic CBE when attending ARV clinics.
- There is already an existing network for training PHWs. It has a formal curriculum and is run from CDH on a monthly basis. It uses case based presentations and pre- post- tests on line. MOH uses the Echo platform for HIV/TB training. Echo is a live webinar platform. CDH has a carrier app based on this. WCEA is used by some programmes in Zambia

**Proposed Action**

- The curriculum and course content to be adjusted according to the recommendations raised during the discussion
- Development of IEC materials for the CHW group as outlined
- Explore the use of existing platforms and networks in program delivery.

**2. Focus groups: Curriculum design**

- Group 1: Domain 1 - Reducing risk and promoting early presentation
- Group 2: Domain 2 - Core knowledge and skills
- Group 3: Domain 4 - Educational skills
- Group 4: Domain 5 - Mentorship and leadership skills

**Key Insights**

- There are some initiatives aimed at general health promotion. The main barriers include low risk perception, accessibility challenges, lack of awareness and cost. Uptake could be improved through awareness campaigns and clear communication about risk factors.
- Key additions to the curriculum include linkage to survivors, early referral to a centre most able to make a diagnosis, benign conditions, side effects of treatment and palliative care.
- To ensure the success of the program there is a requirement for ongoing mentorship and refresher training.
- The most effective way of training PHWs would involve mentorship and coaching and a blended learning approach consisting of face to face and on line training. The face to face component could be focused around lectures, group discussion and practical training. Audio/visual material would be a helpful medium.
- Structured training through checklists and the development of assessment tools would be useful

**Proposed Action**

- Advocate for the use of survivors in training delivery as well as raising awareness
- The curriculum and course content to be adjusted according to the recommendations raised during the discussion

**Session 3**

**Lecture: Epidemiology of Breast Cancer in Sub Saharan Africa - Dr Kabisa Mwala**

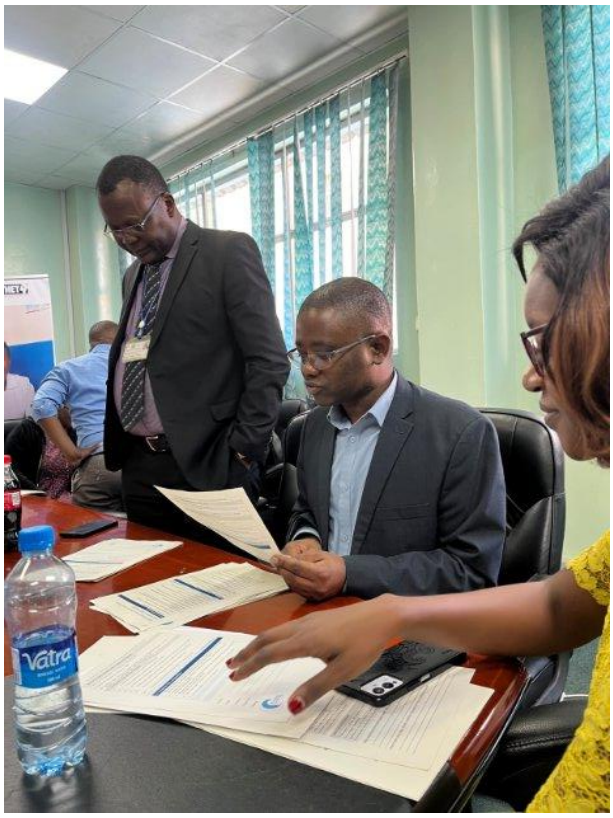

**Key Insights**

- Breast cancer is recognised as an area that demands complex preventative approaches and drains health resources.
- In Zambia, the most recent annual incidence figures are 15,296 cases with a mortality of 9770 (Global Cancer Observatory). They are likely to be higher than this in practice given the difficulty in data collection. CDH data shows around 260 breast cancers per year increasing to 356 in 2024. It is one of the top 10 cancers treated at CDH. The age distribution is wide with an average age of 45 and around half under the age of 50.
- In LMICs, only 4 out of 10 patients survive breast cancer (9 out of 10 in LMICs. In Zambia 70% are diagnosed at stage 3 or 4 and the mortality is 50% at 3-5 years. The use of CTs for staging has increased the pick up rate for metastasis.
- Breast cancer diagnosis at 60 days could be achievable given the infrastructure that is already in place and what has been projected.
- Key goals include decreased time to diagnosis, increased awareness and improved survival.
- Developing standards and guidelines to ensure quality in service provision is key.

<u>Session 4</u>

**Presentation of bespoke tools for training in CBE/BSE - Miss Ruth James**

- CBE video demonstration
- CBE checklist
- Teaching BSE video demonstration (doctor instructing patient)
- Teaching BSE video demonstration (patient instructing peers)
- BSE checklist




**Key insights**

- Videos were thought to be useful for training purposes
- Detailed feedback was given for amendment of the videos.
- The importance of gender sensitivity and the need to signpost the need for male health care workers to have a chaperone was flagged

## Proposed action

- Revision of the videos as indicated.

**Clinical Skills session - Master Trainers**

This involved splitting into groups of 3 and practicing the experiential skills format of training to teach BSE (Trainer-Trainee-Observor roles). This enabled the Master Trainers to familiarise themselves with the checklist and feedback tools before the TOT training session the following day.

**End of Day**

## 21st March 2025 (Friday)

**Venue: Zambia: Conference Centre, Lusaka**

**Overview**

The day involved an introductory session for PHWs giving a brief overview of the practical training session and introducing the principles of feedback. Jennipher Kombe Mulonda, Chief Nursing Officer at CDH, led the session and introduced the training videos. The Master Trainers then ran small group clinical skills sessions training PHWs to carry out BSE using the checklist and feedback tools and a breast model. Each group consisted of 2 Master Trainers and 3 or 4 PHWs with a survivor volunteer acting as a patient. The group reconvened for feedback and further discussion. The day concluded with survivor interviews.

## Session 1

Lecture 1: **Project introduction** - Prof Down

Lecture 2: **How to plan a training session** - Prof Down

Lecture 3: **Giving and receiving feedback**- Ruth James

## Session 2

### Training of PHWs in clinical skills by MTs- practice session

**Key insights**

- The structure of the training session and tools provided were well received.
- The survivors took an active role in the training session and their involvement was much appreciated by the PHWs.

**Proposed Action**

- Advocate for survivor volunteers to be used to provide further training in both communication and clinical examination skills.

## Session 3

### Final discussion

The two days of training and discussion were reviewed.

### Key insights

- The project is based on the National Cancer Strategy plan. The cervical screening programme will be expanded to include breast screening. The aim is early diagnosis at PHW level with provision for additional resources. For CDH there will be investment in radiology and a new regional cancer centre. There has been some core biopsy training but it needs to be done on a larger scale.
- There were concerns about ensuring that pathology services could meet demand but it was agreed that the aim of targeting 400,000 people for screening was ambitious but politically important.

The Master Trainers met as a separate group after the conclusion of the training session to discuss the way forward.

**Session 4**

## Survivor Focus Group session

Prof Down and Miss James held a structured focus group session with four volunteers from the Zambian Cancer Society: Felicity, Patience, Chola and Boaz. Chola and Boaz are male breast cancer survivors. Videos of each survivor giving a brief statement aimed at PHWs and members of the community were recorded for use in IEC materials.

## Zambian Cancer Society

ZCS is an NGO focusing on awareness for all types of cancer. All of those interviewed were members. They had a lot of support from the group and carried out public speaking on breast awareness in schools and other centres, on the radio and on television.

## Key insights

- The group believed that all media should be used for raising breast awareness. Radio is particularly good for reach as it can be accessed by remote communities. The group agreed that schools were important in the long term for bridging the information gap and it would be important for breast cancer awareness to be part of the school curriculum.

- Patience has seen Felicity on television at the time of her diagnosis and it was very impactful for her to see a survivor. This encouraged her to keep going and have her treatment.

- Boaz and Chola spoke about their feeling of isolation as men with breast cancer. They strongly advocated for inclusion.

- Boaz suggested having one day for male breast cancer as part of October breast cancer awareness month.

- All of the group felt that psychosocial support has been lacking throughout their cancer journey and follow up.

**Proposed action**

- IEC tools utilising survivor experience to be developed.
- Involve survivors in educating PHWs.
- Include GESI principles at all levels in the training programme.

**End of Day**

## Feedback from the Course Evaluation

### 1. Feedback from participants in the PHW skills workshop

28 respondents

Self rated abilities in performing and teaching CBE and BSE increased following the training event

Confidence levels were initially neutral (0) and increased to 75% after the training event

Overall satisfaction with trainers knowledge, use of videos, role play, equipment and models, session timing, checklists and peer evaluation tool was high.

Overall satisfaction with the event was rated as 4.88 out of 5.

### Reflections on feedback

- Training was hampered at the conference centre by lack of breakout rooms and privacy.
- It was not possible for the team to source the requested patient models.
- Short duration of time available
- Written materials will be provided for future training activities planned within the program.

### 2. Feedback from all participants at Global Breast Cancer Training event

47 respondents

85% were satisfied or very satisfied with the knowledge gained from the course

98% felt that they had achieved their desired learning outcomes

The average rating for the instructors overall teaching performance was 9.26 out of 10.

98% felt that the learning activities were effective or very effective.

### Was anything done well?

- Practical sessions, checklists and videos were highly commended
- Participants found the interactive nature of the sessions engaging
- The focus group sessions and interaction with colleagues were praised
- The structure of training and preparation were valued.

### What could be improved?

- More time for practical sessions
- More clarity on the role of mentorship
- The materials used need to be shared
- Time keeping
- The videos could be improved

- Provision of reference material such as the curriculum to facilitate the focus group discussions
- Contextualisation of the materials

**Reflections and Learning from the visit**

The visit provided valuable feedback which will be essential for the optimisation of the program curriculum and ensuring that educational materials are contextualised for each country

The workshops were challenging due to local restraints with models and rooms. This helped us to understand the need for a flexible and innovative approach in delivering practical skills training.

Our meeting with survivor groups helped us to recognise the impact of survivor stories and experiences on members of the community and on health workers. We will advocate for their inclusion as educators in the health worker training program as well as at the fore front of raising awareness of breast cancer and the need for early detection in the community.