Building programs and strategies through data
1

What is a situation analysis?
What is a situation analysis?

• Assessment of the current health situation

• A tool widely used in the global health community to identify strengths, uncover weaknesses, and prioritize solutions for systems strengthening.
What might include?

- Demography, epidemiology, disease burden.
- Health system resources (health services, human resources, information systems).
- Social determinants of health.
- Journey of the patient, including motivators and demotivators influencing a woman’s entry and exit from the COC, moving from screening to diagnosis, treatment and beyond.
- Behavioral influencers.
- Stakeholder positions.
Why?

Smart programs

- Evidence-based
- Respond to local needs
- Collaborative
- Use existing platforms
- Innovative
Leveraging situation analyses

- Inform your program development
- Identify the most appropriate investments
- Priority setting
- Empower civil society
- Building capacity for change
- Transparency
- Can help patients/health providers navigate the system
- Helps to tell your story
- Connects with the right people
Data Collection Strategies
Mixed methods approach

- Surveys / Polls
- Review of incidence and mortality data
- Focus Groups
- Interviews
- Reports
- Face to face / One on one
Komen’s Situation Analysis
9 situation analyses
A Comprehensive Assessment of Breast and Cervical Cancer Control in Zambia

To assess the status of breast and cervical cancer control services in Zambia at the provincial level, and provide critical information for public policy and planning.

The report highlights areas where programming should be initiated, modified, and/or expanded to reduce breast and cervical cancer death rates.
### Distribution of Health Workforce Trained to Provide Breast Cancer Services

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<th>Province</th>
<th>Employed</th>
<th>Trained in CBE</th>
<th>Provide CBE</th>
<th>Employed</th>
<th>Trained in CBE</th>
<th>Provide CBE</th>
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**Nurses**

**General Medical Officers**
Breast Cancer Screening, Diagnosis, and Treatment Services at 11 Provincial, Tertiary, and Specialty Hospitals
Recommendations for improvement of women’s cancer control services

- Establishing a national women’s cancer control coordinating center
- Intensifying breast and cervical cancer public awareness campaigns
- Transitioning from opportunistic to population-based cervical cancer screening
- Applying for GAVI-supported HPV vaccines
- Selecting and implementing a setting-appropriate model for breast cancer control
- Supplementing existing pathology services through private sector collaborations
- Implementation of a national tele-pathology platform
- Initiating training programs at the provincial level for early detection and treatment
- Developing innovative financing approaches to improve sustainability
BARRERAS Y OPORTUNIDADES en la atención de salud en MUJERES CON CÁNCER DE MAMA de la ciudad de Panamá AÑO 2012

Estudio cualitativo, descriptivo para investigar barreras y oportunidades en la atención de salud de cáncer de mama en mujeres de las provincias de Chiriquí, Herrera, Los Santos, Veraguas y en mujeres indígenas de Panamá. Año 2014.
http://gestionsocialpanama.com/2012BCreport/
Rural and indigenous communities

- 113 women (73 living in rural settings; 40 living in indigenous communities)
- 53 stakeholders (health care professionals; policy makers)
MONTERREY

- Diagnosis of the available infrastructure
- Pathways that breast cancer patients go through from the first symptoms or abnormal screening tests until the end of treatment
Lupita: Uninsured patient at HM and HU

Symptom discovery: Through BSE breast lump.

Patient interval: 7 days
Diagnosis interval: 5 months
Treatment interval: 4 days

**Barriers**

- Symptom concealment
- Medical incompetence
- Financial support

**Facilitators**

- Health Center: Doctor refused to examine her, "you are too young to have cancer."
- Medical incompetence
- Information

1st BSE of her life. (She saw it on a TV show and did it)

"I concealed my symptom for a while because I was afraid to lose my breast and be bald."

"I was so excited that I was telling everyone in the family I don't have cancer. A nurse overheard me and recommended that I be certain I should have the entire lump removed."

"It was horrible... I wanted to die. I did not want to have the surgery..."

"I would not accept the mastectomy, so the doctor called in my mother and she convinced me to have the surgery for my children. The doctor said he would try a quadriaximum instead of the mastectomy."

**Access support:** Enrollment in FPGC.

**Consultation:** With private gynecologist. MD requests biopsy. He refers her to HM because the patient has no money to pay for the biopsy in private care.

**Information for access:**

- Information
- Medical error
- Information

**Emotional and decision support:**

- HM Biopsy result: adipose tissue.
- HM: Exclusion biopsy.
- HM: Exclusion biopsy results: cancer.

**HM: Quadrantectomy + Sentinel Node Biopsy.**

**Access support:** Enrollment in FPGC.

**HU:** Trastuzumab + Tamoxifen

**HU:** Radiotherapy

**HU:** Chemo + Trastuzumab every 21 days.

**HU:** 1st Oncologist consultation. Plan: Chemotherapy + Radiotherapy + Trastuzumab.
OUTCOMES

• 787 women and 175 health professionals contributed to 7 situation analyses in Latin America (6), Africa (1)
• 45 recommendations
• 20+ projects supported by Komen have responded to the recommendations
THANK YOU
acabanes@komen.org

http://ww5.komen.org/GrantsCentral/InternationalGrants/GranteeResources/GranteeResources.html