Close-Out Report

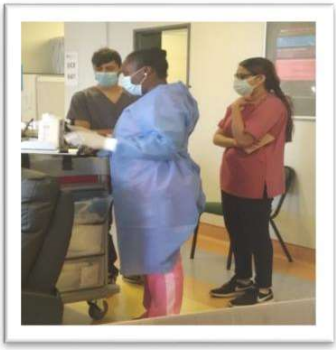
Project Name: Soweto Comprehensive Cancer Centre

Partner Name: Soweto Comprehensive Cancer Centre

Country: South Africa

Project Implementation Period: **Start** (06/30/2020) and **End** (05/31/2023)

Reporting period: **Start** (05/01/2020) and **End** (02/29/2024)



PROJECT TEAM

- Dr Merika Tsitsi (PI)
- Dr Mpho Ratshikana (Co-Pi)
- Sr Tebogo Mpande (Project Manager)
- Mr Sabelo Msomi (M&E Manager)

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

BMSF	Bristol Myers Squibb Foundation
C4C	Campaigning for Cancer
CMJAH	Charlotte Maxeke Johannesburg Academic Hospital
CHBAH	Chris Hani Baragwanath Academic Hospital
CHC	Community Health Centre
DQA	Data Quality Audits
EBUS	Endobronchial Ultrasound Bronchoscopy
M&E	Monitoring and Evaluation
MDT	Multi-Disciplinary Team
NDoH	National Department of Health
PHC	Primary Health Care
SoPs	Standard Operating Procedures
WHC	Wits Health Consortium (Pty) Ltd
Wits	University of Witwatersrand

EXECUTIVE SUMMARY

- **Brief introduction**

This is close-out report and continuation of the last report submitted in December 2023.SCCC was established to address the challenges of limited cancer access for adult patients with solid tumours at Chris Hani Baragwanath Academic Hospital (CHBAH). The goal of Soweto Comprehensive Cancer Centre (SCCC) is to provide a comprehensive multidisciplinary approach to address cancer. This is in line with the South African National Cancer Strategy that includes prevention, early detection, diagnosis, treatment and palliative care.

- **Project goal**

The project has six (6) goals which are as follows:

- ✓ **Goal 1:** To establish oncology services at Chirs Hani Baragwanath Academic Hospital (CHBAH).
- ✓ **Goal 2:** To provide CHBAH pulmonology clinic with EBUS lung cancer diagnostic equipment.
- ✓ **Goal 3:** To employ staff and initiate the adult oncology service.
- ✓ **Goal 4:** To train staff to provide comprehensive oncology service.
- ✓ **Goal 5:** To implement a pilot intervention for early detection and referral of patients at CHC level.
- ✓ **Goal 6:** Ensure Continuous monitoring and evaluation of all activities.

- **Key achievements *by objective***

- ✓ **Goal 1:** To establish oncology services at Chirs Hani Baragwanath Academic Hospital (CHBAH).

The centre was officially opened in June 2021.Through the Multidisciplinary team meetings, treatment options for **3,429** patients diagnosed with cancer were discussed, and **2,039** cancer patients referred for chemo and radiation therapy, **1,557** being the 5 priority cancers. Of the cancer patients presented, **48(3%)** had stage **1(3%)** stage 2, **276 (18%)** stage 3, **624 (41%)** and stage 4; **435 (29%). Only 123 (9%)** had unknown cancer staging; A total of **1,223** cancer patients received at least one (1) session of psychosocial support, while **1,089** and **958** were referred to palliative care clinical services, and spiritual care respectively. Transport support was provided for **373** patients.

. Of the **1506** cancer patients treated,**67%** of patients reported improved quality of life.

- ✓ **Goal 2:** To provide CHBAH pulmonology clinic with EBUS lung cancer diagnostic equipment.

The EBUS was procured by CHBAH and has been delivered to the respiratory unit. SCCC sourced and procured the biopsy needles on behalf of the respiratory unit.

- ✓ **Goal 3:** To employ staff and initiate the adult oncology service.

23 staff members were appointed with **13** BMSF funded and **9** CHBAH government funded.

- ✓ **Goal 4:** To train staff to provide comprehensive oncology service.

Three hundred and five **(305)** healthcare professionals and support staff has received oncology services training.

- ✓ **Goal 5:** To implement a pilot intervention for early detection and referral of patients at CHC level.

Over **108, 752** of people were reached through health education interventions on the five prioritized cancers (lung, cervix, prostate, breast, and colorectal); **90,533** of IEC material distributed, and **46,024** people screened for cancer.

- ✓ **Goal 6:** Ensure Continuous monitoring and evaluation of all activities.

Championed by the M&E manager, the centre has 4 actives electronic databases and **27** staff members have received database training.

- **Key challenges and mitigation**

- ✓ Support staff have not been allocated by CHBAH.
- ✓ Space limitation is the major problem.
- ✓ Access to imaging (delays staging)
- ✓ Shortage of staff (*clinicians, oncology-trained nurses, support staff)*

- **Key lessons learnt.**

- Strengthening collaboration between non-profit organizations, especially those offering non-clinical services, improves patient outcomes.

- **Conclusion**

The SCCC project has been highly impactful and has achieved beyond what was expected. Patients and the general public who would have been referred to Charlotte Maxeke Johannesburg Academic Hospital for cancer care have benefited from the comprehensive offered by the SCCC team.

1. INTRODUCTION

The goal of Soweto Comprehensive Cancer Centre (SCCC) is to provide a multidisciplinary approach to address cancer care. This is in line with the South African National Cancer Strategy that includes prevention, early detection, diagnosis, treatment and palliative care. Treatment offered includes timely access to chemotherapy, and referrals for radiotherapy when necessary. The vision of SCCC is to provide comprehensive care to patients with adult cancer by prioritizing the five most prevalent adult cancers (breast, cervical, colorectal, lung, and prostate).

Our project mission is to enhance patient outcomes by increasing access to cancer health education, early disease detection and screening, timely access to treatment, support survivorship, and palliative care. Continuous efforts are made through capacity building of healthcare professionals, support personnel, and the community to reduce the risk of cancer through the promotion of lifestyle modification, improving early detection of disease and diagnosis, and efficient referrals championed by trained case navigators to reduce loss to follow-up.

2. BACKGROUND

SCCC was established to address the challenges of limited cancer resources at Chris Hani Baragwanath Academic Hospital (CHBAH). The centre is based at Chris Hani Baragwanath Academic Hospital (CHBAH), the 3rd largest hospital globally and the largest teaching hospital in Africa. Cancer services within CHBAH Hospital presently cover diagnosis, staging, surgical treatment, and chemotherapy, supportive and palliative care. SCCC is a collaborative effort led by the Department of Internal Medicine, supported by Gynaecology, Colorectal, Urology, Bathopele Breast Unit, Centre for Palliative Care, and Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) Medical & Radiation Oncology.

Through the leadership of Dr Merika Tsitsi as the principal investigator (PI), the SCCC provides comprehensive patient-centred care for adult cancer patients focusing on breast, lung, cervical, colorectal, prostate cancer and other adult solid tumours. The comprehensive approach to care includes patient education, screening, early detection, chemotherapy, palliative care, and survivorship support. Efforts are being made to build the capacity of personnel and the community to reduce the risk of cancer by promoting lifestyle modification and improving early detection of disease and diagnosis.

3. PROJECT PERFORMANCE

3.1 OVERALL PERFORMANCE

Table 1 illustrates the project performance of the life of the project (LoP) (June 2020-February 2024. Targets vs actuals are aligned according to each performance indicator. Percentages of achievements are calculated from the proportion of actual achievements against targets per indicator. With the project being on a no-cost extension and the drive to meet all project indicator targets, more than 93% of all project indicator targets were met.

Over **108, 752** of people were reached through health education interventions on the five prioritized cancers (lung, cervix, prostate, breast, and colorectal); 90,533 of IEC material distributed, and **46,024** people screened for cancer. Through the Multidisciplinary team meetings, treatment options for **3,429** cancer patients were discussed, and only **1,557** cancer patients referred for chemotherapy and radiation; with **1,223** cancer patients having received at least one (1) session of psychosocial support services. Of **1,506** patients who received chemotherapy treatment,**1089** and **958** were referred to palliative care clinical services, and spiritual care respectively. A total of **373** patients received transport support as part of the project's deliverables.

Assessment of patients' quality-of-life (QoL) is one of the key deliverables for the project. This enables the project to assess the treatment journey progress of the patient. The SCCC project has made great progress and over **67%** of patients have reported improved quality of life.

Over performance in some of the targets for cancers such as breast, and colorectal cancer were due to fact that majority of patients seen at SCCC are diagnosed with these cancers, and treatment modalities required chemotherapy. Under performance in cervical and prostate treatment is due to the fact the first line treatment for both cervical and prostate cancer patients is radiotherapy, which is provided at CHJAH. The only patients referred to SCCC are

late presentations where radiotherapy will be of no benefit. For lung cancer patients, most are patients are already receiving palliative care.

Table 1: Overall project performance June 2020 – February 2024 for the 5 prioritised cancers.

Indicator(s)	No Cost Extension (June 2023 -Feb 2024)	Cumulative Performance (JUNE 2020 - Nov 2023)		
	Actual	LoP Target	LoP Actual	% Achievement
Number of community members educated on the following cancers				
Lung	**6650**	**20000**	**17500**	**88%**
Breast	**6650**	**20000**	**27444**	**137%**
Cervical	**6650**	**20000**	**22181**	**111%**
Prostate	**6650**	**20000**	**18949**	**95%**
Colorectal	**6650**	**20000**	**19699**	**98%**
Number of cancer IEC materials disseminated				
Lung	**6403**	**20000**	**15678**	**78%**
Breast	**6403**	**20000**	**23092**	**115%**
Cervical	**6403**	**20000**	**17711**	**89%**
Prostate	**6403**	**20000**	**17396**	**87%**
Colorectal	**6403**	**20000**	**16656**	**83%**
No. of healthcare professionals trained to provide lung cancer treatment services (oncology)				

Doctors		**20**	**23**	**115%**
Pharmacists		**15**	**15**	**100%**
Nurses		**30**	**27**	**90%**
No. of healthcare professionals trained on palliation and end-of-life support services (doctors, nurses & community health workers)		**40**	**50**	**125%**
No. of healthcare professionals trained to provide Prostate screening (early detection) & diagnosis services	**66**	**180**	**189**	**105%**
Number of people who received screening (early detection) for the following:				
Lung	**6643**	**15000**	**10946**	**73%**
Breast	**6643**	**12000**	**10946**	**91%**
Cervical	**4579**	**12000**	**8839**	**74%**
Prostate	**1982**	**6000**	**3497**	**58%**
Colorectal	**6643**	**8000**	**10946**	**137%**
Number of people who were diagnosed with cancer referred to treatment				
Lung	**18**	**25**	**92**	**368%**
Breast	**245**	**276**	**1085**	**393%**
Cervical	**3**	**45**	**17**	**38%**

Prostate	**58**	**138**	**161**	**116%**
Colorectal	**46**	**81**	**202**	**277%**
Number of patients who received treatment				
Lung	**18**	**20**	**91**	**455%**
Breast	**243**	**220**	**1049**	**477%**
Cervical	**3**	**41**	**15**	**37%**
Prostate	**64**	**110**	**153**	**139%**
Colorectal	**46**	**65**	**198**	**306%**
Number of patients referred to care and psychosocial support				
Lung	**18**	**95**	**82**	**87%**
Breast	**221**	**324**	**850**	**262%**
Cervical	**3**	**324**	**17**	**5%**
Prostate	**64**	**324**	**151**	**47%**
Colorectal	**63**	**162**	**198**	**122%**
Number of cancer patients who received at least one session of Psychosocial services				
Lung	**18**	**76**	**77**	**102%**
Breast	**221**	**259**	**832**	**321%**
Cervical		**152**	**15**	**10%**

	3			
Prostate	63	259	146	56%
Colorectal	60	130	153	118%
Number of patients referred to palliative and hospice care				
Lung	11	95	63	67%
Breast	104	324	720	222%
Cervical	3	54	15	28%
Prostate	60	324	146	45%
Colorectal	45	162	145	89%
Number of treated patients linked to survivorship services				
Lung	15	95	55	58%
Breast	167	324	639	197%
Cervical	3	54	15	28%
Prostate	45	324	128	40%
Colorectal	31	162	121	75%
Number of patients who received transport support for referral to care	123	300	373	124%
Number of people diagnosed with cancer who died			187	

3.2 Goal 1: To establish oncology services at Chris Hani Baragwanath Academic Hospital (CHBAH).

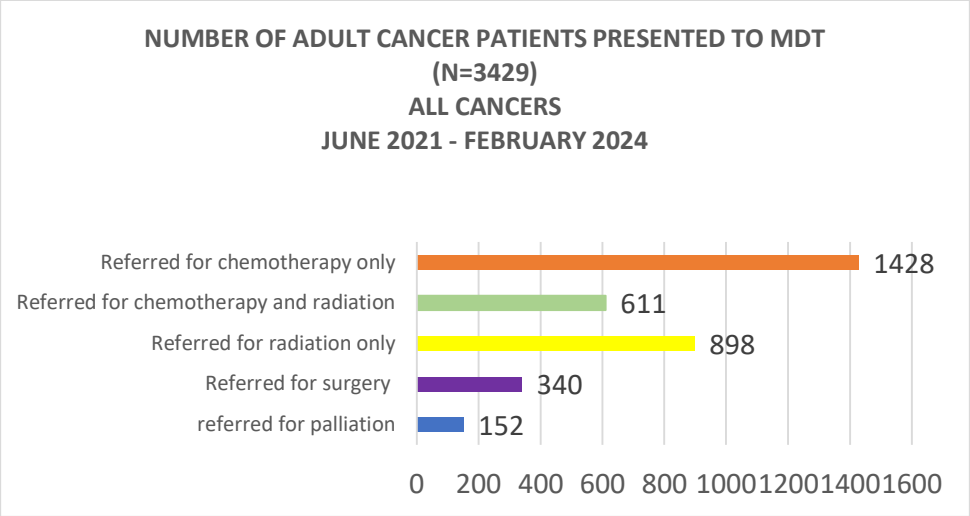
Activity 1: Progress made on refurbishment of the designated adult cancer chemotherapy treatment clinical facility:

- The refurbishment of the clinic was completed in 2021, and the centre has been operational since 1 June 2021.

Activity 2: Patient cases discussed at the multi-disciplinary teams meeting (MDT).

- Over 3,429 cases have been discussed at MDT. Of the 3,429 cases, 1,428 were referred for chemotherapy only, 611 were referred for both chemotherapy and radiation.

Figure 1: Cases discussed at MDT June 2021- February 2024 (All Cancers).



Activity 3: Cancer treatment cascade and cancer staging for the 5 prioritized cancers (lung, breast, cervix, prostate & colorectal) at SCCC.

- Since June 2021 – November 2023, a total **of 2,039** new patients have received treatment for all cancers at SCCC, with **15,960** follow-up visits. Of the **2,039** only **1,506** patients have received treatment for the 5 prioritized cancers.

Activity 6: Upgrading the existing medical oncology pharmacies at CHBH and CMJAH:

- Both CHBAH and CMJAH oncology pharmacies' upgrades were completed in May 2021 and July 2021 respectively and both pharmacies are fully operational.

Table 2: Clinical staging for the top 5 cancers at SCCC

CANCER TYPE	STAGE 1	STAGE 2	STAGE 3	STAGE 4	UNKNOWN
Breast	39(4%)	245(24%)	505(48%)	161(15%)	99(9%)
Lung	2(2%)	7(8%)	18(20%)	61(67%)	3(3%)
Prostate	4(3%)	3(2%)	12(8%)	127(83%)	7(5%)
Colorectal	3(2%)	21(11%)	86(43%)	74(37%)	14(7%)
Cervix			3(20%)	12(80%)	
OVERALL	**48(3%)**	**276 (18%)**	**624(41%)**	**435 (29%)**	**123(9%)**

Success stories /Patient testimonies

- A 23-year-old female patient, with stage 3 breast cancer from Eldorado Park living with her mother and four (4) children. She was referred to a density trial in Parktown as a possible trial candidate. Unfortunately, she was declined and referred back to SCCC to be initiated on chemotherapy.

  The patient received a psychosocial assessment from the social worker at SCCC and it was discovered that all her 4 children did not have birth certificates which prevented her from applying for social grants. Through SCCC's stakeholder relationship with the Department of Home Affairs (DHA), the patient was linked to DHA and received assistance with getting certificates for all 4 children.

  This has enabled the patient to concentrate on her health and provided her relief when it finances and providing for her children since she is now receiving a social grant. The patient responded well to chemotherapy and has completed her treatment cycle.

3.3 Goal 2: To provide CHBAH pulmonology clinic with EBUS lung cancer diagnostic equipment.

Activity 1: To procure and install EBUS equipment from High Tech Medical at CHBAH Pulmonology Department

The EBUS was procured by CHBAH and has been delivered to the respiratory unit. SCCC sourced and procured the biopsy needles on behalf of the respiratory unit.

3.4 Goal 3: To employ staff and initiate the adult oncology service.

Activity 1: Fourteen (14) BMSF-funded posts were filled as shown in Table 3. The following previously BMSF-funded positions were absorbed by the government (X2 Oncology-Pharmacists, X1 pharmacy assistant) and additional supplemented staff were employed by the government and allocated to SCCC.

Table 3: SCCC staff complement.

SCCC STAFF COMPLIMENT (N=22)			
BMSF funded staff (N=13)		**Government Supplemented Staff (N=9)**	
Centre Manager	1	Medical Oncologist	1
		Operational Manager	1
		Oncology Pharmacist	2
Social Worker		Pharmacy Assistant	1
M&E Officer	1	Oncology Professional Nurses	2
Oncology Professional Nurses	1	General Professional Nurses	1
Admin/Data Capturer	1	Temp Admin clerk	1
Medical officer	1	Medical Officer	1
Patient Navigator (SCCC)	2		
Patient Navigator (PHC)	4		
Interviewer (PHC)	1		
Enrolled Nursing Assistant	1		

3.5 Goal 4: To train staff to provide comprehensive oncology service.

Activity 1: Develop and/or adapt and accredit short course and 1-year diploma oncology training courses for medical officers.

- The process of developing and accrediting the medical courses negotiations has been dropped because of lack of support from oncologists.

Activity 2: Develop and accredit a postgraduate diploma in palliative care.

Progress has been made; Dr Evidence Maziya has submitted the curriculum. The process of submission with the university and Department of Higher Education is underway.

Activity 3: Train professional nurses and pharmacists in a short course to support cancer care.

- 15 pharmacists have been trained on Oncology Admixing since the project started, achievement is shown in Table 4.
- A nursing short course in oncology nursing was developed and the application for the accreditation of the "approach to cancer care" short course has been submitted to Wits University. A total of 27 professional nurses have been trained since the project started, achievement is shown in Table 4.

Activity 4: Train medical officers in an oncology short course

- The course is still under development, though the SCCC medical oncologist (Dr. Thina Mathiba) is involved in the in-service education of medical officers on medical oncology. 23 medical registrars from internal medicine at CHBAH and radiation oncology registrars from CMJAH have received training from Dr Thina Mathiba, achievement is shown in Table 4.

Activity 5: Train health care professionals (doctors, nurses, and pharmacists) on palliative care, achievement is shown in Table 4.

- 50 health professionals were trained in the Approach to Palliative Care short course.

Activity 6: Healthcare professionals trained to provide cervical cancer screening & diagnosis services.

Table 4: Healthcare professionals trained.

HEALTHCARE PROFESSIONAL TRAINING (June 2021 – February 2024)				
Indicator	**Category**	**Target**	**Actual**	**% Achievement**
Healthcare professionals trained to provide lung cancer treatment services for the top 5 cancers	Doctors	20	24	120%
	Pharmacists	15	15	100%
	Nurses	20	27	135%
Healthcare professionals trained in	Healthcare professionals	40	50	125%

palliation and end-of-life support				
Healthcare professionals trained to provide lung cancer screening (early detection) & diagnosis services	Professional Nurses	180	86	105%
	Health Promoters		77	
	Patient Navigators		8	
	Other HCW's		18	

3.6 Goal 5: To implement a pilot intervention for early detection and referral of patients at CHC level.

Activity 1:

- A baseline study was conducted before implementation end on 23 March 2022 through the **IICANDO project, funded by CIRGO.** A workshop was held to provide feedback on the findings of the study that was conducted to identify barriers and enablers to early -stage detection and best management of common adult cancers in our primary care clinics in Johannesburg. Among the attendees were representatives from NDOH, GDOH, SCCC, BMSF, and representatives from the 8 clinics in Soweto and Orange Farm who participated in the survey.
    - The purpose of the research project was outlined to the participants as the process of seeking to understand enablers and barriers to early detection of common adult cancers. This was necessary to determine how a programme to improve early detection could be improved in a resource-constrained setting where affordable population screening programmes are not available.

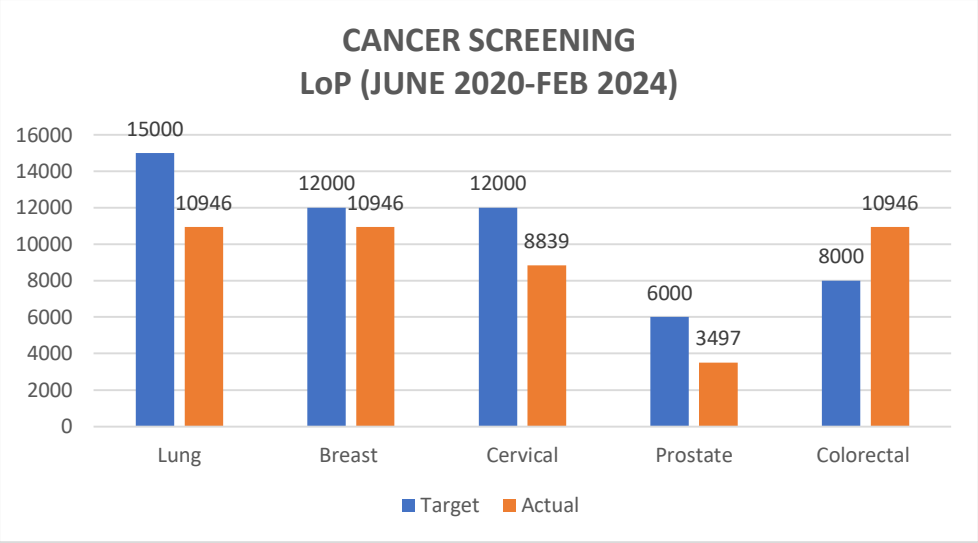
Activity 2: Enrol healthcare professionals at CHC in early diagnosis of cancer training courses and train them for early symptom detection, diagnostic workup, and referral based on standardized algorithms.

- 86 professional nurses, 77 health promoters, 8 patient navigators, and 18 other healthcare professionals were in the basic short on cancer care. These healthcare professionals are from various Community Healthcare Centres (CHCs and Primary Healthcare Centres (PHCs) across Soweto and Orange Farm.

Activity 3: Health Education and Screening

- This is one of the project components that excelled in the reporting performance with most indicator targets met and exceeded.Major health education and screening campaigns were held at different sites across Soweto, Orange Farm, and Johannesburg.

Figure 2 : Cancer screening CHCs June 2021-February 2024.



Health education and screening activities.

Figure 3: Health education activities across different areas.

3.7 Goal 6: Ensure Continuous monitoring and evaluation of all activities.

Activity 1: Putting systems and standard operating procedures (SOPs) in place.

- Three (3) active databases hosted on REDCap were developed and are currently operational, with real-time electronic capturing of patient records. The main chemotherapy database incorporates clinical assessment, treatment, psychosocial, and quality of life aspects. The project is also actively using health education and cancer screening databases to capture all our health education and screening at the CHC levels has an additional oncMDT database where weekly Multi-Disciplinary Meetings (MDTs) cases are streamlined and scheduled chemotherapy treatment. Patient cases are preloaded on this platform by specific units at CHBAH for their patient cases to be discussed at MDT for possible treatment.

Activity 2: Training of staff on data collection tools and REDCap databases

- 27 Staff members have been trained on Redcap. Refresher trainings have also been provided to mitigate data quality gaps and data improve quality.

Table 6 : SCCC staff trained on electronic databases

Indicator	LoP Target	LoP Actual	% Achievement
No of Cancer registry staff trained to properly document lung, breast, cervical and AIDS related cancers	10	27	270%

Activity 3: Tracking of project performance

- All project goals, activities, and overall performance were monitored and tracked successfully by the M&E officer.
- Weekly data quality assessments and verifications are conducted by the M&E officer. A comprehensive quality assurance SOP was developed and shared with all staff who are involved in data collection.

4. CHALLENGES AND MITIGATION

Challenges

- Shortage of staff (*clinicians, oncology-trained nurses, support staff)*
- Support staff have not been allocated by CHBAH.
- Shortage of medical stock.
- Space limitation is the major problem.
- The pharmacy is too far from the clinic time is consumed when going to collect chemotherapy.
- Access to imaging (delays staging)
- Lack of radiation oncology unit onsite (delays radiation treatment)
- No dedicated oncology ward.
- Lack of research support.
- Delay in delivery of chemotherapy

Mitigation measures taken.

- Consultative meetings have been held with CHBAH managed to ensure that services continue at SCCC.
- SCCC management and put in place a research team that will drive the research mandate.
- Some of the challenges are ongoing and needs attention from national level.

5. LESSONS LEARNT

- It is important to have regular consultative meetings with CHBAH senior management to ensure a proper transition and clinic handover.
- Strengthening collaboration between non-profit organizations, especially those offering non-clinical services, improves patient outcomes.
- Keep the team informed of the project's progress and challenges and plans for the future to ensure that everyone is kept abreast.
- Incorporate research support as part of the project from inception will improve research output.

6. SUCCESSES

- CHBAH management showed commitment by committing over R7 million/annum for appointed personnel.
- EBUS procured an estimated R4 million.
- Over 3200 cancer patients have access to chemotherapy closer to their home.
- 1st of solid tumor clinical trial at CHBAH.
- Increase in the number of patients identified early due to screening at CHCs.
- 2 master's students are currently conducting research from our data.
- There is good collaboration with Ph.D. students on their research.
- A Sessional Oncologist is assisting with the increased patient influx.
- Good collaboration with the neighboring hospital (radiation therapy).
- Palliative Care implementation plans have been developed across most provinces in South Africa.
- The waiting period for administration of chemotherapy for cancer patients has been reduced resulting in improved patient satisfaction.

7. SUSTAINABILITY

In the SCCC initial project, CHBAH management committed to employ the Oncologist, Medical Officer, oncology nurses, and pharmacists to strengthen cancer care. The oncologist and medical officer were employed; two pharmacists and the pharmacy assistant were absorbed; three oncology nurses seconded; and professional nurses were employed. This has ensured that SCCC services are sustained as the patient load increases. One of the oncology nurses has also been employed to support pediatric oncology.

SCCC project has devised a multifaceted sustainability plan in collaboration with the CHBAH and Community Stakeholders ensuring that comprehensive cancer services continue in Soweto. Discussions are ongoing for an onsite radiation oncology unit and medical oncology ward which will be run by the hospital.

Efforts are also directed at training healthcare professionals and support staff through the Department of Health (DoH) training grant, as mechanisms of enhancing referral systems across the healthcare tiers. Diversification of funding sources is also pursued through new grants, research trials, and collaboration with health-focused corporate sponsors. Strengthened alliances with Non-Profit Organizations (NPOs), particularly those specializing in non-clinical services, are seen as pivotal for optimizing patient outcomes.

Staff engagements at all levels, including upper management, are currently being emphasized, alongside garnering support from the Gauteng DoH, local government, NGOs, FBOs and CBOs. The project strives for equilibrium between clinical and research endeavors to ensure its enduring success.

8. CONCLUSION

The SCCC project has been highly impactful and has achieved beyond what was expected. Patients and the general public have benefited from the comprehensive offered by the SCCC team. The capacity of healthcare professionals and the community has been built to reduce the risk of cancer through the promotion of lifestyle modification, improving early detection of disease and diagnosis.

Through BMSF funding, the overall benefits that have resulted from the project include increased awareness from community members of Soweto, Orange Farm, and surrounding areas. The establishment of SCCC has also assisted patients in getting treatment early and close to their place of residence. Many healthcare professionals have been capacitated on various oncology courses that align with their line of practice. Many effective collaborations have been formed which will help to sustain, SCCC and screening at PHC level.

9. PERFORMANCE PLANS FOR THE NEXT 6 MONTHS

- The project has come to an end.
- The team is awaiting feedback on the follow-up project proposal that was submitted to BMSF with the hope to continue providing cancer care and health education at the community level.

10. Does your project need Technical Assistance in the next six months, if so, please select (maximum of 5) which type according to priority and describe objective of the TA:

- The project is on a no-cost extension and is expected to end in two months, therefore there is no need for technical assistance at this stage.

Type of TA	Objective of the TA
i. Community Awareness and Mobilization	
ii. Integrating Medical Care and Community-based Supportive Services	
iii. Information **iv.** Technology/Systems Management Training	
v. Strengthening Healthcare Worker Capacity	

Type of TA	Objective of the TA
vi. Monitoring & Evaluation	
vii. NGO Support and Capacity Building	
viii. Project Management	
ix. Public Affairs	
x. Research and Publication Support	

11. APPENDIX 1: INDICATOR PERFORMANCE TRACKING TABLE ATTACHMENT

- IPTT attached.

12. APPENDIX 1: ADDITIONAL SUPPORTING INFORMATION

Financial report is being finalised and will be submitted shortly.