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Trust Introduction:

MAHATI Trust is an NGO registered as a charitable Trust under the Trust Act of the Karnataka State on 17th October 2011 before the Senior Registrar, JP Nagar Bangalore vide document No.JPN-4-000234-2011-12 CO NO.JPND 132 Book No.4 Also, the Trust is recognized and certified as wholly Charitable Trust U/S 12A and U/S 80 G of IT Act 1961 to address the prevalence of Cervical Cancer in urban and Rural Karnataka.

A group of doctors and corporate personnel constitute the Mahati Trust and are working together towards a cervical cancer-free Karnataka.

Team also includes many doctors from the community who volunteer to help on need basis and participate in the awareness and screening camps.

Objectives:

- To conduct cervical cancer awareness programs for both rural and urban women.
- To initiate population based screening programs to women of 35-60yrs of age in rural and urban Karnataka.
- To use PAP test as screening tool and aid in effective treatment
- To generate and collate information on incidence of cervical cancer in Karnataka

Trustee List:

- Dr. Sundari, Professor, OBGYN, MS Ramaiah Hospital, President
- Dr. Radhika Bobba, Trustee
- Ms. Swarupa Kakumanu, Secretary
- Mr. H. L. Gundu Rao, Trustee
-

Volunteering Doctors:

Dr. Shubha Ramarao, HOD, Martha's Hospital
Dr. Padmalatha, Baptist Hospital
Dr. Rashmi, Columbia Asia Hospital
Dr. Shaibya Saldanha, Acura Hospital



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Dr. Padmakshi Puli, J J Hospital
Dr. Tripthi Kulkarni
Dr. Jayanthi Rajanna
Dr. Ashwini, MS Ramaiah

Staff at Muddenahalli:

Mrs. Kavitha – Local Coordinator
Mr. Rajanna – MSW worker

Consultant – Mrs. C. Kameswari (MSW) and her team

Activities for last 6 years till May 2018:

We have been running awareness and screening programs in urban areas (covering urban women community, Corporates and Govt School Teachers) and rural Karnataka (Muddenahalli, Nandi, Nayanahalli, Dibbur, Peresandra and Mandikal PHCs in Chikaballapur district). The intention is to identify the women in the precancerous state and aid in treatment.

1. Under urban programs, we have conducted awareness talks and screening programs in Bangalore. Oracle, Eclinical works, MVJ medical college, MS Ramaiah Dental college, Ujjivan, ACT TV, JSS Medical college, Govt school teachers, North zone are some of the beneficiaries.
2. Under rural programs, we have taken up a rural pilot screening program **in Muddenahalli PHC** (Chikkaballapur Taluk) PHC to cover all **56** villages since the beginning of 2012. The model we have adopted is to group all the villages under few sub-centers and conduct screening programs three/four times a month. We have hired a local coordinator and a MSW worker to reach out to each door in the village to spread the awareness. The place is approx 85 kms from Bangalore and the entire team with the screening equipment travelled to the venue for every camp.

The smears/slides collected are identified to the individual with proper coding. The pap smears are read by pathologists (at a cost) at Bangalore. Where intervention is required, the women are treated appropriately. The cost of treatment is subsidized by M.S. Ramaiah Hospital (Dr. Sundari, President of Mahati Trust works at M.S. Ramaiah Hospital).

We have successfully completed all 56 villages and ensured the coverage is maintained at 75 – 80% of the eligible women population in every village.

3. To continue our screening programs, subsequently we have identified **Nandi PHC in Chikkaballapur** district and started population based screening from May 2014 and successfully completed all the 46 villages, covered 3213 women and collected 1993 smears in this PHC.
4. We are also awarded a project from District Health Department of Chikkaballapur to screen all the 5000 health workers of Chikkaballapur district. The project is completed successfully with CSR funds from HAL.
5. 3rd PHC, Nayanahalli is completed as part of our continued rural screening program. Conducted 32 camps and covered 36 villages with coverage of 2250 women and 2065 smears.
6. Completed Dibbur PHC which has 45 villages, covered 2323 women and 2054 smears.
7. Started pilot project in Indalwadi Tehsil, Anekal Taluk with CSR funds from Bosch, India Foundation. Co-working with SST on this program. Have covered 100 women in Indalwadi Tehsil.
8. Completed Peresandra PHC that had 39 villages, covered 2348 women and collected 2049 papsmear slides.
9. Started Mandikal PHC and work is in progress. Completed 26 Villages, Covered 1286 women and collected 1046 papsmear slides

The overall data of coverage in various programs as on May 2018 is given in the table below.

	# camps	# Beneficiaries	# Smears	Pap smear Positive cases	Treated	# villages
Urban	42	4017	164			
Muddenahalli PHC	44	3007	1878	Precancerous -41; Cancerous -8	Precancerous – 14; Cancerous - 5	56
Nandi PHC	41	3213	1993	Precancerous - 35;Cancerous -5	Precancerous - 15 Cancerous - 5	46
District health programs (PHCs)	46	2688	2482	Precancerous - 43, Cancerous - 6	Precancerous - 5 Cancerous - 5	37
Nayanahalli	35	2250	2065	Precancerous -10, Cancerous - 8	Precancerous - 6, cancerous - 4	36
Dibbur	38	2323	2054	Precancerous -31, cancerous -5	Precancerous - 4, cancerous - 2	45

Peresandra	37	2348	2049	Precancerous -27, cancerous -3	Precancerous -2, cancerous - 1	39
Mandikal	21	1286	1046	Precancerous - 32	Precancerous - 3	23
GRAND TOTAL As of May 2018	304	21132	13731	Cancerous - 32, Precancerous - 156	cancerous - 21, Precancerous - 44,	282

We, at Mahati trust maintain the complete data base of the villages covered, women screened and number of positive cases. This helps us to plan appropriate intervention. The statistics also help us build a more predictable delivery model and to plan better the costs of intervention.

We are evaluated and recognized by department of Ecology, Forest and Environment, Govt of Karnataka and on their recommendation, received a CSR contribution from BSCPL Infrastructure Ltd., to conduct 1500 pap smears. This program has been completed successfully ahead of time.

Mahati trust has also obtained the required ethical clearance from MS Ramaiah hospital for conducting the screening programs.

The trust runs on self- funding and with some of the donations from donors. The running costs of the trust goes towards salaries to the employees and the medical staff, purchase of pap kits, medical equipment, pathologists costs, documentation, stationary and the regular consumable items. Majority of the expenses goes towards the transportation costs as the team travels to the villages every week which are approx. 100-150 kms from Bangalore.

Highlights:

1. Induction of volunteers doctors into the group
2. 12A exemption and 80G approval complete. FCNR process is in progress
3. MOU with MS Ramaiah, Narayana Hrudayalaya, Anand Diagnostics labs and Kidwai Institute to work together on this initiative.
4. Completed awareness talks for North Zone 2 cluster 1 and cluster 2 Govt school teachers (approx 750). Need to continue with other zones.
5. Conducted overall **304** camps and covered **21132** women in these camps. Collected 13731 pap smear samples.
6. Pilot project (Muddenahalli Screening Programs) in complete. **6 sub-centers/56 villages completed.**
7. Nandi PHC program is completed. **Completed all 46 villages.**
8. Nayanahalli in Chikkaballapur district is complete. **Completed all 36 villages as on Dec 2015.**



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9. Awarded a project from District Health Department of Chikkaballapur to screen all the 5000 health workers of Chikkaballapur district. Covered 2500 health workers as part of this program.
10. Completed 45 villages screening in Dibbur PHC, covered 2323 women and collected 2054 smears.
11. We are evaluated and recognized by department of Ecology, Forest and Environment, Govt of Karnataka and on their recommendation, received a CSR contribution from BSCPL Infrastructure Ltd., to conduct 1500 pap smears in six months. This program is completed successfully ahead of time.
12. Obtained Ethical clearance from MS Ramaiah hospital.
13. Completed the kannada awareness film and obtained censor board clearance for the same to enable public screening. The film is being released by the cabinet minister Sri. Anant Kumar and his wife Mrs. Tejaswini Anant Kumar. The film is released for public viewing.
14. Completed 39 villages pf Peresandra PHC, covered 2348 women and collected 2049 papsmear slides.
15. Started Mandikal PHC for screening. In progress.

Future Plans:

1. Continue Mandikal PHC screening.
2. Continue the awareness talks in urban areas.
3. Take up Media coverage and increase the work on screening the awareness film in various public forums.
4. Initiate dialogue with radio and TV channels.
5. Restart awareness/screening programs for Corporates
6. Work with the Govt agencies to have multiple screening programs going on simultaneously at various health centers.

The challenges faced:

- Awareness regarding cervical cancer and its prevention is very poor both among educated and illiterate women in India - and to a certain extent, even among health care providers. Awareness-creation strategies are inadequate in our country.
- Compliance with screening is poor - both because of societal factors and because women are asymptomatic until the disease progresses to an advanced stage.



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- In the rural milieu, preventive practice is unheard of and women are reluctant to submit themselves for a gynecologic examination when they are asymptomatic. The main challenge, therefore, lies in creating awareness about the need for screening among both rural and urban women and health care workers.
- The fact that this cancer is indolent and provides a large window of opportunity for early diagnosis and effective therapy is itself becoming a challenge for motivating the women to come for the screening. The tendency to seek health care as a remedy for disease rather than for prevention of disease has become a huge obstacle to screen the community at large. A fundamental alteration of how we perceive our responsibility towards our own health is required. We recognize that awareness-creation is the only way to change this mindset. We often use social gatherings that women frequent as venues to deliver short talks about the disease, prevention and the necessity to undergo regular screening tests.
- In rural areas, women are apprehensive of the results of a screening test and fear of the consequences of a positive test. The health of the woman occupies the least priority in many rural households. We have had several women refuse to come for the screening test, despite being symptomatic. These women later developed frank cancer and were thrown out of their houses and abandoned by their families, since their presence was so unbearable to the rest of the family due to the foul odor associated with the later stages of this disease. Cervical cancer is one of the worst cancers to affect human beings – in the later stages of the disease, the patients have severe pain and emit a foul odor due to the tumor.

Present challenges:

- Continuing screening and evaluation of the womenfolk and necessary treatment of the women who screen positive for disease. Following up with these women, to convince them to come for treatment is the biggest challenge, both operationally and financially.

Treatment costs are high and with the economic challenged background that these women hail from, many opt not to get treated for as long as possible.

- Sustainability and larger reach is another challenge. Unless multiple programs at multiple locations run in parallel, the reach is going to be at a snail's pace. Sufficient flow of funds on a regular basis becomes extremely important to beat this disease.

Solutions:

Co-work with Systems/Agencies and the government to continue and increase the pace and reach of this screening program.



