The lack of adequate cervical cancer services in Zululand District, KwaZulu-Natal, has hindered the development of a sustainable and holistic approach to women’s health being built into the district’s health systems to improve outcomes for women. Funded by the Bristol Myers Squibb Foundation, HST is conducting a three-year Cervical Cancer Prevention, Access and Control (CCPAC) Project in Zululand District under the auspices of a consortium comprising HST, the Zululand Department of Health (ZDoH), the Cancer & Infectious Diseases Epidemiology Research Unit (CIDERU) of the University of KwaZulu-Natal (UKZN), and Genius Quality (GQ).

Within the context of health systems strengthening, community participation and stakeholder support, the project is designed to address the challenge of high cervical cancer incidence and mortality by employing a Continuous Quality Improvement (CQI) framework for improving access to early screening, diagnostic treatment and palliative services in the district. The CCPAC project is implemented at community, sub-district and district levels, using a phased implementation approach. Service delivery is directed at HIV-positive women, and guided by population and the scale of need – which is assessed via stakeholder engagements, and baseline and post-intervention assessments including a knowledge, attitudes and perceptions (KAP) survey.

The project focuses on implementing evidence-based interventions for: education and awareness; building on and harnessing existing resources for cervical cancer early diagnosis and prevention; community and stakeholder involvement; strengthening health system structures; healthcare worker capacity-building, and integration with existing Primary Health Care (PHC) services to support sustainability beyond the programme’s lifespan (2022–2025).

Sustainability is ingrained in the project design by layering services and activities on existing DoH programme activities and areas. Since
concept development, the Zululand District DoH has led the adoption of a change management approach with community and other stakeholders in Zululand to identify priorities for quality improvement.

Moreover, the project is grounded in an ethos of capacity-building and skills development for clinical staff, community-based organisations, and community structures, using a train-the-trainer approach. Through UKZN’s CIDERU, DoH, community and implementing partner candidates will be supported for enrolment in and completion of Master’s and Doctoral degrees in cervical cancer prevention, early diagnosis, access to treatment, and palliative care.

Additional support for set-up of a dedicated Women’s Clinic with comprehensive services at Vryheid Hospital entails providing technical assistance for patient flow and referral processes. At Benedictine Hospital, the project will improve the patient experience of care through renovation of the consultation rooms, and strengthen remote consultation and training by upgrading the video-conferencing technology for the training facilities. The project’s operational research will enable at least four Master’s and one Doctoral candidate to pursue studies that improve cervical cancer surveillance, prevention, care and treatment options.

Documentation of the CCPAC project interventions and findings will inform policy development and refinement. All infrastructure and assets purchased for the programme will be donated to the DoH on completion of the project.

Rigorous monitoring and evaluation (M&E) is implemented to actively track project performance and targeted health outcomes, through monthly data collection, collation and analysis for management reports to DoH across the different levels, and semi-annual progress reports to the funder. Making real-time data available to the project implementers is crucial, and data-quality assessments are conducted at each supported facility at least once every six months.