

Report



Government of Punjab

**State Wide Door to Door Campaign
Cancer Awareness &
Symptom Based Early Detection**



February 5, 2013

**State Health Systems Resource Centre
National Rural Health Mission
Department of Health and Family Welfare, Punjab**



Madan Mohan Mittal
Cabinet Minister
Health & Family Welfare,
Punjab.



ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ
ਪੰਜਾਬ, ਚੰਡੀਗੜ

Government of Punjab
Department of Health & Family Welfare
Punjab, Chandigarh

DATED: 5th February, 2013

MESSAGE



I am happy to note that First Phase of Cancer Awareness and Symptom Based Early Detection, Door to Door State Wide Campaign has been completed successfully as scheduled. More than 40,000 duly trained Field Workers have accomplished this enormous task of visiting 51,58,154 dwelling units and completing their assigned job within a month. 2,70,67,539 Population has been

enlisted in the proformas and in this population, 24,659 persons have conveyed that they are suffering from Cancer and 34,430 deaths have been reported. However, those who complained of any of the symptoms out of the enlisted 12 symptoms number 87,403. The report also dispels the impression that Punjab has become the abode of cancer. The whole campaign has been completed in time because of the keen interest, able guidance and regular monitoring by Mrs. Vini Mahajan, IAS, Principal Secretary, Government of Punjab, Department of Health and Family Welfare. I am happy to note that the heads and various wings of the Department including National Rural Health Mission, Punjab; Punjab Health Systems Corporation; Director Health and Family Welfare Punjab; Director Family Welfare, the Department of Medical Education and Research, Post Graduate Institute of Medical Education and Research and the Non- Government Organisations along with the District Health Societies have also been fully involved in the whole venture. I hope and trust that the second phase shall also be implemented with the same zeal and spirit.

I congratulate all those who have worked untiringly in this task especially the ASHAs.

(Madan Mohan Mittal)



VINI MAHAJAN

Principal Secretary,
Health & Family Welfare,
Punjab.



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MESSAGE



I am delighted that the First Phase of the State Wide Door to Door Campaign for Cancer Awareness and Symptom Based Early Detection has been successfully completed. 40813 health workers supervised by 7524 supervisors have conducted the massive operation of visiting each and every house in the state within a very short period. This is a milestone in the battle against Cancer. 87403 persons have been detected with symptoms that could be indicative of cancer. It is our earnest hope that the early detection of cancer will allow for easier and cheaper treatment and reduced mortality.

I am also extremely pleased that the entire exercise has been extremely cost effective. With a meagre budget of Rs. 2 Crore that calculates to a mere 70 paise per head of the population surveyed, this is the most feasible exercise for states/ nations with financial constraints. The whole exercise has been well conceptualized, thoroughly discussed, very well planned and systematically implemented in letter and spirit by way of motivation of the functionaries especially the ASHA, ASHA Facilitators, ANMs, Multipurpose Health Workers (M) and their Supervisors.

I congratulate the officers and officials of the Departments of Health and Family Welfare and Medical Education and Research, as well as all the Deputy Commissioners. Last but not the least I must also congratulate the team of State Health Systems Resource Centre led ably by Dr. P.L.Garg, ED, who worked tirelessly for the success of the campaign.

(Vini Mahajan)



Dr. Pyara Lal Garg

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Government of Punjab

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I am thankful to S. Parkash Singh Badal, Hon'ble Chief Minister, Punjab, Sh. Madan Mohan Mittal, Hon'ble Minister of Health and Family Welfare and Smt. Vini Mahajan, IAS, Principal Secretary, Government of Punjab, Department of Health and Family Welfare, for reposing faith in me and entrusting me with the task of coordination of the prestigious and unique state-wide door to door campaign for cancer awareness and symptom based early detection. Sh. Madan Mohan Mittal has converted this campaign into a flagship scheme of the Health Department. Smt. Vini Mahajan has been the leading light of the campaign and has been the ultimate force behind it. She has continuously provided valuable guidance, prompt decision and much needed encouragement even during the most challenging hours of this venture. This task has been a litmus test and has acted as a good indicator of our strengths and weakness. I must thank Smt. Anjali Bhawra, IAS, Secretary Government of Punjab, Department of Medical Education and Research, for providing not only the services of Medical Colleges but also vital intellectual inputs that acted as milestones in shaping this campaign. I am grateful to Mrs. Raji P. Shrivastava, MD Punjab Health Systems Corporation who was instrumental in encouraging the team lead by Dr. Rajesh Sharma, Joint Director, Punjab Health Systems Corporation in getting the campaign materials printed at short notice without any compromise on the quality, quantity, fairness and transparency. I owe thanks to Sh. S.K.Sharma, the previous MD National Rural Health Mission Punjab and Sh. Raj Kamal Chaudhari for provision and prompt release of funds for the campaign. I tender my sincere thanks to Dr. J.P.Singh former Director Health Services, Punjab who provided help and leadership to the Faridkot Pilot while Dr. Ashok Nayyar, Director Health and Family Welfare, Punjab has been providing unstinted support to the campaign at each and every step with full zeal and administrative acumen. Thanks also to the Director PGIMER, Chandigarh who spared the faculty for providing continuous academic inputs through Dr. J.S. Thakur, Additional Professor, School of Public Health, Dr. S.C. Sharma, Professor and Head Radiotherapy, Dr. Gurpreet Singh, Professor of Surgery and Dr. Sonu Goel, Assistant Professor, School of Public Health.

I am grateful to the Principals of the Government and Private Medical Colleges and their faculty members who have contributed immensely by working out a new list of 12 symptoms for symptom based early detection of cancer.

I shall be failing in my duty if I do not mention the name of Smt. Rupanjali Karthik, who as Additional Secretary Health, Punjab, worked untiringly for setting the pace of the pilot and data transfer software. I am also thankful to Dr. Karanjit Singh, Director Family Welfare, Punjab for providing the infrastructure of the State Institute of Health and Family Welfare for training of State Resource Persons. I am thankful to Dr. S.S.Gill, Vice Chancellor, Baba Farid University of Health Sciences for providing infrastructure of the university for the campaign.

The Deputy Commissioners provided support at the district level in motivating the field workers and the community and also provided administrative support to the campaign. The Civil Surgeons and their officers at various levels have provided not only the requisite leadership but also established the monitoring mechanism on day to day basis. ANMs, Multipurpose Health Workers (M) supervised by LHVs have rendered a very good service by performing this onerous duty even during chilly weather.

Nursing institutes, their Faculty and students have done a commendable job not only in urban areas but have also worked in some semi-urban areas on Voluntary basis. The 20000 strong force of the nursing students under the supervision of the faculty have been the real force for the success of this campaign in urban areas.

ASHA and ASHA Facilitators deserve special mention. They have earned the gratitude of the authorities by providing voluntary service to the campaign at a crucial stage.

My sincere thanks to the Cancer Control Cell, State AIDS Control Society, MAX Hospital chain and HISP India, who have been helpful in our Information Education and Communication activities.

The whole team of State Health Systems Resource Centre including Sh. Satinderpal Singh Chahal and Dr. Monica Pathak, the consultants of SHSRC and Mrs. Jaspreet Kaur, the documentation officer, have worked day in and day out.

A campaign of such magnitude would not have been possible without the anonymous but valuable efforts of thousands of individuals on the ground. I salute them all.

Last but not the least, I am thankful to the critics who have been keeping us vigilant.

Dr. Pyara Lal Garg
Executive Director
SHSRC, Punjab.

Executive Summary

The state of Punjab was being labelled as an abode of cancer in media both electronic and print. However there was no scientific evidence to say as to whether cancer is more prevalent in Punjab than in the rest of the country, or whether there is any significant regional difference within the state. Figures of cancer registry were not adequate to draw any conclusion.

It was clear however that cancer has acquired a very serious dimension in the state, and urgent efforts were called for. So the Department of Health and Family Welfare, Government of Punjab, after extensive consultations with academia and experts, decided to carry out door to door cancer awareness and symptom based early detection campaign. The entire population of 27.7 million, 14.63 million male and 13.07 million female, residing in 5.4 million dwelling units spread over 12603 villages and 217 cities and towns was to be covered. The aims and objectives of this mass campaign were to determine the deaths due to cancer in the last five years (to assess the extent of the problem), identify the already diagnosed cases of cancer (for re-verification if necessary, proper treatment and support), and the persons who complained of any one or more of the 12 symptoms (to determine whether they suffer from cancer thereby down staging the disease). Mass awareness about cancer, capacity building and infrastructure up gradation were the other objectives.

A hand out enlisting 12 warning signs and symptoms was prepared and delivered during door to door awareness visits by the field workers, who also filled a questionnaire for each individual. Detailed information about each individual enlisted in the categories of cancer case, cancer death or suspect was collected in another proforma. The data was directly transferred from the field to the state Headquarters through mobiles and computers using customized software and auto analysed. Training material, supervisors programme book, field workers guide book, directions for filling of each column of the proformas, and a check list for medical officers were prepared by experts. Training schedule and training curriculum too were left in the domain of experts.

District Faridkot was taken as pilot and the campaign launched on 2nd of October 2012. Population of 5,83,105 residing in 1,04,707 houses, was covered in a period of 17 days by 744 teams of field workers and supervisors. They identified 785 cases of cancer, 1112 deaths due to cancer in last five years and 2950 persons under the category of suspects as they complained of one or the other symptom out of the 12 enlisted.

The campaign was rolled out in rest of the state on 1st of December 2012 and concluded on 14th of January 2013. As such 40813 field workers supervised by 7524 supervisors and 1363 officers, have covered 52,58,154 (5.26 Million) dwelling units and a population of 2,70,67,539 i.e. 27 million (97.7% of the total population) in the door to door cancer awareness campaign. 24659 cases of cancer, 34430 cancer deaths in last five years and 87,403 persons showing one or the other symptom have been enlisted.

The cancer cases per lakh population, or the prevalence of cancer, has been worked out as 91 .1, with the highest 136.3 in Muktsar district and lowest 40.9 in Tarn Taran district. Mansa,

Faridkot, Bathinda, Ferozepur and Fatehgarh Sahib districts with prevalence 134.8, 134.6, 125.8, 113.9, 106.3 respectively are other districts above the state average. The death rate per lakh population per annum has also been highest in these districts: 41.8 per lakh population in Muktsar and 38.14, 35.26, 33.4, 31.82 and 31.4 in Faridkot, Moga, Fatehgarh Sahib, Bathinda and Mansa. The common perception that cancer is more widespread in the Malwa (southern) region of the state has thus been corroborated. The border region of Majha is lowest with 64.7 and Doaba is in between with a prevalence rate of 88.1. Annual death rate per lakh population in the three regions also shows a similar trend with 29.18 in Malwa, 20.24 in Majha and 27.28 in Doaba.

The 2nd phase of re-verifying declared cases, and further testing of suspected cases for a definitive diagnosis, has been started in the State. More than 400 specialists have been trained in this effort. The entire network of health Institutions in the state comprising of 3386 sub centres, 1336 Subsidiary Health Centres, 200 urban dispensaries, 446 Primary Health Centres, 129 Community Health Centres, 29 Rural Hospitals, 76 civil and sub-Divisional Hospitals, 22 District Hospitals and three Government Medical Colleges are being involved. This phase is planned to be completed by June 2013.

It is hoped that through this Campaign we shall be able to do early diagnosis for hundreds of those who have not been diagnosed and remove the misconception of cancer amongst a large populace as well treat other chronic diseases. Already in Faridkot we have diagnosed 27 new cases of cancer through this campaign and 29 others have been reassured that they do not suffer from cancer and they had been mis-diagnosed.

Well thought out widely discussed meticulously worked out plan of action, backed by strong training of state resource persons, district resource persons, block resource persons and the field workers simultaneously all over the state has been the hall mark of the campaign. The other arm of the campaign has been regular supervision and monitoring at each level and quick management of problems coupled with fast decision making process. Transparency, decentralization and accountability coupled with inter and intra departmental coordination and community participation has added to the efficacy and outcomes. The campaign got the full backing of the political, administrative, professional and community leadership.

Government of India provided financial support of Rs. 2 crore through the NRHM, which was adequate to meet the out of pocket expenses incurred in the campaign. The state government, apart from providing the entire manpower and infrastructure, is providing free follow-up of all suspected cases. It is also providing financial support upto Rs. 1.5 lakh for the treatment of each cancer patient in a government or private empanelled facility.

External evaluation of the pilot has been entrusted to the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh.

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Chapter 1

Background

Cancer Mass Awareness and Symptom Based Early Detection Campaign in the State of Punjab

1.1 Background

The State of Punjab has seen greater incidence of cancer than in the past but a hype has been created as if Punjab, especially the Cotton Belt of Malwa region of the State comprising the districts of Bathinda, Mansa, Faridkot, Muktsar, Ferozepur, Moga, Barnala, Patiala, Fatehgarh Sahib and Sangrur, the food bowl of the country, has become the hub of cancer. Some reports in vernacular press with names of cancer patients and deaths due to cancer, in the form of village-wise data especially from Sangrur, have imparted credence to the belief of the common man that Punjab is really a dreaded state as far as cancer is concerned.

Various academic, administrative and social service bodies viz. Punjab Agriculture University, Ludhiana; Post Graduate Institute of Medical Education and Research, Chandigarh; Department of Health and Family Welfare, Government of Punjab; Baba Farid University of Health Sciences, Faridkot and Non Governmental Organisations (NGOs), have been carrying out studies on various aspects of cancer.

An increase in the incidence of cancer has been indicated by these studies but it has not been scientifically established as yet, as to whether Punjab has more incidence or prevalence of cancer as compared to the rest of the country. However it has been well established that cancer is more common in the female population and that females suffer on account of very high incidence of breast and cervical cancer, of which breast cancer is more prevalent in the State.

A “Cancer Roko Programme” has been undertaken by an NGO that has been working since 2005-06. It has not come out with the actual number of confirmed cases of breast cancer though they have carried out 18,628 mammographies, out of 1,20,248 females examined so far. Though 1,175 women have been declared as suspects for Cancer-Breast, no confirmation is available. The State has spent Rs. 90.00 lakh on this venture during the past three years in the form of grant-in-aid.

Department of Health and Family Welfare has been doing small scattered efforts to assess the number of patients wherein they reported 453, 711, 164 and 420 patients in the districts of Muktsar, Bathinda, Faridkot and Mansa.

In the year 2009, the Department of Health and Family Welfare, Government of Punjab, reported 7,738 cases of cancer in the state but without any systematic investigation or survey. Such figures given repeatedly, though they added to the confusion, served as a pointer to the need of some extensive survey and awareness campaign.

The co-relation of the increasing rate of cancer cases to consumption of polluted water is not yet finally established. Research studies aimed at establishing a linkage are still on. However, the well-known factors contributing to this disease are tobacco consumption, alcohol intake, dietary factors, heavy metals, dyes, occupational exposures and environmental factors like excessive use of pesticides etc.

Leading sites of Cancer in District Bathinda as per a report of the National Cancer Registry Programme (NCRP) (2002) among females are Breast, Cervix, Ovary, Blood, Oesophagus, Gall bladder, Oropharynx and Skin while in males, the most prevalent are cancers of the Oesophagus, Oral Cavity, Prostate and Blood.

This was the situation despite the efforts of the Government of Punjab like installation of Reverse Osmosis (RO) Plants for supply of drinking water in various villages of district Muktsar, holding Mass Cancer Screening and Awareness Camps on 26th March, 2011 in all district hospitals of Punjab, concerted efforts to control the use of pesticides due to which pesticide consumption declined from 5,975 metric tonnes in 2006-07 to 5,690 metric tonnes in 2010-11, banning of manufacture, import and use of very injurious pesticides, among others.

Other measures taken including providing mammography units at Civil Hospital Bathinda, Jalandhar, Hoshiarpur and Mata Kaushalya Hospital Patiala, Brachytherapy for the treatment of cancer patients at Government Medical College & Hospital, Patiala; Radiotherapy & Cobalt Unit at Sri Guru Gobind Singh Medical College, Faridkot; Cobalt Source for the treatment of cancer patients at Sri Guru Ram Das Institute of Medical Sciences & Research Centre, Amritsar; Rs. 4.8 crore for Tertiary Cancer Centre at Government Medical College, Faridkot, starting a Population Based Cancer Registry (PBCR) at Government Medical College, Patiala and Hospital Based Cancer Registry (HBCR) at Post Graduate Institute of Medical Science and Research (PGIMER), Chandigarh. Regional Cancer Centre, PGIMER, Chandigarh is connected to all districts of Punjab via Telemedicine facility.

Mukh Mantri Cancer Rahat Kosh (Chief Minister Cancer Relief Fund), a very important initiative started in 2011, provides for a grant of upto Rs.1.5 lakh for the treatment of a cancer patient. Providing free treatment under the School Health Programme to school-going children suffering from cancer, financial assistance under the State Illness Fund through Punjab Nirogi Society to cancer patients belonging to BPL families, free travel facility in Punjab Roadways & PRTC buses for cancer patients are other initiatives of the Punjab Government that are already in place.

Districts Bathinda, Hoshiarpur and Mansa are identified under Cancer Component and Facility Survey for establishment of Non Communicable Diseases (NCD) Clinics and District NCD Cells under the Programme for Day Care Chemotherapy & Mammography for patients under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS).

Despite these efforts the State of Punjab is experiencing a rising burden of cancer as one of the Non-Communicable Diseases. Cancer is emerging as one of the major concerns of public health in the state. It appears to be significantly affecting the population in the age group 35-60, the economically active group and the main workforce of the state. The disease burden in this age group is leading to considerable loss in potentially productive years of life. The economic and social cost implications of cancer to society run into crores of rupees that include direct and indirect costs both to the family and to society, due to expenditure on treatment and reduced productivity.

Further, cancer has been perceived to be a dreadful disease. Pain, disability, poverty and misery are the scenes that haunt our minds once we hear about cancer. However, we are not focussing on the success stories due to early diagnosis and proper treatment, that lead to decades of healthy and happy life whereby the disease passes into oblivion like an unpleasant dream. Real life stories of this kind are multiple in number and need documentation, for they are stories of hope and determination.

It is to this end that the health authorities of the State thought of a plan to screen the whole population - more than 2.77 crore spread over an area of 50,362 Sq. km. residing in more than 54 lakh households in 12,603 villages and 217 census towns of Punjab - in order to make early detection of new cases of all types of cancers, to ascertain the number of existing cases of cancer and also make endeavours to find the incidence and prevalence of cancer in the state of Punjab. Efforts are also being made to see if there is any regional difference or special risk factors prevalent in the state.

As a first step for involvement of Accredited Social Health Activists (ASHA) in the treatment of cancer patients, incentive money of Rs. 300 for follow-up of each case of cancer has been got approved in Program Implementation Plan (PIP) 2012-13 of the National Rural Health Mission (NRHM).

1.2 Conceptual Understanding

1.2.1. Screening Methods vs Symptom Based Early Detection

In the opinion of academics and as per recommendations of the World Health Organisation (WHO) Early Detection in many cancers is very rewarding as far as cure is concerned. WHO has listed some warning signs for awareness and has also stressed on screening and opportunistic screening for early diagnosis of cancer.

In screening for a particular cancer, a specific protocol has been recommended for all persons of a specific age group at given intervals. The whole process is Expert Based, Hospital Based and Technology Based, that becomes very costly and has never been feasible in any of the countries of the world for application on the entire population. Opportunistic screening differs from screening alone in that, here each person who comes to the hospital/ doctor for some other problem is subjected to screening if he/ she fits into the criteria for screening. All these methods are costly, need expertise of high degree, huge infrastructure, are not applicable for early diagnosis of all types of cancers and are not feasible for whole population coverage. In contrast, a Symptom Based Door to Door exercise is

- ✚ highly cost effective
- ✚ feasible for whole population coverage
- ✚ covers major cancers
- ✚ practical
- ✚ a tool for community mobilization and community participation

✚ an effective mode of capacity building

Thus it was felt that in order to make early diagnosis in a cost-effective and universally applicable manner in the symptomatic population, in order to determine the current number of cases of cancer and for generation of mass awareness, campaign by door to door visits can be the best tool given the local conditions.

Accordingly, it was further thought that Para Medical Workers could be trained for the task. 6439 multipurpose workers and more than 17000 Accredited Social Health Activist (ASHA) and ASHA Facilitators are in position in the State of Punjab who can be of immense help for such a wide spread venture.

1.3. Preliminary Activities Preceding the Preparation of the State Project

1.3.1. Meeting with Experts

Before plunging into this enormous exercise it was thought appropriate to seek the opinion of experts and academia on the above issues. A state level meeting was held with experts from various medical colleges of the State, both private and government, including Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh with the involvement of the authorities of State Health Department, Department of Medical Education and Research, NRHM and Punjab Health Systems Corporation (PHSC). Another aim of this meeting was to ascertain whether:

- the incidence of cancer is more in Punjab as compared to the rest of India
- the incidence of cancer is more in the Malwa belt as compared to other (Majha and Doaba) regions
- the causative factors, if any, for the above

1.3.2. Outcome of the Meeting

- Experts were of the considered opinion that there is no scientific evidence to show that the incidence of cancer is more in Punjab than in other parts of the country.
- There is no scientific evidence to show that incidence is higher in the Malwa belt.
- The specific cause of cancer is not known as yet, however it is known that certain chemicals lead to overall change in the immunological status of the human body, and contribute to the development of cancer and other diseases as well.
- During the meeting all experts were of the opinion that
 - ❖ such a state-wide exercise, though challenging, is technically feasible.
 - ❖ with proper training and appropriate proforma a Survey can be done by the ASHA workers and the Auxiliary Nurse Midwives (ANMs)/ Multipurpose Health Workers (MPHWs).
 - ❖ It was also suggested that in addition to the standard warning signs settled by WHO, some other symptoms may also be included so as to broad-base the screening process.

It is in this background that the Department of Health and Family Welfare, Government of Punjab envisaged a State Wide Programme of Mass Awareness and Symptom Based Early Detection Campaign by door to door visits.

Chapter 2

Project Preparation

For the conceptualisation and preparation of the state project comprising of details of the activities to be undertaken, a core committee was assigned the task.

2.1. Core Committee

A state level core committee of experts was constituted with the Executive Director, State Health Systems Resource Centre (SHSRC), Punjab, as its Chairman under the overall supervision of a State Level Committee headed by the Principal Secretary, Government of Punjab, Department of Health and Family Welfare to:

- work out the modalities of Survey
- design the Proforma to be used by the field workers
- finalise the list of Warning Signs and Symptoms
- prepare IEC Material
- design Training Materials
- design the Training Pyramid
- prepare Field Worker's Guide Book
- work out the Training Curriculum
- ensure Data Capturing, Transfer of Data, Consolidation and Analysis
- enable Monitoring and Evaluation

2.2. Activities by Core Committee

The core committee held multiple meetings and after intensive discussions, performed the following activities:-

- ✓ designed the Proforma
- ✓ settled the 12 symptoms which were to be made the planks of awareness and for early detection of cancer
- ✓ decided that in the urban areas, students from about 200 Nursing Institutes be deployed for the Awareness Campaign
- ✓ decided that the Proformas be pre-tested on 3,000 subjects, both rural and urban.
- ✓ decided that a guide-book be prepared for the Field Workers so that each worker carries the same during the campaign.
- ✓ decided that the training should comprise of instructions for filling up each column of the proforma and do's and don'ts.
- ✓ For easy consolidation after capturing of data, decided that instead of OMR sheet, transfer by Mobile Phone/ Computer by way of installation of software will be easy and handy.
- ✓ decided that training of Specialists of District Hospitals (DHs), Sub Divisional Hospitals (SDHs) and of Community Health Centres (CHCs) be done in the medical colleges.

2.3. Pre-Testing

Core committee decided that the proforma 1 and 2 designed by it be pre-tested on at least 3000 subjects. Accordingly in order to carry out the pre-testing of the Questionnaire. The first meeting was held at Community Health Centre (CHC) Manawala district Amritsar. Dr. Karanjit Singh, Director Family Welfare presided the meeting. Dr. P.L.Garg, Executive Director, State Health Systems Resource Centre, Punjab introduced the Proforma and gave the details instructions to 60 ASHA, ANMs, LHVs and Multi Purpose Workers (Male). Each one of them was visit 10 houses and filled the proformas.

The experience of the first meeting depicted that the pre-testing training was not only an instrument of field testing the proforma but was also a strong medium of generation of awareness, orientation and motivation among the health workers and medical manpower. Subsequently, such pre-test and orientation workshops were held at 9 districts by the Executive Director, State Health Systems Resource Centre, Punjab along with a team of consultants from the Resource Centre before the launch of the pilot at District Faridkot on 02nd of October. Voluntary Health Association of Punjab had also been involved in organising these workshops. During these workshops the Purpose, Methodology and guidelines for filling of Proformas on sample basis, were discussed. As a result ASHAs, ANMs, Multipurpose Health Worker Male, LHVs participated with enthusiasm and committed to work voluntarily for the cause of humanity. A total of 502 workers were imparted training. During pre-test instead of 3000 a large population of 2,84,492 was visited and proformas filled. The experiences of field workers, supervisors filling these proformas and the analysis of the data so generated, were placed before the core committee and as such modifications had been made in the proforma accordingly.

However for the purpose of motivation and initial induction the orientation workshops had been continued even after the launch of the pilot projected at District Farikdot. 9 more districts namely Barnala, Sangrur, Muktsar, Bathinda, Hoshiarpur, Gurdaspur, Moga, Ferozpur, Jalandhar and Ludhiana had been covered during the month of October 2012. As such 616 health activists, workers and supervisors had been involved in this motivational cum orientation exercise.

2.4. Data Transfer

For transfer of the data captured, a well-defined policy was required before the launch of the campaign. Accordingly, various agencies had been contacted to work out the modalities for data transfer. C-DAC Mohali offered its services for the transfer of data and suggested the following methods:

1. Android Based Mobile Application
2. Manual Entry
3. OMR Sheet

The society of Health Information Software Programmes (HISP India) proposed the data transfer through Java Based Mobile application which was already with all the ANMs in the state of Punjab and required the loading of the software to be designed especially for the campaign.

Meetings had been held with these agencies and details had been discussed. OMR sheet was got prepared. All aspects of the proposal of C-DAC and HISP India were discussed and ultimately it was decided that Mobile Application shall be a better alternative for easy and direct transfer of data from the ANM to the state headquarter. It was further decided that in view of the fact that the ANM are already using Java Based Application under National Rural Health Mission (NRHM) for Health Management Information System (HMIS) so the same instrument can be used for transfer of data of this campaign also.

Accordingly, HISP India was asked to design the software and impart training to the field workers. HISP India was also instructed to provide for the manual entry in the urban areas.

Chapter 3

Pilot

3. Pilot Project

It was decided that a pilot project be undertaken in one district so as to have an overview of the feasibility and the outcome in one district before venturing into the whole of Punjab. Faridkot was selected as a representative district, with the added benefit of having the Baba Farid University of Health Sciences being located there.

3.1. Aims of the Pilot

The pilot project was undertaken with the following **Aims** :-

1. To assess the applicability of the methodology proposed.
2. To assess the robustness of the training pyramid and training methodology proposed.
3. To assess the practicability of the campaign being carried with the help of ASHA, ASHA Facilitators, ANMs, MPHWs and Nursing students.
4. To assess the time taken by the field workers to cover the area proposed for them.
5. To assess the time frame of the door to door campaign both in rural as well as urban areas for simultaneous completion at all levels.
6. To assess the feasibility of the involvement of the students and faculty of private Nursing Institutes in the campaign.
7. To assess the practicability of Data Consolidation and Data Transfer after data is captured by the Field Workers.
8. To assess the robustness of the logistics and the preparations made for the main exercise.
9. Last but not the least, to assess the changes required, and the gaps to be filled, if any, for the success of the main campaign.

3.2. Steps in Pilot

The Pilot consisted of the following steps

- Planning
- Preparation of Materials
- Training of Field Workers and Supervisors
- Training of Specialists
- Distribution of Geographical area
- Manpower Mapping and Deployment
- Marking of houses to be visited by each Field Worker
- Data Consolidation, Transfer, Storage and Analysis
- Pre- Test

3.3. Launch of the Pilot

The Pilot was inaugurated on Gandhi Jayanti October 2, 2012 at Senate Hall, Baba Farid University of Health Sciences by Sh. Madan Mohan Mittal, Health Minister, Punjab and Sh. Keshav Desiraju, Special Secretary, Ministry of Health and Family Welfare, Government of India. The political, administrative and professional leadership along with citizens from all walks of life graced the occasion and expressed their unstinted support. School children carried out a march through the city.



3.4. Results of the Pilot

The Pilot was completed within the stipulated time by the end of October. As against Census 2011 population of 6,18,008, the population of 5.84 lakh had been covered, with the following highlights

Suspected Cases	2950
Cancer Cases	785
Deaths reported Due to Cancer in the Last Five years	1112
No. of Teams of Field Workers in the Rural Areas	502
No. of Teams of Field Worker in the Urban Areas	242

3.5. External Evaluation of Pilot

An External Evaluation was advised by the Chairman, Medical Council of India. This was assigned to the School of Public Health, PGIMER, Chandigarh under the supervision of Dr. J.S. Thakur, Additional Professor and Former Consultant of WHO. The Interim Report of the External Evaluation of the Pilot was presented on 12th November, 2012.



3.5.1. Observations by External Evaluators

Training

- Field workers were able to explain the pamphlet to the community

- They were satisfied with the trainings imparted
- Nursing students wanted trainings in between the campaign and sought learning material which can be referred to later on.
- Micro-plans were available with the supervisors.
- There was no major shortage of logistics except in a few places

Household Survey and Awareness Generation

- Most of the houses surveyed by the team were covered
- Mostly, people knew about the campaign but were not able to recall the symptoms and risk factors of cancer
- Many said that field workers spent only 5-10 minutes, gave the pamphlet and noted the family details
- Staff were burdened by the campaign and said that routine activities suffered.
- Nursing students were enthusiastic but complained of lost academic hours
- Several suggestions were made for pamphlets and usage of other forms of IEC.
- Many of the houses did not have pamphlets at the time of revisit
- Illiterate families complained of no use of proformas' given to them.

Early Detection and Referral Services

- ❖ Positively screened subjects were anxious about their treatment process and when it would start
- ❖ No referral was observed in the process and subjects visiting the health centres post-campaign
- ❖ Medical Officers were aware about the campaign but did not seem involved in the process
- ❖ Health staff in the centres visited were not aware of the timelines and details of the service part of the campaign
- ❖ No new case registered in the Cancer registry at the Medical College.

Supervision and Monitoring

- Field workers reported regular visit by supervisors
- Supervisors had the micro-plans and possessed knowledge about the field area
- Medical Officers were not involved in the supervision process

Data Management

- Field Workers - very happy with the data transfer mechanism using phones and internet.
- They were comfortable and said that they have been adequately trained for the same.
- Supervisors and staff reported of extensive paperwork in the compilation process.
- There was no list of uncovered(X) houses available with any field worker.
- List of subjects screened positive was not available with the field workers

3.5.2. Innovations during Pilot

Before the pilot the training of all the ANMS was to be done at the PHC while that of the nursing students had been planned to be conducted at each of the nursing institute. However during pilot it was noted that the ANMS working in the urban area are to manage the campaign in the urban areas. As such they should have their direct contact with the nursing institutes. Accordingly it was observed that the training of the ANMs posted in the urban areas should be carried out along with the nursing students in the concerned nursing institutes for better rapport and coordination amongst them.

After the First Phase, that is the Awareness and Identification, the Second Phase of diagnosis and medical care to the persons identified during the campaign was started in Faridkot District.

3.6. Learning from the Pilot

3.6.1. First Phase

For the first phase of the state wide campaign following points immersed out of the experiences of the pilot project.

- ❖ The Training needed to be supervised by the Urban Area Doctors for better coordination.
- ❖ X house Proforma required to be designed.
- ❖ Each house visited required to be marked by chalk.
- ❖ Medical Officers required special training on the Check List.
- ❖ Training of Data Transfer required to be imparted to Urban Supervisors.
- ❖ Referral Card to be provided to the identified once during the campaign itself
- ❖ Daily Monitoring of the campaign.
- ❖ More IEC material in the form of slogans, banners and folk art.

3.6.2. Second Phase

For the implementation of the second phase of the state wide campaign the following points immersed on the basis of the experiences of the pilot.

1. The transfer of data needed to be counter checked with the original forms of the individuals identified for the removal of discrepancies
2. For planning of diagnosis and treatment, joint meetings by the medical officers, LHVs, ANM and ASHAs were required for the area of operation of each LHV.
3. Telephonic contact with the patient and the medical officer concerned needed to be maintained by the LHV/ANM.
4. The patient to be permitted to go to the nearest health care facility irrespective of the area of jurisdiction.
5. The training workshops on flow-chart for follow-up of the identified once to be held at the district, block and field level.
6. A separate workshop for the Administrators and the faculty of the medical colleges so that hassle free care may be provided at the tertiary level.
7. Involvement of the Rural Medical Officers (RMOs) in filtering of the cases.

Chapter 4

State Proposal

4. State Proposal

4.1. Proposal Statement

It was proposed that 45,000 field workers after being duly trained in about 1,200 workshops of one day duration each to be held simultaneously all over Punjab, shall carry out the State-wide Door to Door Cancer Awareness Campaign and also identify those who are to be medically examined for Symptom Based Early Detection. During the campaign, knowledge about risk factors would be imparted. Already diagnosed cases of cancer shall also be identified. Cancer deaths in the last five years shall be another indicator to gauge the impact of the disease on the economy of the State and on society. Age-group-wise load would depict as to which group is more affected

4.2. State Project Proposal

Accordingly, the State Proposal had been formulated on the basis of demographic data of the State and the institutional and human resources framework of the Department of Health and Family Welfare and the Department of Medical Education and Research which are given below in brief :

(Source: Census 2011)

Population	Male	Female	Total
Rural	90,86,466	82,30,334	1,73,16,800
Urban	55,48,353	48,39,083	1,03,87,436
Total	1,46,34,819	1,30,69,417	2,77,04,236

- **SEX RATIO**

MALE: FEMALE **1000:893**

- **LITERACY RATE**

76.7

MALE

81.5

FEMALE

71.3

- **NO. OF HOUSEHOLDS**

54, 09, 699

- **NO. OF DISTRICTS**

22

- **NO. OF VILLAGES**

12,603

- **NO. OF CITIES/ TOWNS**

217

4.2.1. HEALTH INFRASTRUCTURE

District Hospitals	21
Sub Divisional Hospitals	39
Civil/Rural Hospitals	31
Community Health Centres	129
Primary Health Centres	446
Subsidiary Health Centres (SHCs)/ Dispensaries	1412
Nursing Institutes	218
Doctors	3640
Lady Health Visitors (LHVs)/ Supervisors (M)	632
Multipurpose Health Workers (F)/ ANMs	4767
Multipurpose Health Workers (M)	1672
ASHA Facilitators	856
ASHA	16661

4.3. Aims and Objectives

1. To carry out a mass awareness campaign about cancer and its warning signs by home visits with a focus on the importance of early diagnosis in the treatment of cancer.
2. To identify the individuals showing warning signs/ symptoms that raise a suspicion of cancer.
3. To do early detection of new cases of cancer amongst the persons identified as having warning signs and symptoms.

4. To locate and find the number of already diagnosed existing cases of cancer, so as to identify the needs for strengthening preventive, treatment and palliative care facilities for cancer in Punjab.
5. Capacity building amongst the Accredited Social Health Activists (ASHAs), ASHA Facilitators, Auxiliary Nurse Midwives (ANMs), Multipurpose Health Workers-Male (MPHWs), Nursing Students, Medical and Para Medical Manpower.
6. To determine the mortality due to cancer during last five years

4.4. Major Components of the Campaign

The following were envisaged as the major components of the campaign:

1. Awareness Generation regarding the campaign from top to the grassroots level.
2. Identification, Planning and Deployment of Manpower to carry out the task.
3. Designing the Proformas, Enlisting the symptoms for awareness.
4. Preparation of the Syllabus and the Training Schedule.
5. Conducting the Training.
6. Area Mapping and Field Worker allocation.
7. Preparation of Area Wise and Worker wise display charts of coding.
8. House to house visits covering the entire population of the state.
9. Data Consolidation and Data Transfer.
10. Tabulation and Analysis
11. Follow up (diagnosis, treatment) of the suspected cases and already diagnosed cancer patients.

4.5. Methodology

The methodology prepared after wide consultations and discussions with the experts comprised a well thought through Road Map, Crisp Messages, Concrete Tasks, Manpower Mapping and Resource Mapping, Intensive Training, Decentralized Functioning, Continuous Monitoring and Guidance coupled with close supervision at the field level.

The strategy included Community Mobilization and Community Involvement. It was planned that the trained manpower shall be deployed in such a way that the whole of the task shall be carried out in campaign mode by starting the exercise throughout the State on the same day. 23,000 ANMs, Multipurpose Health Workers(M), ASHA and ASHA Facilitators shall start the work in the rural areas, and each one shall be allotted a population of 800 to 1000 or 150-200 houses per functionary. As such, even if 10 houses are visited on each working day, the

total households shall be covered in 20 working days and taking into account all other exigencies, the task shall be over in one month. Similarly for Urban Areas, it was assessed that there are 200 Nursing Institutes, so the students working for half day in Urban Areas shall be able to cover 5-10 houses per day and the task shall be over within 20 days as the students were to be allotted a population of 500 comprising of 90-100 houses only.

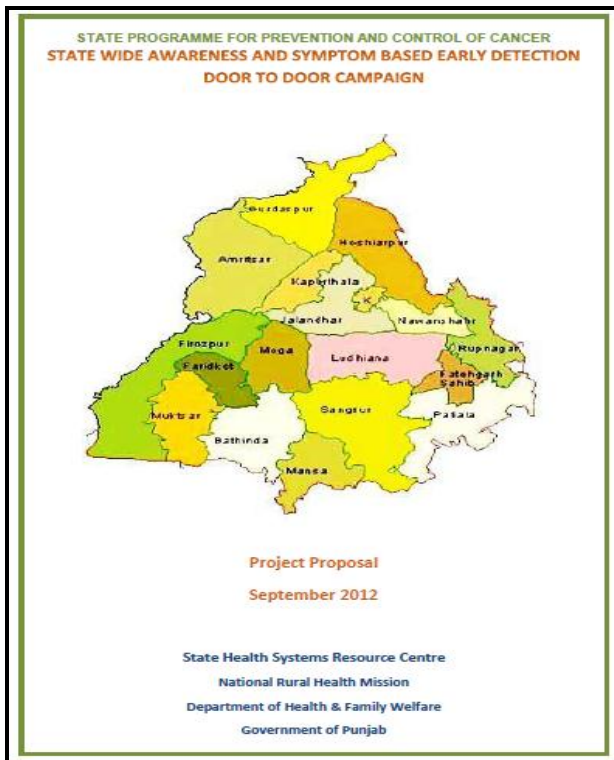
The second phase planned is the Medical Examination of each of the suspects and cancer cases at Primary Health Centres (PHCs), Civil Dispensaries (CDs)/ Civil Hospitals (CHs), then by specialists at Community Health Centres (CHCs)/ Sub Divisional Hospitals (SDHs). The District Hospitals are to finally diagnose and treat the patients and ultimately the final diagnosis and treatment centre would be the tertiary care institutes, that is the State Medical Colleges.

4.6. Materials

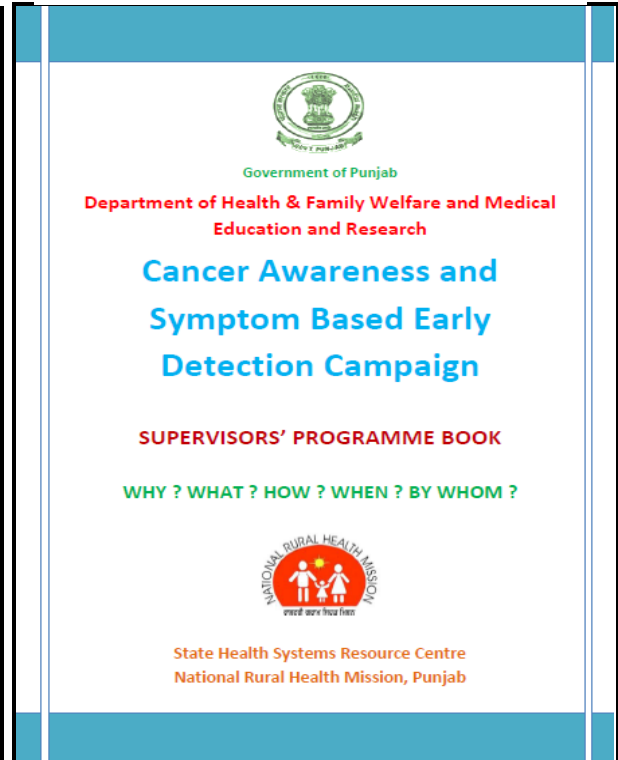
1. Proforma No.1 & No. 2 and the Consolidation Proforma Nos, I, II, III, IV, V
2. Supervisors' Programme Book
3. ASHA/ Field Worker Guide Book
4. State Project Proposal
5. Multicolour Hand Out
6. Stationery items like Pencils, Sharpener, Writing Pad, Eraser, Pen & Clear Bag

Key Components of Training Material

Cover Page of State Project Proposal



Cover Page of Supervisors' Programme book



Cover Page of ASHA/Field Worker Guide Book



Proforma No.1

ਪਰਚਮਾ - 1

ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਅਤੇ ਸੋਸ਼ੀਲ ਸੇਵਾ ਤੇ ਖੋਜ ਵਿਭਾਗ
ਕੈਂਸਰ ਚੇਤਨਾ ਅਤੇ ਲੱਛਣ ਅਧਾਰਤ ਜਲਦੀ ਜਾਂਚ ਲਈ ਸੂਬਾਈ ਮੁਹਿੰਮ

ਦਾਰਮ ਨੰ.:

ਕ੍ਰਮ ਨੰ.	ਅਲਾਮ ਨੰ.	ਨਾਮ	ਉਮਰ			ਲਿੰਗ	ਰਾਸ਼ੀ-ਮੁਕਾਮ			ਕੀ ਕਿਸੇ ਨੂੰ ਆਪਣੇ ਘਰ ਵਿਖੇ ਕੈਂਸਰ ਦੀ ਸੰਕੇਤ ਲੱਛਣਾਂ (ਲਿੰਗ)	ਕਿਸੇ ਨੂੰ ਕੈਂਸਰ ਦੀ ਸੰਕੇਤ ਲੱਛਣਾਂ (ਲਿੰਗ)	ਕਿਸੇ ਨੂੰ ਕੈਂਸਰ ਦੀ ਸੰਕੇਤ ਲੱਛਣਾਂ (ਲਿੰਗ)
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ਦਾਰਮ ਨੰ. ਤਰੱਕ ਵਾਲੇ ਦੇ ਦਸਤਖਤ

Proforma No.2 – The Individual Proforma

ਵਿਲੱਖਣ ਆਈ.ਡੀ. _____

ਪੰਜਾਬ ਸਰਕਾਰ

ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਤਲਾਈ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਤੇ ਖੋਜ ਵਿਭਾਗ

ਕੈਂਸਰ ਚੇਤਨਾ ਅਤੇ ਲੱਛਣ ਆਧਾਰਤ ਜਲਦੀ ਜਾਂਚ ਲਈ ਸੂਚਾਈ ਮੁਹਿੰਮ

ਵਿਅਕਤੀਗਤ ਪਰਫਾਰਮਾ - 2

(ਕੇਵਲ ਉਨ੍ਹਾਂ ਲਈ ਭਰਨਾ ਹੈ ਜਿਨ੍ਹਾਂ ਨੂੰ ਕੈਂਸਰ ਹੈ ਜਾਂ ਕੈਂਸਰ ਨਾਲ ਮੌਤ ਹੋ ਗਈ ਜਾਂ ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਕੈਂਸਰ ਦੇ ਹੱਕ ਚਾ ਕੋਈ ਲੱਛਣ ਪਾਇਆ ਗਿਆ ਹੋਵੇ ਜਾਂ ਜਿਨ੍ਹਾਂ ਚਾ ਕੈਂਸਰ ਚਾ ਇਲਾਜ ਹੋ ਚੁੱਕਾ ਹੈ)

1. ਜਨਮ ਵੇਲ਼ਾ	2. ਬਲਾਕ ਕੋਡ
3. ਪਿਤਾ / ਮਰਿਯ ਕੋਡ	4. ਵਾਰਡ ਕੋਡ ਜਾਂ ਨਾਮ
5. ਮਕਾਨ ਨੰ:	6. ਖੇਤਰੀ ਕਾਮਾ ਕੋਡ

7. ਨਾਮ	8. ਪਿਤਾ/ਪਤੀ ਦਾ ਨਾਮ			
9. ਸੰਪਰਕ ਨੰ:	10. ਲਿੰਗ			
11. ਉਮਰ	1) 30 ਸਾਲ ਤੋਂ ਘੱਟ	2) 30-44	3) 45-59	4) 60 ਸਾਲ ਜਾਂ ਉੱਪਰ

12. ਕੀ ਜਾਂਚ ਦੇ ਕੇ ਕੈਂਸਰ ਨਿਕਲਿਆ ਹੈ? 1) ਹਾਂ 2) ਨਾਂਹ
 13. ਜੇ ਨਾਂਹ, ਤਾਂ ਕੀ ਤੁਹਾਡੇ ਵਿੱਚ ਨਿਮਨ ਲਿਖਤ ਵਿੱਚੋਂ ਕੋਈ ਲੱਛਣ/ਤਕਲੀਫ ਹੈ:

ਕੋਵਲ ਉਨ੍ਹਾਂ ਲਈ ਜਿਨ੍ਹਾਂ ਨੂੰ ਤਕਲੀਫ/ਲੱਛਣ ਹੋਵੇ ਪਰ ਬਿਮਾਰੀ ਦੀ ਜਾਂਚ ਨਾ ਹੋਈ ਹੋਵੇ	ਅੱਗ ਜਿਸ ਬਾਬਤ ਲੱਛਣ ਹੈ
1) ਡਾਈ/ਦੁੱਖੀ ਵਿੱਚ ਗਏ/ਗਈ/ ਹਾਲ ਹੀ ਵਿੱਚ ਨਿਮਲ ਚਾ ਅੱਖਰ ਘਸਾ/ ਨਿਮਲ ਵਿੱਚੋਂ ਖੂਨ ਨਿਕਲਿਆ ਮਹਾਦ ਫਰਟਾ	ਡਾਈ/ਦੁੱਖੀ
2) ਸੰਤੋਖ ਤੋਂ ਬਾਅਦ ਖੂਨ ਵਗਣਾ/ ਗੁਪਤ ਅੱਗ ਵਿੱਚੋਂ ਖੂਨ ਵਗਣਾ/ ਮਹਾਦਾਈ ਦੌਰਾਨ ਸ਼ੇਰੋਟ ਖੂਨ ਪੈਣਾ/ ਮਹਾਦਾਈ ਦੇ ਵਿੱਚ ਵਿਚਾਰੇ ਖੂਨ ਪੈਣਾ, ਸੰਤੋਖ ਵੇਲੇ ਦਰਦ	ਸ਼ੇਰੋਟ/ਸੰਤੋਖ/ ਮਹਾਦਾਈ ਦਾ ਮੂੰਹ (ਸਰਵਿਕਲ)
3) ਮੂੰਹ/ ਮਸੂਰੇ/ ਤਾਫੂਆਂ ਜਾਂ ਜੀੜ ਤੋਂ ਨਾ ਨੀਕ ਹੋਣ ਵਾਲਾ ਜਖਮ / ਪੁਰਾਣੇ ਜਖਮ ਵਿੱਚੋਂ ਖੂਨ ਵਗਣਾ/ ਜੀੜ ਤੋਂ ਗਏ/ਗਈ/ ਹੱਥ	ਮੂੰਹ/ ਮਸੂਰਾ/ ਤਾਫੂਆਂ / ਜੀੜ
4) ਡੇਅਰ ਨਿਗਲਣ ਵਿੱਚ ਬੇਹੁੱ ਸਮੇਂ ਤੋਂ ਤੁਰਾਵਟ/ ਅਵਾਜ ਦਾ ਨੀਕੇ ਲਈ ਚੈੱਟ/ ਬਦਲ ਜਾਣਾ/ ਲਗਾਤਾਰ ਨੀਕੇ ਆਉਣ/ ਬਦਲਾ ਵਿੱਚ ਖੂਨ	ਤੁਰਾਵਟ (ਇਨਕਸਟ ਨਲੀ) / ਅਵਾਜ ਚੈੱਟ/ ਡੇਅਰ
5) ਪੇਟ ਵਿੱਚ ਕੋਠੇ ਨਾਲ ਡੂੰਘੇ ਤੋਂ ਵਜਨ ਘਟਣ ਦੇ ਨਾਲ ਖਾਰਸ਼ ਅਤੇ ਨਾ ਨੀਕ ਹੋਣ ਵਾਲਾ ਪੇਚੀਆ	ਨਿਗਲ/ ਪਿੜਾ
6) ਟੇਟੀ ਵਿੱਚ ਬਿਨਾਂ ਦਰਦ ਖੂਨ ਆਉਣਾ/ ਬਿਨਾਂ ਕਾਰਣ ਇਕ ਲਖੜ ਵਜਨ ਘੱਟ ਜਾਣਾ/ ਖੂਨ ਦੀ ਕਮੀ (ਐਮੀਨੀਆ)/ ਟੇਟੀ ਆਦਿ ਵਿੱਚ ਇਕ ਲਖੜ ਬਦਲਾਅ	ਆਂਤੜੀ/ ਗੁਦਾ
7) ਕਿਸੇ ਕੁਦਰਤੀ ਭੇਦ ਵਿੱਚੋਂ ਬਿਨਾਂ ਵਜਨ ਖੂਨ ਵਗਣਾ/ ਬਿਨਾਂ ਵਜਨ ਹਿੱਟ ਮਹੀਨਿਆਂ ਤੋਂ ਵੱਧ ਉਮਰ	ਖੂਨ / ਲੀਕਾ ਕ੍ਰੀਮੀ
8) ਦਰਦ ਬਿਨਾਂ ਪਿਸ਼ਾਬ ਵਿੱਚ ਖੂਨ/ ਪਿਸ਼ਾਬ ਵਿੱਚ ਤੁਰਾਵਟ/ 50 ਸਾਲ ਤੋਂ ਵੱਧੇ ਪੁਰਖ ਨੂੰ ਰਾਤ ਨੂੰ ਵਾਰ ਵਾਰ ਪਿਸ਼ਾਬ ਆਉਣਾ	ਗੁਰਦਾ/ ਮਸਲਾ/ ਗਜੂਟ (ਪ੍ਰੋਸਟੇਟ)
9) ਮੌਕੇ ਜਾਂ ਇਲ ਦੇ ਆਕਾਰ/ ਰੰਗ ਵਿੱਚ ਇਕ ਲਖੜ ਬਦਲਾਅ ਜਾਂ ਉਸ ਵਿੱਚੋਂ ਆਪਣੇ ਆਪ ਖੂਨ ਵਗਣਾ ਸ਼ੁਰੂ ਹੋ ਜਾਣਾ	ਚਮੜੀ
10) ਪੜਾਯੂ ਵਿੱਚ ਸਖ਼ਤ ਗਏ/ਗਈ	ਪੜਾਯੂ
11) ਬਿੜਾਂ ਖਾਰਨ ਲਗਾਤਾਰ ਨਿਗ ਦਰਦ ਆਉਣ ਵੇਲੇ	ਨਿਗ/ਨਿਮਾਗ
12) ਸਰੀਰ ਵਿੱਚ ਕਿਤੇ ਵੀ ਕੰਧ ਜਾਂ ਕੋਲਾ ਜਾਂ ਗਏ/ਗਈ/ ਨਾ ਨੀਕ ਹੋਣ ਵਾਲਾ ਜਖਮ	ਕੋਈ ਵੀ ਅੱਗ

7 ਹੋ ਚੁੱਕੀ ਹੈ

14. ਕੈਂਸਰ ਦੀ ਜਾਂਚ ਕਿੱਥੇ ਹੋਈ? (ਰਿਪੋਰਟ ਦੇ ਕਾਪੀ ਲਾਓ)	1) ਮੈਡੀਕਲ ਕਾਲਜ	2) ਕਿਤੇ ਹੋਰ
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15. ਕਿਸ ਅੱਗ ਦਾ ਕੈਂਸਰ	1) ਡਾਈ/ਦੁੱਖੀ	2) ਸ਼ੇਰੋਟ/ ਸੰਤੋਖ/ ਮਹਾਦਾਈ ਦਾ ਮੂੰਹ (ਸਰਵਿਕਲ)/ ਐਮੀਨੀਆ	3) ਮੂੰਹ/ ਮਸੂਰਾ/ ਤਾਫੂਆਂ/ ਜੀੜ	4) ਤੁਰਾਵਟ/ ਅਵਾਜ ਚੈੱਟ/ ਡੇਅਰ
	5) ਨਿਗਲ/ ਪਿੜਾ	6) ਆਂਤੜੀ/ ਗੁਦਾ	7) ਖੂਨ/ ਲੀਕਾ ਕ੍ਰੀਮੀ	8) ਗੁਰਦਾ/ ਮਸਲਾ/ ਗਜੂਟ (ਪ੍ਰੋਸਟੇਟ)
	9) ਚਮੜੀ	10) ਪੜਾਯੂ	11) ਨਿਗ/ ਨਿਮਾਗ	12) ਕਿਤੇ ਹੋਰ ਅੱਗ

16. ਜਾਂਚ ਦੇ ਕੇ ਕੈਂਸਰ ਚਾ ਕਦ ਪਤਾ ਚੱਲਿਆ	1) ਇਕ ਸਾਲ ਦੇ ਅੱਖਰ	2) ਇਕ ਤੋਂ ਇਨ ਸਾਲ ਦੇ ਅੱਖਰ	3) ਇਨ ਤੋਂ ਪੰਜ ਸਾਲ ਦੇ ਅੱਖਰ	4) ਪੰਜ ਸਾਲ ਤੋਂ ਵੱਧ
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17. ਇਲਾਜ ਕਿੱਥੇ ਕਰਵਾਇਆ	1) ਸਰਕਾਰੀ ਹਸਪਤਾਲ	2) ਪ੍ਰਾਈਵੇਟ ਹਸਪਤਾਲ	3) ਕਿਤੇ ਹੋਰ	4) ਕਿਤੇ ਨਹੀਂ
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18. ਕੀ ਕੈਂਸਰ ਚਾ ਮਰੀਜ	1) ਜੀਵਤ ਹੈ?	2) ਮੌਤ ਹੋ ਗਈ?
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19. ਕੋਈ ਆਰਥਿਕ ਸਹਾਇਤਾ ਮਿਲੀ:	1) ਹਾਂ	2) ਨਾਂਹ	19 (ਅ) ਜੇ ਹਾਂ ਤਾਂ ਕਿੱਥੇ	1) ਸਰਕਾਰ ਵੱਲੋਂ	2) ਕਿਸੇ ਹੋਰ ਵੱਲੋਂ
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20. ਨਿਮਨ ਲਿਖਤ ਵਿੱਚੋਂ ਕੀ ਕੋਈ ਲਾਗੂ ਹੈ? ਟਿੱਕ ਕਰੋ

1) ਕੀ ਤੁਸੀਂ ਬੱਚਿਆਂ ਨੂੰ ਆਪਣਾ ਉੱਚ ਫੰ ਮਹੀਨੇ ਤੱਕ ਜਾਂ ਵੱਧ ਨਹੀਂ ਚੁੱਕਿਆ ਸੀ? (ਜੇ ਲਾਗੂ ਹੋਵੇ)
2) ਕੀ ਤੁਸੀਂ ਉੱਠੇ ਵਾਲਾ ਤੀਬਰ ਪੈਂਦੇ ਹੋ? (ਬੀੜੀ, ਨਿਗਟ, ਗੁਰਾ, ਇਲਮ ਆਦਿ)
3) ਕੀ ਤੁਸੀਂ ਉੱਠੇ ਵਾਲਾ ਤੀਬਰ ਪੈਂਦੇ ਹੋ? (ਜਗਣਾ/ ਗੁਟਕਾ/ ਪਾਨ ਮਸਲਾ ਆਦਿ)
4) ਕੀ ਤੁਸੀਂ ਲਗਾਏ ਪੈਂਦੇ ਹੋ?
5) ਕੀ ਪਰਿਵਾਰ ਵਿੱਚ ਕਿਸੇ ਨੂੰ ਕਦੀ ਕੈਂਸਰ ਹੋਇਆ ਹੈ?
6) ਕੀ ਤੁਸੀਂ 40 ਸਾਲ ਦੀ ਉਮਰ ਤੋਂ ਬਾਅਦ ਵੀ ਗਰਭ ਰੋਕੂ ਗੋਲੀਆਂ ਖਾਂਦੇ ਹੋ? (ਜੇ ਲਾਗੂ ਹੋਵੇ)

21. ਸਾਢੀ ਦੀ ਸਵਿਤੀ	1) ਸਾਈ-ਗੁਦਾ	2) ਤੁਰਾਵਾ/ ਤੁਰਾਈ	3) ਵਿਪਲਾ	4) ਤੁਰਾਕੁਦਾ/ ਵੱਧ
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22. ਪੜ੍ਹਾਈ ਦਾ ਪੱਧਰ	1) ਅਨਪੜ੍ਹ	2) ਪੜ੍ਹਿਆ
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23. ਕੰਮ-ਕਾਰ	1) ਬੇੜੀਗਾਰੀ	2) ਬੋਤ ਸਜ਼ੂਦ	3) ਸਨਅਤੀ ਸਜ਼ੂਦ	4) ਹੋਰ ਸਜ਼ੂਦ
	5) ਨੌਕਰੀ	6) ਗੁਰਦਾਗਰ/ ਕਾਰੋਬਾਰ	7) ਕੋਈ ਹੋਰ	

24. ਪਰਿਵਾਰਕ ਆਮਦਨ (ਮਾਸਿਕ)	1) 1000 ਰੁ. ਤੋਂ ਘੱਟ	2) 1000-2000	3) 2001-3000
	4) 3001-5000	5) 5001-10000	6) 10000 ਤੋਂ ਵੱਧ

25. ਪੀਣ ਦੇ ਪਾਣੀ ਦਾ ਸ੍ਰੋਤ	1) ਟੂਟੀ ਦਾ ਪਾਣੀ	2) ਹੱਥ ਨਲਕਾ	3) ਨਹਿਰ	4) ਟੋਭਾ/ ਤਲਾਬ
	5) ਵਿਦਿਊਟੀਲ	6) ਖੁਦ	7) ਆਰ ਓ	8) ਕੋਈ ਹੋਰ

26. ਖਾਣ/ ਰੋਹ ਜੋ ਸਭ ਤੋਂ ਵੱਧ ਰੱਬੀ ਵਰਤਿਆ	1) ਡਾਈਅਮੈਨੀਆ	2) ਸੁਰੀਆ	3) ਮੈਨ ਪੀ ਕੇ
	4) ਪੋਟਾਸ਼	5) ਸੁਪਰ ਫਾਸਫੇਟ	6) ਕੋਈ ਹੋਰ/ ਕੋਈ ਨਹੀਂ

ਦਾਰਮ ਤਰਣ ਵਾਲੇ ਦੇ ਦਸਤਖਤ

Consolidated Proforma No.1

ਸੰਗਠਿਤ ਪਰਫਾਰਮਾ - 1

ਪੰਜਾਬ ਸਰਕਾਰ

ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਤਲਾਈ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਤੇ ਖੋਜ ਵਿਭਾਗ

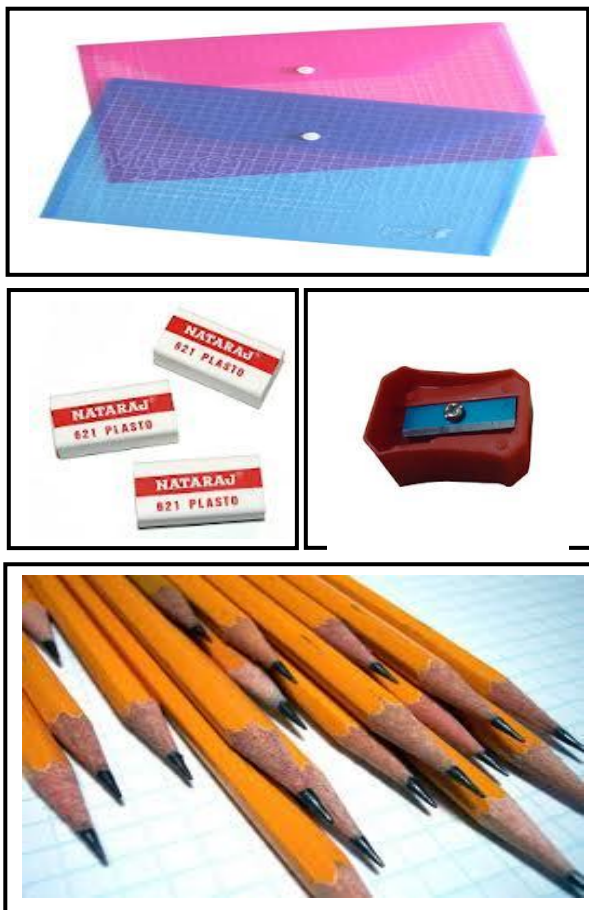
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ਖੇਤਰੀ ਕਾਮਾ

ਕ੍ਰਮ ਨੰ.	ਪੰਚ ਨੰ.	ਵਿਭਾਗ/ਖੇਤਰ ਨਾਮ	ਘਰ ਦੀ ਨਿਸ਼ਾਨੀ	ਉਮਰ				ਲਿੰਗ	ਕਮਰੇ/ਗੁਦਾ	ਕੋਈ ਨੀਕ ਵੀ ਕੈਂਸਰ ਹੈ	ਕੋਈ ਹੋਰ ਅੱਗ ਵੀ ਕੈਂਸਰ ਹੈ	ਕਿਸੇ ਹੋਰ ਸਹਾਇਕ ਸਿੱਖਿਆ ਹੋਣ ਵਾਲਾ
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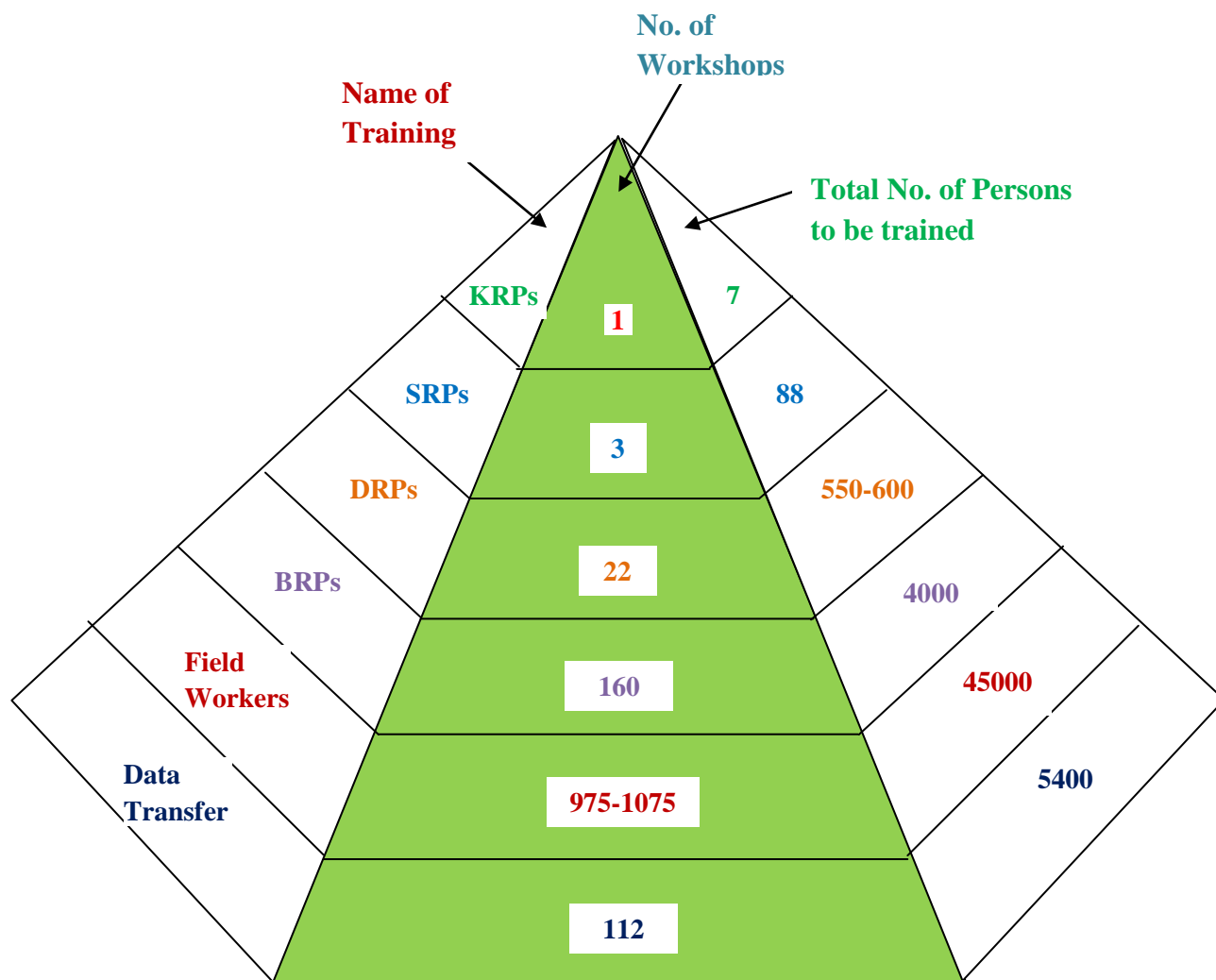
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Stationary Items



4.7. Trainings

Name of Training	Participants	No. of Workshops	No. of Persons Trained
Key Resource Persons (KRPs)	Core Committee Members	1	7
State Resource Persons (SRPs)	Civil Surgeons/ Nodal Officers of Cancer Awareness Campaign, DHO, DFWO, ACS, Any Other District Level Officer	3	88
District Resource Persons (DRPs)	District Officers, SMOs, Block Officers, 2-3 member from each Nursing Institute	22	550-600
Block Resource Persons (BRPs)	All MOs, LHVs, Supervisors (M), Faculty of Nursing Institutes	160	4000
Field Workers	ASHA Facilitators, ASHAs, Multipurpose Health Workers (F)/ ANMs, Multipurpose Health Workers (M), Nursing Students	975-1075	45000
Data Transfer	ANMs	92	4600
Data Transfer Training- Urban Area	Nursing Institutes Faculty, Urban Area Data Entry operators	20	800



4.8. Monitoring Mechanism

Daily Monitoring of each activity at the concerned level, that is Material Production, Procurement, Distribution of Materials, Devolution of Funds, Training at all levels, House visits on daily basis was envisaged. This was to be done not only by supervisors that is Block Resource Persons (BRPs) but also the District Resource Persons (DRPs), State Resource Persons (SRPs), and Key Resource Persons (KRPs).

The Civil Surgeons, Project Coordinators and the Nodal Officers were given autonomy and freedom with decentralization.

4.9 Activities that were to be completed before Roll Out

- ❖ Orientation workshops
- ❖ Earmarking the Area and Working out logistics.
- ❖ Printing of materials.
- ❖ Distribution of materials.

4.9.1 Information Dissemination Through

- i. All the Deputy Commissioners as they are the chairpersons of District Health Societies.
- ii. Department of Panchayati Raj and Rural Development for seeking cooperation of PRIs and the RMOs
- iii. Department of Local Government for seeking cooperation of the Municipalities
- iv. Department of Education for seeking cooperation of schools and colleges for information dissemination
- v. Department of Social Security for the cooperation of Anganwadies.
- vi. Department of Revenue for cooperation of the Village Patwaries and the Lambardars.
- vii. Department of Public Relations.

This shall be done in a way that people co-operate and there is no element of scare or misunderstanding owing to the door to door campaign.

4.9.2. Preparatory Activities to be done by the Civil Surgeons

Facility Mapping

Institutions, Location Wise

Urban Areas

District Hospital (DH), Sub Divisional Hospitals (SDHs), Civil Hospitals (CHs), Community Health Centres (CHCs), Dispensaries, Sub Centres

Rural Areas

Community Health Centres (CHCs), Primary Health Centres (PHCs), Rural Hospitals, Dispensaries, Sub Centres

Medical Manpower, Institution Wise

Sanctioned Posts of Doctors

Postings Specialty wise, Qualification wise

Postings in Civil Surgeon's office with designations

Programme Officers

Health Workers in the Field

Village wise, Sub Centre wise, PHC wise and CHC wise manpower details as to

- the names of the BEEs/ LHV's/ Supervisors under each CHC/Block PHC,
- Sub Centre wise ANMs and MPHW (M) under each LHV /Supervisor
- Names of villages under each Sub Centre
- Names of ASHA with each ANM /Sub Centre
- Names of ASHA Facilitator and the names of concerned ASHA, ANM and LHV.

Nursing Institutes (both Government and Private)

Names	Addresses
E mails	Telephone Numbers
Name of Principal,	Contact Number
Faculty	Computers
Admission Capacity, Course wise	
Year wise and course wise strength of students.	

Civil Surgeons were asked to designate a senior, dynamic, resourceful and hard-working doctor as project coordinator for the district to draw out the project proposal. A copy of the faridkot proposal was sent to them for guidance.

4.10. Budgetary Provisions and Disbursements

Cost of One Batch of State Level Officers (KRPs)	= Rs. 34,000/-
Cost of 2 batches of District Level Officers (SRPs)	= Rs. 1,08,000/-
Cost of 20 Batches of SMOs, MEIOs, Dy. MEIOs (DRPs)	= Rs. 9,68,000/-
Cost of 160 Batches of MOs, BEEs, LHV's & Supervisors	= Rs. 44,00,000/-
Cost of 575 Batches of MPW (F &M)/ANMs & ASHA	= Rs. 66,12,000/-
Total Cost for Training of N. Students BSc. & GNM	= Rs. 24,00,000/-
GRAND TOTAL	= Rs. 1,35,22,000/-

TOTAL COST FOR TRAINING FOR CANCER CAMPAIGN = Rs. 1, 35, 22,000/-

Materials and other costs = Rs. 65, 00,000/-

Total = Rs. 2, 00, 00,000/-

This exercise being a campaign, the appropriation within the subheads may be done subject to overall limit.

4.11. Calendar of Activities

Activity	Time Frame
Preliminary Consultations	April 2012
Expert Consultations	May 2012
Detailed Project Formulation	May/ June 2012
Getting Tentative Provisions of Budget	May 2012
Finalization of Proformas	June 2012
Finalization of Data Transfer Mechanism	July 2012
Pre-Test	July-August 2012
Finalization of Training Curriculum	July 2012
Finalization of Training Schedule	July 2012
Issuance of Government Orders in Specific Reference to the Campaign	August 2012
Area Mapping	August 2012
Manpower Mapping	August 2012
Coding	September 2012
Training Material and Proformas and Other Materials	October/ November 2012
Completion of Training at all Levels	30 th November 2012
Awareness Campaign and Symptom Based Identification	31 st December 2012
Data Consolidation, Transfer and Analysis	31 st March 2013
Submission of Report	15 th May 2013
Finalization of Accounts and Submission of UC	31 st May 2013
Completion of Clinical Examination and Medical Aid to all	31 st August 2013

Chapter 5

Implementation

5. Implementation

5.1. Release of the State Project

The State Project Proposal was released by the Chief Minister on 30th September, 2012 at Punjab Bhawan, Chandigarh.



Campaign against cancer from Oct 2

EXPRESS NEWS SERVICE
CHANDIGARH, SEPT 30

Badal also directed Finance Minister Parminder Singh Dhindsa to immediately...

ਬਾਦਲ ਵਲੋਂ ਸੂਬਾ ਪਧਰੀ ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਨੂੰ ਹਰੀ ਝੰਡੀ

ਚੰਡੀਗੜ੍ਹ, 30 ਸਤੰਬਰ (ਬੁਲਾਰੀਕ ਮਿਲਕ) : ਪੰਜਾਬ ਦੇ ਮੁੱਖ ਮੰਤਰੀ ਸ. ਬਾਦਲ ਪ੍ਰਧਾਨਗੀ ਵਿੱਚ ਬਾਦਲ ਨੇ ਸੂਬੇ ਵਿੱਚ ਕੈਂਸਰ ਦੀ ਰੋਕਥਾਮ ਲਈ ਇੱਕ ਮਹੀਨਾ ਲੰਮੀ ਸੂਬਾ ਪਧਰੀ ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਤੋਂ ਸ਼ੁਰੂ ਕਰਵਾਉਣ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ। ਇਸ ਮੁਹਿੰਮ ਨੂੰ ਦਸੰਬਰ ਤੋਂ ਸ਼ੁਰੂ ਕਰਨ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ।

ਬਾਦਲ ਵਲੋਂ ਸੂਬਾਈ ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਚਲਾਉਣ ਨੂੰ ਹਰੀ ਝੰਡੀ

ਮੁਹਿੰਮ ਅਗਲੀ 1.25 ਕਰੋੜ ਦੀ ਆਬਾਦੀ ਨੂੰ ਕੀਤਾ ਜਾਵੇਗਾ ਕਰਵਾਉਣ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ। ਇਸ ਮੁਹਿੰਮ ਨੂੰ ਦਸੰਬਰ ਤੋਂ ਸ਼ੁਰੂ ਕਰਨ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ।

ਪੰਜਾਬ ਸਰਕਾਰ ਬਦ-ਬਦ ਤਲਾਸ਼ੀ ਕੈਂਸਰ ਮਰੀਜ਼

ਮੁੱਖ ਮੰਤਰੀ ਨੇ ਕੈਂਸਰ ਮਰੀਜ਼ਾਂ ਦੀ ਖੋਜ ਲਈ ਸਰਕਾਰੀ ਖਰਚੇ ਦੀ ਵਰਤੋਂ ਕਰਨ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ।

ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਚਲਾਉਣ ਲਈ ਹਰੀ ਝੰਡੀ

ਕੈਂਸਰ ਦੀ ਦਵਾਈ ਦੀਆਂ ਕੀਮਤਾਂ ਘੱਟ ਕਰਨ ਲਈ ਯੋਜਨਾ ਬਣਾਉਣ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ।

ਪੰਜਾਬ 'ਚ ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਨੂੰ ਹਰੀ ਝੰਡੀ

- 1.25 ਕਰੋੜ ਦੀ ਆਬਾਦੀ ਨੂੰ ਕੀਤਾ ਜਾਵੇਗਾ ਸ਼ਾਮਲ
- 50 ਹਜ਼ਾਰ ਮੁਲਾਜ਼ਮ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ।
- 2 ਅਕਤੂਬਰ ਨੂੰ ਜ਼ਿਲ੍ਹਾ ਵਰੀਦਕੋਟ ਤੋਂ ਸ਼ੁਰੂ ਕਰਵਾਉਣ ਦੀ ਹਰੀ ਝੰਡੀ ਦੇ ਦਿੱਤੀ ਹੈ।

5.2. Consultations, Meetings, Orientation and Review Before Roll Out

Before rolling out this gigantic exercise, the paths needed to be smoothened and bottlenecks removed through wider consultations, formal meetings, reviews and orientations at various levels numbering about 35.

Core Committee Meetings: More than 12 Core Committee Meetings were held during this process. One Core Committee Meeting was held under the chairmanship of Chief Minister, Punjab, one under the supervision of Sh. Keshav Desiraju, IAS, Special Secretary, Ministry of Health and Family Welfare, Government of India and the rest of the meetings under the chairmanship of Principal Secretary, Health and Family Welfare or other senior officers of the Government of Punjab.

Review Meetings: Review meetings were held regularly at the State Headquarter as well at the District Headquarter with the State and District Programme Officers. Five meetings were held under the chairmanship of the Principal Secretary, Health and Family Welfare, Government of Punjab.

Orientation Workshops: 25 workshops were held in the field. At a state-level workshop at the State Institute of Health and Family Welfare (SIHFW), Mohali, District Programme Officers of various programmes were given in-depth orientation.

Civil Surgeons' Conferences: Four Civil Surgeon Conferences were held, one at Circuit House, Ludhiana and three in the DHS Office, Chandigarh in which details of the Campaign and the role of the Civil Surgeons were discussed.

For the implementation of the State Wide Campaign, more than 12 consultative meetings were held with the experts, and the materials and proformas as well as strategy finalized. Almost all these meetings were chaired by Principal Secretary, Health and Family Welfare, Punjab.

Preparatory and Review Meetings

S.No	Date & Venue	Agenda
1.	23.05.2012, Committee Room, Mini Secretariat, Sector-9, Chandigarh	<ul style="list-style-type: none"> • Identification of location of Cancer Hospital & Research Institute • Constitution of high power committee for inter sectoral coordination and its Terms of Reference. • Survey of cancer patients with the assistance of field workers.
2.	11.06.2012, SIHFW, Phase-6, Mohali	<ul style="list-style-type: none"> • Proposed Cancer survey/screening in Punjab
3.	29.06.2012, DHS Office, Sec-34, Chandigarh.	<ul style="list-style-type: none"> • Draft Plan of "Awareness and Preliminary Screening Campaign" of Cancer cases in Punjab.
4.	09.07.2012, NRHM,	<ul style="list-style-type: none"> • Cancer Awareness and Early Detection on the

State Wide Door to Door Campaign on Cancer Awareness & Symptom Based Early Detection

	Punjab, Sector- 38, Chandigarh	basis of symptoms, facilities to be created, diagnostics etc.
5.	12.07.2012, Committee Room, 4th Floor, Mini Secretariat, Sector 9, Chandigarh	<ul style="list-style-type: none"> • Progress made by Core Committee. • Making available low cost cancer drugs. • Improvement in Guidelines of Mukh Mantri Punjab Cancer Rahat Kosh Scheme • Proposal of Philips India regarding Mobile Screening Vans
6.	03.08.2012, DHS Office, Sec-34, Chandigarh.	<ul style="list-style-type: none"> • Finalization of Training Syllabus, Curriculum for Specialists & Symptoms based checklist
7.	06.08.2012, Committee Room, 4th Floor, Mini Secretariat, Sector 9, Chandigarh	<ul style="list-style-type: none"> • Progress made by Core Committee regarding mass awareness, early detection campaign in Punjab • Procurement of low cost cancer drugs
8.	22.08.2012, DHS Office, Sec-34, Chandigarh.	<ul style="list-style-type: none"> • Procurement of low cost diagnostic tests for the follow-up of cancer patients availing Mukh Mantri Punjab Cancer Rahat Kosh Yojana • Empanelled hospitals to procure low cost cancer medicines and suitable clauses/ amendment to the MoU
9.	28.08.2012, Committee Room, 4th Floor, Mini Secretariat, Sector 9, Chandigarh	<ul style="list-style-type: none"> • Review the progress of preparations for implementing Mass Cancer Awareness and Detection Campaign • To ensure availability of low cost cancer medicines for all cancer patients in Punjab.
10.	04.09.2012, O/o ASH	<ul style="list-style-type: none"> • Regarding implementation of Pilot.
11.	05.09.2012, O/o ED-SHSRC	<ul style="list-style-type: none"> • Data Transfer Requirements and Modalities
12.	05.09.2012, O/o ASH	<ul style="list-style-type: none"> • Mobile Software for Data Transfer and Pilot of Cancer Awareness Campaign.
13.	07.09.2012, O/o PSHFW	<ul style="list-style-type: none"> • Data Transfer and Pilot Project Implementation.
14.	11.09.2012, O/o ASH	<ul style="list-style-type: none"> • HISP India for Software
15.	13.09.2012, O/o Civil Surgeon, Faridkot	<ul style="list-style-type: none"> • Training and Manpower for Pilot
16.	19.09.2012, O/o PSHFW	<ul style="list-style-type: none"> • Demonstration of Software and Review of Pilot.
17.	19.09.2012, O/o MD	<ul style="list-style-type: none"> • HISP India on Modalities and Equipments for

	NRHM Punjab	Data Transfer
18.	27.09.2012, O/o VC, BFUHS, Faridkot	<ul style="list-style-type: none"> Regarding Participation of University College of Nursing (UCON) and Inauguration of Pilot Project.
19.	30.09.2012, Punjab Bhawan, Chandigarh	<ul style="list-style-type: none"> Release of State Project Proposal by S. Parkash Singh Badal, Hon'ble Chief Minister Punjab
20.	01.10.2012, O/o PSHFW	<ul style="list-style-type: none"> Review and Modalities for Inauguration of Pilot.
21.	02.10.2012, Circuit House, Fardikot	<ul style="list-style-type: none"> Progress of Preparation of Rally and March for Cancer Awareness.
22.	02.10.2012, Senate Hall, BFUHS, Faridkot	<ul style="list-style-type: none"> Release of Pilot Project Faridkot by Sh. Madan Mohan Mittal, Hon'ble Health Minister Punjab.
23.	02.10.2012, Officers Club, Faridkot	<ul style="list-style-type: none"> Progress and Details of Cancer Awareness Campaign after Pilot.
24.	04.10.2012, Punjab Bhawan, Chandigarh	<ul style="list-style-type: none"> Introduction and Distribution of Material on Cancer Awareness to DCs.
25.	08.10.2012, O/o PSHFW	<ul style="list-style-type: none"> Review of Progress of Campaign in Pilot.
26.	23.10.2012, O/o ED-SHSRC	<ul style="list-style-type: none"> SRPs Training Workshops
27.	31.10.2012, Punjab Bhawan, Chandigarh	<ul style="list-style-type: none"> Release of Report of Pilot Project by Sh. Madan Mohan Mittal, Hon'ble Health Minister, Punjab.
28.	01.11.2012, O/o ED-SHSRC	<ul style="list-style-type: none"> External Evaluation by PGIMER
29.	02.11.2012, O/o ED-SHSRC	<ul style="list-style-type: none"> SRPs Training Modalities.
30.	08.11.2012, O/o ED-SHSRC	<ul style="list-style-type: none"> Field Trainings for Data Transfer with HISP India.
31.	12.11.2012, Committee Room, 4 th Floor, Punjab Civil Secretariat-II, Sector-9, Chandigarh	<ul style="list-style-type: none"> Review meeting of the Pilot Project Faridkot. Presentation of interim report of external evaluation.
32.	13.11.2012, O/o ED-SHSRC Mohali.	<ul style="list-style-type: none"> With HISP India for Field Workers Training

Civil Surgeons Conferences

Four Civil Surgeons Conferences were held during this period. Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign was the prime

agenda item in each such conference. The Aims and Objectives, Methodology, Human Resources etc. of this campaign were discussed with the Civil Surgeons of the State of Punjab and various state-level Programme Officers.

S.No	Date	Venue	Chairperson
1	30/06/2012	Committee Room, DHS Office, Parivar Kalyan Bhawan, Sector-34, Chandigarh	Sh. Madan Mohan Mittal, Health Minister, Punjab, and Smt. Vini Mahajan, PSHFW
2	14/09/2012	Circuit House, Ludhiana	Smt. Vini Mahajan, PSHFW
3	16/11/2012	Committee Room, DHS Office, Parivar Kalyan Bhawan, Sector-34, Chandigarh	Sh. Madan Mohan Mittal, Health Minister, Punjab, and Smt. Vini Mahajan, PSHFW
4	17/12/2012	Committee Room, DHS Office, Parivar Kalyan Bhawan, Sector-34, Chandigarh	Smt. Vini Mahajan, PSHFW

5.3. Orientation Workshops

Orientation workshops were held by the SHSRC in 19 districts. Experience showed that orientation workshops acted as very good vehicle for orientation of the officers and the field workers, sensitization of the workforce and also helped in testing of proforma.



Date	Venue	No. of Participants	Resource Persons from SHSRC
02/07/2012	Amritsar	60	ED
23/07/2012	Fatehgarh Sahib	25	ED, Consultants -HMIS, CP
04/08/2012	Nawanshahr	46	ED, Consultants - HMIS, CP

21/08/2012	Mohali	16	ED, Consultants - HMIS, CP
29/08/2012	Mohali	41	ED, Consultants - HMIS, DO
30/08/2012	Mansa	54	ED, Consultants - CP, DO
31/08/2012	Patiala	52	ED, Consultants - CP, DO
03/09/2012	Kapurthala	63	ED, Consultant - HMIS
07/09/2012	Ropar	75	ED, Consultants - HMIS, DO
05/10/2012	Barnala	58	ED, Consultant - HMIS
05/10/2012	Sangrur	75	ED, Consultants - HMIS, CP
10/10/2012	Muktsar	49	ED, Consultant - HMIS
10/10/2012	Bathinda	62	ED, Consultants - HMIS, CP
18/10/2012	Hoshiarpur	45	ED, Consultants - HMIS, CP, DO
18/10/2012	Gurdaspur	56	ED, Consultant - HMIS
22/10/2012	Moga	60	ED, Consultants - HMIS, CP, DO
22/10/2012	Ferozpur	46	ED, Consultant - HMIS
25/10/2012	Jalandhar	77	ED, Consultant - HMIS
25/10/2012	Ludhiana	88	ED, Consultants - HMIS, CP, DO



5.4. Training Workshops

5.4.1. State Resource Persons (SRPs)

Three State Workshops for SRPs of one day each on 7th, 8th & 9th November were held at State Institute of Health and Family Welfare, Phase 6, Mohali, in which 23 persons from the districts of Kapurthala, Sangrur, Barnala, Amritsar and Hoshiarpur participated on 7th, 35 persons from the districts of Mohali, Ropar, Fatehgarh Sahib, Gurdaspur, Nawanshahr, Jalandhar, Tarn Taran and Ludhiana participated on 8th and 30 persons from the districts of Mansa, Moga, Muktsar, Patiala, Ferozpur and Bathinda participated on 9th November. They were imparted training on various aspects of the campaign including Epidemiology, Screening versus Symptom Based Early Detection, Technical and Administrative inputs in the campaign, Conceptual Framework of the Project, Monitoring

and Training. Check List, guidelines for filling of Proformas, Steps, Precautions and Problem Management during the campaign were also discussed. The resource persons included Dr. Sanjiv Mahajan, Assistant Professor Community Medicine, Government Medical College, Amritsar; Dr. J.S. Thakur, Additional Professor and Former Consultant of WHO, School of Public Health, PGIMER, Chandigarh; Dr. Sonu Goyal, Assistant Professor, School of Public Health, PGIMER, Chandigarh; Dr. P.L. Garg, ED-SHSRC, Punjab; Dr. Paramjit Kaur, Professor and Head of Department of Community Medicine, Government Medical College, Patiala; Dr. Inderjit Chawla, Professor Surgery, Government Medical College, Patiala; Sh. Satinderpal Singh Chahal, Consultant HMIS, SHSRC, Punjab; Dr. Sanjeev Sethi, District immunization Officer (DIO), Project Coordinator, Pilot Project Faridkot.

5.4.2 District Resource Persons (DRPs)

33 workshops were held simultaneously all over the State at District Headquarters on 15th and 16th of November, 2012 in which 1256 DRPs were trained by the SRPs and the trainings were supervised by the KRPs and the teams of State Health Systems Resource Centre (SHSRC), Punjab. The trainees were the District Officers, SMOs, Data Managers and 2-3 Faculty Members accompanied by Principals from each Nursing Institute. Training for Nursing Institute faculty as DRPs was held in separate workshops on the same day or the next day in most of the districts.

5.4.3 Block Resource Persons (BRPs)

Training of Block Resource Persons (BRPs) 275 workshops was held simultaneously at all the blocks and Nursing Institutes on 23rd of November. The training was imparted by the DRPs and supervised by the SRPs while the trainers consisted of the MOs, LHVs, Supervisors (M), Data Entry Operators, Statistical Assistants, Faculty of Nursing Institutes, Computer Managers of Nursing Institutes. A total of 4765 BRPs in Rural Areas and 2759 in Urban Areas were thus trained.

5.4.4 Field Workers' Training

533 workshops in Rural Areas and 400 in Urban Areas were simultaneously held and 23,007 and 17,806 persons were trained respectively. Training was imparted by the Supervisors that is BRPs and supervised by the DRPs. All ASHA, ASHA Facilitators, ANMs and MPHWS (M) were trained except in one district where MPHWS (M) had not been imparted training.

5.4.5 Data Transfer Training

Training was held in all the Block Headquarters for Rural Areas and the District Headquarters for Urban Areas. Training was imparted by the Resource Persons provided by HISP India. 3866 persons in Rural Areas and 308 in Urban Areas were trained in 118 and 21 workshops respectively.



ਮੈਚ. ਸੀ. ਘੜਿਆਂ 'ਚ ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਪ੍ਰੋਗਰਾਮ ਤਹਿਤ ਸਿਖਲਾਈ ਵਰਕਸ਼ਾਪ

ਕਸ, 24 ਨਵੰਬਰ (ਮਾਨ-ਪੀ. ਸੀ. ਘੜਿਆਂ) ਵਿਖੇ ਕੈਂਸਰ ਕਰਾ ਪ੍ਰੋਗਰਾਮ ਤਹਿਤ ਟ੍ਰੇਨਿੰਗ ਆਪ ਲਗਾਈ ਗਈ। ਇਸ ਮੌਕੇ ਆ ਐਸ. ਐਮ. ਓ. ਇ.ਸ. ਸ਼ਰੀ ਦੋਸਿਆ ਕਿ ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਈ ਸਰਵੇਅ ਕਰਨ ਲਈ ਹਦਾਇਤਾਂ ਕੀਤੀਆਂ ਗਈਆਂ ਹਨ, ਜਿਸ ਇਹ ਚਲੂ ਹੈ ਕਿ ਸਰਵੇ ਤੋਂ ਪਹਿਲਾਂ ਵਰਕਸ਼ਾਪ ਨੂੰ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਉਨ੍ਹਾਂ ਦੋਸਿਆ ਕਿ ਕੈਂਸਰ ਦੀ ਦੋ ਲੱਛਣਾਂ ਖਾਰ ਵਿਸਥਾਰ ਪੁਰਵਕ ਜਾਣਕਾਰੀ ਵੀ ਦਿੱਤੀ। ਡਾ: ਅਨਿਲ ਵਸਿਠ ਆਯੁਰਵੇਦਿਕ ਅਫਸਰ ਤੇ ਨੇਡਲ ਅਫਸਰ ਡਾ: ਕੰਨਨ ਨੇ ਆਥਾ ਵਰਕਸ਼ਾ ਨੂੰ ਕੈਂਸਰ ਅਵੇਰੇਨੇਸ ਖਾਰ ਟ੍ਰੇਨਿੰਗ ਦਿੱਤੀ। ਜਿਸ ਨੇਡਲ ਅਫਸਰ ਡਾ: ਮਹਿੰਦਰ ਸਿੰਘ ਐਸ. ਐਮ. ਓ. ਸਿਵਲ ਹਸਪਤਾਲ ਕੁਰਾਲੀ ਨੇ ਵੀ ਵਿਸਥਾਰ ਪੁਰਵਕ ਜਾਣਕਾਰੀ ਦਿੱਤੀ। ਇਸ ਇੱਕ ਰੋਜਾ ਟਰੇਨਿੰਗ ਵਰਕਸ਼ਾਪ ਵਿਚ ਮੈਡੀਕਲ ਅਫਸਰ, ਆਥਾ ਵਰਕਰ, ਸਮੂਹ ਸਟਾਫ ਹਾਜ਼ਰ ਸੀ। ਦਵਿਦਰ ਸਿੰਘ ਐਕਟਿਵ ਡੀ. ਏ. ਡੀ. ਵੱਲੋਂ ਸਾਰਿਆਂ ਦਾ ਵਿਸ਼ੇਸ਼ ਤੌਰ ਤੇ ਪੈਨਵਾਦ ਕੀਤਾ।



ਕੈਂਸਰ ਦੀ ਬੀਮਾਰੀ ਦੇ ਸਰਵੇਖਣ ਸਬੰਧੀ ਟ੍ਰੇਨਿੰਗ ਕੈਂਪ ਲਾਇਆ

ਬੰਦੀ ਕਨਾ, 30 ਨਵੰਬਰ (ਮਨੋਜ ਕੋਨਾ) ਪੰਜਾਬ ਸਰਕਾਰ ਦੀਆਂ ਹਦਾਇਤਾਂ ਪੁਰਕਾਰ ਪੀ. ਐੱਚ. ਸੀ. ਡੇਵਰ ਕੁਰਾਲੀ ਵਿਖੇ ਕੈਂਸਰ ਦੀ ਬੀਮਾਰੀ ਦੇ ਸਰਵੇਖਣ ਸਬੰਧੀ ਟ੍ਰੇਨਿੰਗ ਕੈਂਪ ਲਗਾਇਆ ਗਿਆ। ਇਸ ਮੌਕੇ ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਦਿੱਤਿਆ ਡਾ. ਮੁਨੀਬ ਅਹੰਦਾ ਨੇ ਕੈਂਸਰ ਦੀ ਬੀਮਾਰੀ ਦੋਸਾਨ ਸਬੰਧ ਵਿਚ ਪਾਠੇ ਯਾਦ ਵਾਲੇ 12 ਲੱਛਣਾਂ ਅਤੇ ਬੀਮਾਰੀ ਹੋਨਾਉਣ ਵਾਲੇ 6 ਕਾਰਨਾਂ ਖਾਰੋ ਵਿਸਥਾਰ ਨਾਲ ਦੋਸਿਆ। ਉਨ੍ਹਾਂ ਕਿਹਾ ਕਿ ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਕੈਂਸਰ ਦੀ ਬੀਮਾਰੀ ਦੇ ਟਿਕਾਸ ਕਰਨ ਦੇ ਕੰਮ ਉਪਲਾਨੇ ਕੀਤੇ ਜਾ ਰਹੇ ਹਨ, ਉਥੇ ਮਿੱਠੇ ਮਿੱਠੇ ਰਾਯਰ ਕੋਸ ਵੱਡ ਵਿਚੋਂ ਵੀ ਕੈਂਸਰ ਪੀਡਰ ਮਰੀਜ਼ਾਂ ਲਈ ਵੱਡ ਮੁਹੰਦਿਆ ਕਰਵਾਇਆ ਜਾਂਦਾ ਹੈ। ਇਸ ਸਮੇਂ ਡਾ. ਸਰਵੇਤਮ ਸਿੰਘ ਨੇ ਸਮੂਹ ਆਥਾ ਵਰਕਸ਼ਾ ਨੂੰ 1 ਦਾਸਰ ਤੋਂ 15 ਦਾਸਰ ਤੌਰ ਘਰ ਜਾ ਕੇ ਲੋਕਾਂ ਨਾਲ ਵਚਰਨ, ਉਨ੍ਹਾਂ ਦੀਆਂ ਸਮੱਸਿਆਵਾਂ ਨੂੰ



ਕੈਂਸਰ ਚੇਤਨਾ ਲਈ ਜ਼ਿਲ੍ਹਾ ਪੱਧਰੀ ਵਰਕਸ਼ਾਪ ਲਗਾਈ

ਸਟਾਫ ਰਿਪੋਰਟਰ, ਸੰਗਰੂਰ : ਪੰਜਾਬ ਸਰਕਾਰ ਦੀਆਂ ਹਦਾਇਤਾਂ ਅਨੁਸਾਰ ਕੈਂਸਰ ਚੇਤਨਾ 'ਤੇ ਲੱਛਣਾਂ 'ਤੇ ਆਧਾਰਿਤ ਜਲਦੀ ਜਾਚ ਲਈ ਸੁਢਾਈ ਮੁਹਿੰਮ ਤਹਿਤ ਜ਼ਿਲ੍ਹਾ ਸੰਗਰੂਰ ਵਿਖੇ ਜ਼ਿਲ੍ਹਾ ਪੱਧਰ 'ਤੇ ਲਾਈ ਵਰਕਸ਼ਾਪ ਦੀ ਪ੍ਰਧਾਨਗੀ ਕਰਦਿਆਂ ਡਾ. ਐਚਐਸ ਥਾਈ ਸਿਵਲ ਸਰਜਨ ਸੰਗਰੂਰ ਨੇ ਕਿਹਾ ਕਿ ਕੈਂਸਰ ਦੀ ਬੀਮਾਰੀ ਨੂੰ ਠੱਲ ਪਾਉਣ ਲਈ ਕੈਂਸਰ ਦੇ ਲੱਛਣਾਂ ਨੂੰ ਜਾਨਣਾ ਬਹੁਤ ਚਲੂ ਹੈ। ਉਨ੍ਹਾਂ ਦੋਸਿਆ ਕਿ ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ ਖਰ ਖਰ ਦਾ ਸਰਵੇ ਕਰਵਾਇਆ ਜਾਵੇਗਾ। ਡਾ. ਪਦੀਪ ਚਾਵਲਾ ਸਹਾਇਕ ਸਿਵਲ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਸੀ, ਹੁਣ ਇਹ ਜਾਣਕਾਰੀ ਜ਼ਿਲ੍ਹਾ ਪੱਧਰੀ ਅਤੇ ਫਿਰ ਬਲਾਕ ਪੱਧਰ 'ਤੇ ਦਿੱਤੀ ਜਾਵੇਗੀ। ਡਾ. ਸਿਰਾਲਾ ਜ਼ਿਲ੍ਹਾ ਸਿਹਤ ਅਫਸਰ ਨੇ ਕਿਹਾ ਕਿ ਹੁਣ ਤਕ ਜ਼ਿਲ੍ਹਾ ਸੰਗਰੂਰ ਵਿਚ 337 ਕੈਂਸਰ ਦੇ ਮਰੀਜ਼ਾਂ ਨੂੰ ਉੱਚ ਮਰਤਬੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਯਰ ਕੋਸ ਸਕੀਮ ਅਧੀਨ 150 ਲੱਖ ਰਾਸ਼ੀ ਦਿੱਤੀ ਜਾ ਚੁੱਕੀ ਹੈ। ਵਰਕਸ਼ਾਪ 'ਚ ਡਾ. ਕਿਰਨਜੋਤ ਥਾਈ ਡੀਐਮਸੀ ਸੰਗਰੂਰ, ਡੀਐਚਓ ਅਮਿਤਾ ਗੋਇਲ, ਸਮੂਹ ਐਸਐਮਓ, ਜ਼ਿਲ੍ਹਾ ਪ੍ਰੀਸ਼ਦ ਦੇ ਸੈਕਟਰੀ ਰਾਮਮੀਤ ਸਿੰਘ ਸਿੰਧੂ ਚੀਓਈ ਐਨਆਰਐਚਐਮ ਸਟਾਫ ਅਤੇ ਜ਼ਿਲ੍ਹਾ ਸੰਗਰੂਰ ਦੇ



5.5. Procurement

5.5.1. Purchase Policy Committee

Purchase Policy Committee was constituted under the chairmanship of Principal Secretary, Health and Family Welfare, Government of Punjab. The members of the Committee are

1. Managing Director, Punjab Health Systems Corporation
2. Director Health Services
3. Executive Director, State Health Systems Resource Centre
4. Deputy Director Procurement, Punjab Health Systems Corporation

5.5.2. Quotation Committee

Quotation Committee was constituted with the following members

1. Documentation Officer, State Health Systems Resource Centre
2. 2 members of Punjab Health Systems Corporation

5.5.3. Inspection Committee

Inspection Committee was constituted for the inspection of printed material. The members of the Committee are

1. Consultant Community Participation, State Health Systems Resource Centre
2. 2 members from Punjab Health Systems Corporation.

5.5.4. Distribution Committee

Distribution Committee was constituted for the distribution of printed material. The members of the committee are

1. Consultant HMIS, State Health Systems Resource Centre
2. Documentation Officer, State Health Systems Resource Centre
3. Store Keeper, O/o Director Health Services
4. Representative of Punjab Health Systems Corporation

5.6 Distribution of Funds

Advance disbursements were made to the districts, PHSC, SIHFW and HISP India to be accounted for against the actual expenditure as under

Districts :	Rs. 95,15,000
PHSC:	Rs. 35,00,000
SIHFW:	Rs. 1,00,000
HISP India:	Rs. 50,000
Pilot Project District Faridkot:	Rs. 4,00,000

5.7. Material Distribution


Items	Rate per unit	Procured	Distributed	Balance
Proforma No.1	33 paisa	7 Lakh (Pads of 20 = 22500, Pads of 10 = 25000)	695230 (Pad of 20= 22311, Pad of 10 = 24901)	4770 (Pad of 20 = 189, Pad of 10 = 99)
Proforma No.2	42.26 Paisa	3.5 Lakh (Pad of 10 = 35000)	3.5	Nil
Consolidated Proforma No.I	34.65 paisa	45,000	44200	800
Multicoloured Handouts	39.6 Paisa	53 Lakh	5280010	19990
Stickers	35.7 paisa	50,000	48710	1290
Referral Cards	76.65 Paisa	3 Lakh	298810	1190
X-House Proforma	31.5 Paisa	50,000	48785	1215
ASHA/ Field Worker Guide Book	Rs. 6.30	45000	43970	1030
Writing Pads	Rs 4.07	50,000	48710	1290
Supervisors' Programme Book	Rs. 8.96	6,000	5611	389
State Project proposal	Rs. 12.96	2,000	1896	104
Stationary Items (Like Pencils, Eraser, Sharpener, Chalks, Clear Bags, Pens, Consolidated Proforma - II, III, IV)		Procured by Districts		

5.8. Information, Education and Communication (IEC) Activities

The campaign was an awareness campaign coupled with mass mobilization. Specific IEC activities were carried out, some of which are as under

1. **Press Conferences:** Press conferences were held by the Chief Minister, the Health Minister and various health administrators. These were widely covered in the media and acted as a strong medium of information.
2. **Electronic Media** also covered the campaign. All India Radio and various channels carried detailed stories.

3. Advertisements were published by NRHM, Cancer Control Cell, AIDS Control Society Punjab and MAX Hospital




S. Sukhbir Singh Badal
Deputy Chief Minister, Punjab

S. Parkash Singh Badal
Chief Minister, Punjab

Sh. Madan Mohan Mittal
Health & Family Welfare Minister, Punjab

7th November

NATIONAL CANCER AWARENESS DAY



Dr. Navjot Kaur Sidhu
Chief Parliamentary Secretary,
Health & Family Welfare, Punjab

Symptom Based Cancer Awareness and Early Detection Campaign was started on 2nd October 2012 as a pilot project in district Faridkot. The State wide launch of this campaign will be from 1st December 2012.

Warning Symptoms of Some Serious Diseases That May Also Be Indicative of Cancer
Immediately Consult Your Doctor If You Observe Any of These Symptoms:-

COMMON COMPLAINTS/ SYMPTOMS	ORGAN THAT MAY BE AFFECTED
Lump in the breast/Recent nipple retraction/ Blood stained discharge	Breast
Post- coital bleeding/ Purulent vaginal discharge/ Excessive menstrual bleeding/ Inter- menstrual bleeding/ Dyspareunia	Uterus/ Cervix
Non-healing ulcer/ Bleeding in ulcer of the Mouth/ Gum/ Palate/ Tongue, Nodule on tongue	Oral Cavity (Mouth)/ Gums/ Palate/ Tongue
Difficulty in swallowing of short duration/Persistent hoarseness of voice or Persistent cough/Hemoptysis	Food Pipe (Oesophagus)/ Voice Box (Larynx)/ Lungs
Persistent jaundice with lump in abdomen with loss of weight & appetite along with itching	Liver/ Gall Bladder
Painless blood in the stool/ Unexplained weight loss/ Severe anaemia/ Sudden change in bowel habit	Intestines/ Rectum
Unexplained bleeding from any natural orifice/ Unexplained fever for more than three months	Blood/ Lymph Nodes
Painless excessive blood in urine/ Difficulty in urination/ Frequent nocturnal urination in males of more than 50 years age.	Kidneys/ Urinary Bladder/ Prostate
Sudden change in size/ colour of wart/mole or Bleeding from wart/ mole	Skin
Hard swelling (lump) of testicle	Testis
Unexplained persistent headache and convulsions	Head/ Brain
Lump anywhere in the body/ non-healing ulcer	Any organ

SOME RISK FACTORS FOR CANCER

- Not having breast fed the child.
- Consumption of smoking tobacco: Bidis/ Cigarettes/ Hookah/ Chillum etc.
- Consumption of smokeless tobacco: Zarda/ Gurkha/ Pan Masala etc.
- Alcohol consumption
- Family member suffering from cancer
- Consumption of oral contraceptive pills beyond 45 years of age.


Cancer Patients can avail benefits upto Rs. 1.50 Lakhs for treatment under **MUKH MANTRI PUNJAB CANCER RAAHAT KOSH SCHEME.**

Contact your village ASHA/ A.N.M for more information or visit us at www.phealth.gov.in/cancer.html

Cancer Control Cell, Department of Health & Family Welfare, Punjab

NATIONAL RURAL HEALTH MISSION, PUNJAB

ANOTHER STEP TOWARDS BETTER HEALTHCARE



S. Sukhbir Singh Badal
Deputy Chief Minister, Punjab

S. Parkash Singh Badal
Chief Minister, Punjab

Sh. Madan Mohan Mittal
Health & Family Welfare Minister, Punjab

A statewide door to door
Cancer Awareness and Symptom based Early Detection Campaign
is being launched on 1st December, 2012.

- 45,000 trained Field Workers have been deputed for the Campaign.
- One of these workers shall visit you and give a multi-coloured handout describing 12 signs/symptoms of Cancer.
- All are requested to cooperate with the health worker and provide requisite information.
- Government of Punjab is committed for Medical care, incase you have any symptom.

World AIDS Day

1st December 2012

Theme : Getting to Zero

Zero New HIV Infections.

For Zero New HIV Infections :

- Adopt Safe Sex, Safe Blood, Safe Syringes/Needles.
- Ensure HIV Testing & Prophylactic Treatment of all Pregnant Women for prevention of parent to child transmission.

Say No to drugs, Yes to life. Let us commit to stop spread of HIV/AIDS in Punjab.

For further detail contact nearest Government Health Institution

PUNJAB STATE AIDS CONTROL SOCIETY
DEPARTMENT OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF PUNJAB

ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ
ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ



ਪੰਜਾਬ ਸਰਕਾਰ ਦਾ ਸਿਹਤ ਮਹਿੰਮਾ ਲਿਆਏ ਹਨ ਪੂਰੇ ਰਾਜ ਵਿੱਚ ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ। ਇਸ ਪ੍ਰੋਗਰਾਮ ਦਾ ਉਦੇਸ਼ ਹੈ ਕਰ-ਘਰ ਜਾ ਕੇ ਕੈਂਸਰ ਅਤੇ ਇਸਦੇ ਲੱਛਣਾਂ ਬਾਰੇ ਜਾਣਕਾਰੀ ਨੂੰ ਜਨਸੰਪਰਕ ਕਰਨਾ ਅਤੇ ਸਹੀ ਇਲਾਜ ਲੱਭਣੀ ਜਾਣਕਾਰੀ ਦੇਣਾ।

- ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਮਹਿੰਮੇ ਦੇ ਪ੍ਰਤੀਨਿੱਧੀ ਵਜੋਂ ਹਰ ਘਰ ਵਿੱਚ ਜਾ ਕੇ ਕੈਂਸਰ ਦੇ ਲੱਛਣਾਂ ਬਾਰੇ ਵਿਸਥਾਰ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਨਾਲ ਹੀ ਸਿਹਤ ਵੱਧ-ਵੱਧ ਚਰਚਾ ਕਰ ਕੇ ਜਾਣਕਾਰੀ ਵੀ ਦੇਣਗੇ।
- ਭਰਾਪੁੰ ਭੇਜਣੀ ਹੈ ਕਿ ਆਉਣ ਵਾਲੇ ਕਰਮਚਾਰੀਆਂ ਨੂੰ ਸਹਿਮਤ ਵਿੱਚ ਅਤੇ ਉਹਨਾਂ ਨੂੰ ਸਹੂਲੀ ਜਾਣਕਾਰੀ ਉਪਲਬਧ ਕਰਵਾਓ। ਸਿਹਤ ਮਹਿੰਮੇ ਦੇ ਪ੍ਰਤੀਨਿੱਧੀ ਵਜੋਂ ਕੈਂਸਰ ਨਾਲ ਜੁੜੇ ਹਰ ਸ਼ਾਕ ਦਾ ਸਾਫ਼ ਚੇਤਨਾ।
- ਇਸ ਤਰ੍ਹਾਂ ਕੈਂਸਰ ਦੀ ਜ਼ੁਲਮਤੀ ਚੁੱਕ ਵਿੱਚ ਹੀ ਪਛਾਣ ਹੋ ਸਕਦੀ ਹੈ ਅਤੇ ਸਿਹਤ ਵਿੱਚ ਕੀ ਠੀਕ ਨਕਦ ਪਾਏ ਜਾਣਗੇ ਉਹਨਾਂ ਨੂੰ ਮੁੜ ਸਮਝੀਓਨਿਕ ਦੀ ਸੁਝਾਵ ਵੀ ਦਿੱਤੀ ਜਾਵੇਗੀ।
- ਸੇਵਕ ਅਤੇ ਸਾਫ਼ ਇਲਾਜ ਸੁੱਚੇ ਮੰਤਰੀ ਵਾਹਤ ਕੋਲ ਵਾਹੀ ਚੱਲਣ ਜਾ ਸਕਦਾ ਹੈ।

ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਰਾਈ ਵਿਭਾਗ
ਪੰਜਾਬ ਸਰਕਾਰ

Supported by  **MAX HOSPITALS**

• ਨਾਰੀਓਂ ਨਿਕਸ ਚਿਕਿਤਸਾ, ਫੋਰ 6, ਪੁਰਾਣੀ, ਚੰਡੀਗੜ੍ਹ, ਫੋਨ: +91 172 6632000
• ਨਾਰੀਓਂ ਨਿਕਸ ਚਿਕਿਤਸਾ ਦੇ ਨੇੜੇ, ਆਸਾ ਟੋਕ, ਬਠਿੰਡਾ, ਚੰਡੀਗੜ੍ਹ, ਫੋਨ: +91 164 660 1000

ਕੈਂਸਰ ਤੋਂ ਡਰ ਕੇ ਨਹੀਂ, ਨਜ਼ ਕੇ ਚਲਾਇਆ ਜਾ ਸਕਦਾ ਹੈ

4. **Schools:-** Lectures were organized in schools during morning assemblies so as to make the students aware about the campaign and motivate them to carry the message to their homes for extending cooperation to the campaign.
5. **Messages** were disseminated through chowkidars and the audio systems in villages.
6. **Meetings** of District Health Societies were held for spreading message through various departments
7. Meetings were held with the **Managements and Faculty** of Nursing Institutes coupled with lectures to them on the campaign.
8. **Stickers** about the campaign were widely distributed.

ਕੈਂਸਰ ਚੇਤਨਾ ਤੇ ਲੱਛਣ ਅਧਾਰਤ ਜਲਦੀ ਜਾਂਚ ਲਈ ਸੂਬਾਈ ਮੁਹਿੰਮ




ਸਿਖਲਾਈ ਕਾਰਜਸ਼ਾਲਾ

ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ ਪੰਜਾਬ
ਅਤੇ ਰਾਜ ਸਿਹਤ ਪ੍ਰਣਾਲੀ ਸ਼੍ਰੋਤ ਕੇਂਦਰ



9. **Handout**



ਪੰਜਾਬ ਸਰਕਾਰ

ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਅਤੇ

ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਤੇ ਖੋਜ ਵਿਭਾਗ

ਗੰਭੀਰ ਬਿਮਾਰੀਆਂ ਦੇ ਕੁੱਝ ਚੇਤਾਵਨੀ ਲੱਛਣ ਜੋ

ਕੈਂਸਰ ਦਾ ਵੀ ਸੰਕੇਤ ਹੋ ਸਕਦੇ ਹਨ

ਜੇਕਰ ਕੋਈ ਲੱਛਣ ਨਜ਼ਰ ਆਉਣ ਤਾਂ ਤਰੁੱਤ ਡਾਕਟਰ ਕੋਲੋਂ ਜਾਂਚ ਕਰਵਾਉ



ਆਮ ਤਕਲੀਫ/ਲੱਛਣ	ਅੰਗ ਜਿਸ ਬਾਬਤ ਲੱਛਣ ਹੈ
<ul style="list-style-type: none"> ਛਾਤੀ/ਦੁੱਧੀ ਵਿੱਚ ਗਟੋਲੀ / ਗੰਢ/ ਹਾਲ ਹੀ ਵਿੱਚ ਨਿਪਲ ਦਾ ਅੰਦਰ ਧਸਣਾ/ ਨਿਪਲ ਵਿੱਚੋਂ ਖੂਨ ਮਿਲਿਆ ਮਵਾਦ ਵਗਣਾ 	ਛਾਤੀ/ਦੁੱਧੀ
<ul style="list-style-type: none"> ਸੰਭੋਗ ਤੋਂ ਬਾਅਦ ਖੂਨ ਵਗਣਾ / ਗੂੜ੍ਹਾ ਅੰਗ ਵਿੱਚੋਂ ਪੀਕ ਵਗਣਾ/ ਮਾਹਾਵਾਰੀ ਦੇਰਾਨ ਬੇਹੱਦ ਖੂਨ ਪੈਣਾ / ਮਾਹਾਵਾਰੀ ਦੇ ਵਿੱਚ ਵਿਚਾਲੇ ਖੂਨ ਪੈਣਾ, ਸੰਭੋਗ ਵੇਲੇ ਦਰਦ 	ਬੱਚੇਦਾਨੀ/ ਬੱਚੇਦਾਨੀ ਦਾ ਮੂੰਹ (ਸਰਵਿਕਸ)
<ul style="list-style-type: none"> ਮੂੰਹ /ਮਸੂੜੇ/ਤਾਲੂਏ ਜਾਂ ਜੀਭ ਤੇ ਨਾ ਠੀਕ ਹੋਣ ਵਾਲਾ ਜਖਮ/ਪੁਰਾਣੇ ਜਖਮ ਵਿੱਚੋਂ ਖੂਨ ਵਗਣਾ / ਜੀਭ ਤੇ ਗਟੋਲੀ / ਗੰਢ 	ਮੂੰਹ / ਮਸੂੜਾ / ਤਾਲੂਆ / ਜੀਭ
<ul style="list-style-type: none"> ਭੋਜਨ ਨਿਗਲਣ ਵਿੱਚ ਥੋੜ੍ਹੇ ਸਮੇਂ ਤੋਂ ਰੁਕਾਵਟ/ ਆਵਾਜ ਦਾ ਲੰਮੇ ਸਮੇਂ ਲਈ ਬੈਠ/ਬਦਲ ਜਾਣਾ / ਲਗਾਤਾਰ ਲੰਮੀ ਖਾਂਸੀ/ ਬਲਗਮ ਵਿੱਚ ਖੂਨ 	ਫੁਫ ਪਾਈਪ (ਨਿਗਲਣ ਨਲੀ) ਆਵਾਜ ਯੰਤਰ/ ਫੇਫੜਾ
<ul style="list-style-type: none"> ਪੇਟ ਵਿੱਚ ਗੋਲੇ ਨਾਲ ਭੁੱਖ ਤੇ ਵਜਨ ਘਟਣ ਦੇ ਨਾਲ ਨਾਲ ਖਾਰਸ਼ ਅਤੇ ਨਾ ਠੀਕ ਹੋਣ ਵਾਲਾ ਪੀਲੀਆ 	ਜਿਗਰ / ਪਿੱਤਾ
<ul style="list-style-type: none"> ਟੱਟੀ ਵਿੱਚ ਬਿਨਾ ਦਰਦ ਖੂਨ ਆਉਣਾ/ ਬਿਨਾ ਕਾਰਣ ਇੱਕ ਲਖਤ ਵਜਨ ਘੱਟ ਜਾਣਾ /ਖੂਨ ਦੀ ਕਮੀ (ਐਨੀਮੀਆ) ਟੱਟੀ ਅੰਦਰ ਇੱਕ ਲਖਤ ਬਦਲਾਅ 	ਆਂਤੜੀ/ ਗੁਦਾ
<ul style="list-style-type: none"> ਕਿਸੇ ਕੁਦਰਤੀ ਢੇਚ ਵਿੱਚੋਂ ਬਿਨਾ ਵਜਾਹ ਖੂਨ ਵਗਣਾ/ ਬਿਨਾ ਵਜਾਹ ਤਿੰਨ ਮਹੀਨਿਆਂ ਤੋਂ ਵੱਧ ਬੁਖਾਰ 	ਖੂਨ/ਲਸਿਕਾ ਗ੍ਰੰਥੀ

ਆਮ ਤਕਲੀਫ/ਲੱਛਣ	ਅੰਗ ਜਿਸ ਬਾਬਤ ਲੱਛਣ ਹੈ
<ul style="list-style-type: none"> ਦਰਦ ਬਿਨਾ ਪਿਸ਼ਾਬ ਵਿੱਚ ਖੂਨ / ਪਿਸ਼ਾਬ ਵਿੱਚ ਰੁਕਾਵਟ /50ਸਾਲ ਤੋਂ ਵੱਡੇ ਪੁਰਸ਼ ਨੂੰ ਰਾਤ ਨੂੰ ਵਾਰ ਵਾਰ ਪਿਸ਼ਾਬ ਆਉਣਾ 	ਗੁਰਦਾ / ਮਸਾਨਾ /ਗਦੂਦ (ਪ੍ਰੋਸਟੇਟ)
<ul style="list-style-type: none"> ਮੌਕੇ ਜਾਂ ਤਿਲ ਦੇ ਆਕਾਰ / ਰੰਗ ਵਿੱਚ ਇੱਕ ਲਖਤ ਬਦਲਾਅ ਜਾਂ ਉਸ ਵਿੱਚੋਂ ਆਪਣੇ ਆਪ ਖੂਨ ਵਗਣਾ ਸ਼ੁਰੂ ਹੋ ਜਾਣਾ 	ਚਮੜੀ
<ul style="list-style-type: none"> ਪਤਾਲੂ ਵਿੱਚ ਸਖਤ ਗਟੋਲੀ 	ਪਤਾਲੂ
<ul style="list-style-type: none"> ਬਿਨਾ ਕਾਰਣ ਸਿਰ ਦਰਦ ਅਤੇ ਢੇਚੇ 	ਸਿਰ/ਦਿਮਾਗ
<ul style="list-style-type: none"> ਸਰੀਰ ਵਿੱਚ ਕਿਤੇ ਵੀ ਗੰਢ ਜਾਂ ਗੋਲਾ ਜਾਂ ਗਟੋਲੀ/ ਨਾ ਠੀਕ ਹੋਣ ਵਾਲਾ ਜਖਮ 	ਕੋਈ ਵੀ ਅੰਗ

ਕੀ ਨੇ ਕਾਰਕ ਕੈਂਸਰ ਦੇ ?

1. ਬੱਚਿਆਂ ਨੂੰ ਆਪਣਾ ਦੁੱਧ ਨਾ ਚੁੰਘਾਉਣਾ
2. ਪੁੰਏ ਵਾਲੇ ਤੰਬਾਕੂ ਬੀੜੀ, ਸਿਗਰਟ/ਹੁੱਕਾ /ਚਿਲਮ ਆਦਿ ਦਾ ਸੇਵਨ
3. ਪੁੰਏ ਰਹਿਤ ਤੰਬਾਕੂ ਜਰਦਾ/ਗੁਟਕਾ/ਪਾਨ ਮਸਾਲਾ ਆਦਿ ਦਾ ਸੇਵਨ
4. ਸ਼ਰਾਬ ਪੀਣਾ
5. ਪਰਿਵਾਰ ਵਿੱਚ ਕਿਸੇ ਜੀਅ ਨੂੰ ਕੈਂਸਰ ਹੋਣਾ
6. ਗਰਭ ਰੋਕੂ ਗੋਲੀਆਂ 45 ਸਾਲ ਦੀ ਉਮਰ ਤੋਂ ਉਪਰ ਲਈ ।

ਕੈਂਸਰ ਦੇ ਮਰੀਜ਼ਾਂ ਨੂੰ ਮੁਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੇਂਦਰ ਰਾਹੀਂ ਮਾਲੀ ਸਹਾਇਤਾ ਰੁਪਏ 1.5 ਲੱਖ ਤਕ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ ।

ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਆਪਣੇ ਪਿੰਡ ਦੀ ਆਸ਼ਾ ਜਾਂ ਏ. ਐਨ. ਐਮ ਨੂੰ ਸੰਪਰਕ ਕਰੋ

ਰਾਸ਼ਟਰੀ ਦਿਹਾੜੀ ਸਿਹਤ ਮਿਸ਼ਨ, ਪੰਜਾਬ

ਰਾਜ ਸਿਹਤ ਪ੍ਰਣਾਲੀ ਸ਼੍ਰੋਤ ਕੇਂਦਰ ਪੰਜਾਬ

10. Slogans

ਕੈਂਸਰ ਤੋਂ ਬਚਾਅ ਲਈ
ਸਿਗਰਟ, ਬੀੜੀ, ਹੁੱਕਾ, ਚਿਲਮ, ਜਰਦਾ, ਗੁਟਕਾ,
ਪਾਨ ਮਸਾਲਾ ਅਤੇ ਸ਼ਰਾਬ ਦਾ ਸੇਵਨ ਛੱਡੀਏ

ਛੱਡ ਦਈਏ ਸਿਗਰਟ, ਬੀੜੀ, ਪਾਨ ਮਸਾਲਾ
ਨਾਲੇ ਤਜੀਏ ਤੰਬਾਕੂ, ਜਰਦਾ ਤੇ ਸ਼ਰਾਬ ਪਿਆਲਾ



11. Chief Minister's Cancer Relief Fund

ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਬਿਨੈ-ਪੱਤਰ

ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਅਧੀਨ ਬਿਨੈ-ਪੱਤਰ ਭੇਜਣ ਸਬੰਧੀ ਹਦਾਇਤਾਂ

1. ਸਭ ਤੋਂ ਪਹਿਲਾਂ ਬਿਨੈ-ਪੱਤਰ ਅਤੇ ਐਸਟੀਮੇਟ ਫਾਰਮ ਡਾਊਨਲੋਡ ਕਰ ਲਿਆ ਜਾਵੇ ਜਾਂ ਸਬੰਧਤ ਸਿਵਲ ਸਰਜਨ ਤੋਂ ਲੈ ਲਿਆ ਜਾਵੇ ।
2. ਜਿਸ ਹਸਪਤਾਲ ਵਿੱਚ ਮਰੀਜ਼ ਦਾ ਇਲਾਜ ਚੱਲ ਰਿਹਾ ਹੈ, ਉਸ ਹਸਪਤਾਲ ਵਲੋਂ ਮਰੀਜ਼ ਦੇ ਇਲਾਜ ਤੇ ਭਵਿੱਖ ਵਿੱਚ ਆਉਣ ਵਾਲੇ ਖਰਚੇ ਸਬੰਧੀ ਵੇਰਵਾ ਐਸਟੀਮੇਟ ਫਾਰਮ ਵਿੱਚ ਭਰਿਆ ਜਾਵੇ ।
3. ਵਿਨੈ ਪੱਤਰ ਦੇ ਨਾਲ ਹੇਠ ਲਿਖੇ ਲੋੜੀਂਦੇ ਦਸਤਾਵੇਜ਼ ਲਗਾਏ ਜਾਣ -
 - ❖ ਦੋ ਤਸਦੀਕ ਸੂਦਾ ਤਾਜ਼ਾ ਫੋਟੋ
 - ❖ ਕੈਂਸਰ ਦੀ ਪੁਸ਼ਟੀ ਹੋਣ ਦੀ ਲੈਬੋਰਟਰੀ ਰਿਪੋਰਟ ਦੀ ਤਸਦੀਕ ਸੂਦਾ ਕਾਪੀ
 - ❖ ਰਿਹਾਇਸ਼ੀ ਸਬੂਤ
 - ❖ ਪਿਛਲੇ ਇਲਾਜ ਦੇ ਬਿਓਰੇ ਦੀ ਤਸਦੀਕ ਸੂਦਾ ਕਾਪੀ
5. ਬਿਨੈ-ਪੱਤਰ ਮਰੀਜ਼/ਰਿਸ਼ਤੇਦਾਰ ਵਲੋਂ ਸਬੰਧਤ ਜ਼ਿਲ੍ਹੇ ਦੇ ਦਫਤਰ ਸਿਵਲ ਸਰਜਨ ਨੂੰ ਸਬਮਿੱਟ ਕੀਤਾ ਜਾਵੇ ।

12. Awareness Posters by various authorities



13. Cancer **KAVISHARY** in Punjabi on various symptoms

ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ ਪਛਾਣ ਜੀ

ਬਲਜੀਤ ਸਿੰਘ ਭੋਤਨਾ

ਮੁਢਲੀਆਂ ਨਿਸ਼ਾਨੀਆਂ ਨੂੰ ਦੱਸਾਂ ਆਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ ਪਛਾਣ ਜੀ, ਹੋ ਜਾਏ ਇਲਾਜ ਆਂਵਦੀ ਨਾ ਆਂਚ ਜੀ, ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਵੱਧੇ ਜਿਗਰ ਹੋਵੇ ਪੀਲੀਆ ਤੇ ਭਾਰ ਘੱਟ ਜਾਏ, ਹੁੰਦੀ ਹੋਵੇ ਖਾਰਸ਼ ਤੇ ਭੁੱਖ ਮਰ ਜਾਏ, ਚੈਕ ਕਰਵਾਓ ਕਿਮਤੀ ਹੈ ਜਾਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਮਾੜਾ ਮੋਟਾ ਫੋੜਾ , ਬਣਜੇ ਨਾਸੂਰ ਜੀ, ਲੱਭੇ ਕੋਈ ਸਰਜਨ ਮਸ਼ਾਹੂਰ ਜੀ, ਆਵਦੇ ਲਈ ਜਾਣਾ, ਨਾ ਕੋਈ ਅਹਿਸਾਨ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....
ਰੋਟੀ ਪਾਣੀ ਲੰਘਣੋ ਜੇ ਰੁੱਕ ਜਾਵੇ, ਵੇਲਾ /ਢੰਗ ਟੱਟੀ ਦਾ ਉੱਕ ਜਾਵੇ. ਰੋਗ ਮੁਹਰੇ ਸ਼ਰਮ ਨਾ ਕੋਈ ਮਾਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਮਾਹੀ ਨਾਲ ਮੱਸ 'ਚ ਮਨਾਏ ਰੰਗਾਂ'ਚੋਂ ਖੂਨ ਪੈਣ ਲੱਗੇ ਜੇ ਗੁਪਤ ਅੰਗਾਂ 'ਚੋਂ, ਡਾਕਟਰ ਨੂੰ ਦੱਸੋ ਨਾ ਕੋਈ ਲਹਿੰਦੀ ਆਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਦੇਹੀ ਵਿਚ ਕਿਤੇ ਕੋਈ ਗਠੋਲੀ ਗੰਢ ਜੀ, ਮਹੁਕਾ, ਤਿਲਾ ਬਦਲ ਲਏ ਜੇ ਰੰਗ ਜੀ, ਫਟਾਫਟ ਚੈਕ ਕਰਵਾਏ ਜਾਣ ਜੀ, ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....
ਦਸਾਂ ਦੁਆਰਾਂ ਵਿੱਚ ਰਹੇ ਖੂਨ ਵਗਦਾ, ਜੀਹਦੇ ਕਾਰਣ ਦਾ ਪਤਾ ਨਹੀਂ ਓ ਲੱਗਦਾ, ਸਹੀ ਵੇਲੇ ਜਾਗੋ ਉਹੀ ਇਨਸਾਨ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਨੂੰਹਾਂ,ਧੀਆਂ ਸੁਣੋ ਨਾਲੇ ਮਾਈਆਂ ਨੱਢੀਆਂ, ਛਾਤੀਆਂ 'ਚ ਗੰਢਾਂ ਹੋਈ ਜਾਣ ਵੱਡੀਆਂ, ਖੂਨ, ਪੀਕ ਦੁਧੀਆਂ ਚੋਂ ਰਿਸੀਂ ਜਾਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਸਿਰ ਪੀੜ ਨਾਲ ਜੇਕਰ ਪੇ ਜਾਏ ਦੌਰਾ ਜੀ ਸਾਂਭ ਲਉ ਜਲਦੀ ਮੌਕਾ ਸੁਨਹਿਰਾ ਜੀ. ਛੱਡੋ ਨਾ ਕਸਰ ਪੂਰਾ ਲਾਵੋ ਤਾਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....
ਖਾਂਸੀ ਰੇਸ਼ੇ ਵਾਲੀ ਜਿਹੜੀ ਨਹੀਂ ਓ ਹੱਟਦੀ ਬਲਗਮ ਨਾਲ ਖੂਨ ਆਵੇ ਝੱਟ ਜੀ, ਬੈਠ ਜਾਏ ਅਵਾਜ ਗਲਾ ਸੁੰਨਸਾਨ ਜੀ, ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਖੂਨ ਕਦੇ ਆਵੇ ਵਿੱਚ ਜੇ ਪਿਸ਼ਾਬ ਦੇ, ਰੋਗ ਮੰਗੋ ਪੈਸੇ ਬਈ ਖੇ ਹਿਸਾਬ ਦੇ, ਸਮਾਂ ਬੀਤ ਗਿਆ ਫੇਰ ਪਛਤਾਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....	ਮੁਢਲੀਆਂ ਨਿਸ਼ਾਨੀਆਂ ਨੂੰ ਦੱਸਾਂ ਆਣ ਜੀ ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ ਪਛਾਣ ਜੀ, ਹੋ ਜਾਏ ਇਲਾਜ ਆਂਵਦੀ ਨਾ ਆਂਚ ਜੀ, ਕੈਂਸਰ ਦੀ ਕਰੋ ਮੁੱਢ'ਚ.....

14. Banners by districts



15. Newspaper articles and coverage of events at every stage during the campaign.

5.9. State Project Roll Out

The whole plan of action till the completion of training at all the levels, the Area Mapping and Deployment of Field Workers coupled with the material distribution to each worker/ functionary was completed by the 30th of November 2012 as envisaged in the calendar of activities.

The survey part of the project proposal, the main task, was rolled out throughout the State on 1st of December 2012 as planned. It was inaugurated by various community leaders, government functionaries and prominent citizens all over the state. The roll out was widely reported in various newspapers in English, Hindi and Punjabi Languages.

Photographs of the roll-out from different parts of Punjab



News stories on the roll-out, including "curtain-raisers"

Two-day mega medical camp at Badal village
Women cancer patients outnum
STATS SAY IT ALL
The total number of cancer patients in Punjab is 1.50 lakh. Of them, 44 thousand are women...

Cancer awareness campaign to start on December 1

patients of cancer have already come for their treatment. It needs to be made here that a similar has recently been started in Faridkot district. The aim of the...

Cancer detection drive from tomorrow

Salient Features
1. Month-long campaign to begin in Punjab on a 50,000 personnel to cover a population of more than 1.5 crore...

Statewide cancer drive kicks off



ing students, Aasha workers to educate people, detect patients in Faridkot...

ANOTHER STEP TOWARDS BETTER HEALTHCARE
A statewide door to door Cancer Awareness and Symptom based Early Detection Campaign is being launched on 1st December, 2012.

Roko Cancer to hold camps statewide
CHANDIGARH, September 20: A 500-bed super-specialty cancer hospital at Moga will start functioning in April...

Door-to-door cancer survey in Punjab from December 1

16 lakh people to be covered in Sangrur district
SANGRUR, November 15: As part of a statewide mass awareness campaign on cancer...

World AIDS Day 1st December
Theme: Getting Zero New HIV Infections
For Zero New HIV Infections, Adopt Safe Sex, Safe Blood, Safe Syringes...

Punjab less prone to cancer than US, UK
Punjab is nowhere even close to the cancer death rate of 27 per 100,000 in the USA...

कैंसर सर्वे में 80 छात्रों को रखा गया
स्वास्थ्य विभाग द्वारा कैंसर पीड़ित व्यक्तियों का 1.50 लाख तक का इलाज सुनिश्चित करवाया जाएगा...

FDI in Cancer detection drive from tomorrow
Salient Features
1. Month-long campaign to begin in Punjab on a 50,000 personnel...

Roko Cancer to hold camps statewide
CHANDIGARH, September 20: A 500-bed super-specialty cancer hospital at Moga will start functioning in April...

ਪੰਜਾਬ ਭਰ ਵਿੱਚ 1 ਦਿਸੰਬਰ ਨੂੰ ਕੈਂਸਰ ਸਰਵੇ
ਚੰਡੀਗੜ੍ਹ, 14 ਨਵੰਬਰ (ਪ੍ਰੈੱਸ): ਫਿਲਮ 'ਫਰੀਕੈਂਟਰ' ਦੇ 2 ਅਭਿਨੇਤਾ ਰਾਜ ਕੈਂਸਰ ਗਿਆਨਕਾ ਮੁਹਿੰਮ ਦੇ ਟੈਲਰ ਬਣ ਗਏ...

ਕੈਂਸਰ ਨੂੰ ਜੜ੍ਹੋ ਖਤਮ ਕਰਨ ਲਈ ਹਰ ਸੰਭਵ ਉਪਚਾਲੇ ਕੀਤੇ ਜਾਣਗੇ-ਬਾਦਲ
ਪਹਿਲੀ ਜਨਵਰੀ ਤੋਂ ਸਰਕਾਰੀ ਹਸਪਤਾਲਾਂ ਵਿੱਚ ਮੁਫਤ ਦਵਾਈਆਂ ਮਿਲਣਗੀਆਂ

ਸਿਰ ਦਿਭਾਗ ਵੱਲ ਸੂਬੇ 'ਚ ਕੈਂਸਰ ਦੇ ਮਰੀਜ਼ਾਂ ਦੀ ਪਛਾਣ ਮੁਹਿੰਮ ਸ਼ੁਰੂ
ਸਾਲ 'ਚ 4 ਲੱਖ ਲੋਕਾਂ ਦੀ ਮੌਤ ਦਾ ਕਾਰਨ ਕੈਂਸਰ
ਜਗਦੀਪ ਸਿੰਘ ਦੇ ਫਿਰੋਜ਼ਪੁਰ ਵਿੱਚ ਕੈਂਸਰ ਮੁਹਿੰਮ...

ਪੰਜਾਬ 'ਚ ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਨੂੰ ਹਰੀ ਝੰਡੀ
1.25 ਕਰੋੜ ਦੀ ਆਬਾਦੀ ਨੂੰ ਕੀਤਾ ਜਾਵੇਗਾ ਬਾਇਓਮ 50 ਹਜ਼ਾਰ ਮੁਲਾਜ਼ਮ ਹੇਠਾਂ ਸ਼ਾਮਲ 2 ਅਰਬ ਰੁਪਏ ਨੂੰ ਜਿਲ੍ਹਾ ਹਵੇਦਾਰਾਂ ਨੂੰ ਸ਼ੁਰੂ ਕਰਵਾਈ ਜਾਵੇਗੀ ਮੁਹਿੰਮ

ਬਾਰ-ਬਾਰ ਕੈਂਸਰ ਦੀ ਜਾਗ
ਪ੍ਰ. ਸ. ਓ. ਐੱਸ. ਮੈਡੀਕਲ ਅਫਸਰਾਂ ਅਤੇ ਨਿੱਜੀ ਕਾਲੋਜ਼ੋ ਕੋ ਪ੍ਰਿੰਸੀਪਲਾਂ ਕੋ ਕਿਆ ਪ੍ਰਿਸ਼ਠਾਯ
ਕੈਂਸਰ ਨੂੰ ਖਤਮ ਕਰਨ ਲਈ ਹਰ ਸੰਭਵ ਉਪਚਾਲੇ ਕੀਤੇ ਜਾਣਗੇ...

ਬਾਰ-ਬਾਰ ਕੈਂਸਰ ਦੀ ਜਾਗ
ਪ੍ਰ. ਸ. ਓ. ਐੱਸ. ਮੈਡੀਕਲ ਅਫਸਰਾਂ ਅਤੇ ਨਿੱਜੀ ਕਾਲੋਜ਼ੋ ਕੋ ਪ੍ਰਿੰਸੀਪਲਾਂ ਕੋ ਕਿਆ ਪ੍ਰਿਸ਼ਠਾਯ
ਕੈਂਸਰ ਨੂੰ ਖਤਮ ਕਰਨ ਲਈ ਹਰ ਸੰਭਵ ਉਪਚਾਲੇ ਕੀਤੇ ਜਾਣਗੇ...

More newspaper articles and coverage of events

ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਰੈਲੀ ਕੱਢੀ
ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਰੈਲੀ ਕੱਢੀ
ਕੈਂਸਰ ਸਰਵੇ ਮੁਹਿੰਮ ਸ਼ੁਰੂ; ਟੀਮਾਂ ਰਵਾਨਾ
ਕੈਂਸਰ ਦੀ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਦਾ ਜ਼ਿਲੇ 'ਚ ਜ਼ੋਰਾਂ ਸ਼ੋਰਾਂ ਨਾਲ ਆਰੰਭ
ਪੰਜਾਬ 'ਚ ਕੈਂਸਰ ਨੂੰ ਖਤਮ ਕਰਨਾ ਹੈ: ਜਨਮੇਜਾ ਸਿੰਘ ਸੇਖੋਂ
ਕੈਂਸਰ ਦੇ ਸਰਵੇਖਣ ਸੰਬੰਧੀ ਜਾਗਰੂਕਤਾ ਰੈਲੀ ਕੱਢੀ
ਕੈਂਸਰ ਜਾਗਰੂਕਤਾ ਰੈਲੀ ਕੱਢੀ
ਕੈਂਸਰ ਸਰਵੇਖਣ ਲਈ 120 ਟੀਮਾਂ ਰਵਾਨਾ
ਕੈਂਸਰ ਚੇਤਨਾ ਸਰਵੇ ਲਈ ਸੁਭਾਈ ਮੁਹਿੰਮ ਦਾ ਆਗਾਜ਼
ਕੈਂਸਰ ਵਿਰੁਧ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਦਾ ਆਗਾਜ਼
ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ ਦੀ ਸ਼ੁਰੂਆਤ
ਜ਼ਿਲੇ ਭਰ 'ਚ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਦਾ ਆਗਾਜ਼
ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ ਦੀ ਸ਼ੁਰੂਆਤ
ਜ਼ਿਲੇ ਭਰ 'ਚ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਦਾ ਆਗਾਜ਼
ਕੈਂਸਰ ਚੇਤਨਾ ਮੁਹਿੰਮ ਦੀ ਸ਼ੁਰੂਆਤ
ਜ਼ਿਲੇ ਭਰ 'ਚ ਜਾਗਰੂਕਤਾ ਮੁਹਿੰਮ ਦਾ ਆਗਾਜ਼

5.10. Role of Various Agencies

5.10.1. Punjab Health Systems Corporation (PHSC)

The Punjab Health Systems Corporation carried out the task of material procurement efficiently and punctually without any compromise on transparency, quality, fairness and rates. PHSC also issued instructions for free treatment of the patients enlisted during the campaign and referred to the health institutions under its control.

It was also decided that all the facilities available with the State Health Institutes would be offered without levying user charges

5.10.2. National Rural Health Mission (NRHM)

NRHM Punjab got the funds approved through PIP and ensured the timely release of funds to the concerned.

The whole project was sanctioned at a proposed cost of only at **70 paisa** per head of the population.

5.10.3. Director Health and Family Welfare

Continuous support was given by the Director Health & Family Welfare in organising various conferences of the Civil Surgeons, wherein the Cancer Awareness Campaign was taken up as the prime agenda. DHS organised meetings of the core committee and the review committee. The whole activity of arranging Punjab Bhawan, facilities and the management there for the release of documents like the State Project Proposal by Chief Minister Punjab Sh. Prakash Singh Badal and the release of Achievements of Pilot Project by the Health Minister Sh. Madan Mohan Mittal was carried out by DHS. DHS continuously monitored the progress and provided infrastructure and facilities for the campaign

5.10.4. District Health Societies

They provided inter-departmental and administrative support coupled with the provision of infrastructure through the respective Deputy Commissioners.

5.10.5. Director Census Operations, Punjab

Director Census Punjab and their officers were very helpful in tendering suggestions for coverage of the whole area and the idea of Area Maps. They even offered to provide about 50,000 area maps of all the villages and towns called Enumerators' map for the campaign without any charges except reasonable photostat costs.

5.10.6. HISP India

HISP India provided much needed inputs in finalising the software modalities and also provided training of data transfer at 139 spots throughout the state by providing

trainers and their availability at short notice. They have been taking care of each problem of data transfer and interacting frequently at all levels for prompt solutions.

5.10.7. Centre for Development of Advanced Computing (CDAC)

C-DAC also offered to associate with the project for Data Compilation and Transfer.

They made suggestions that the data can be collected through OMR sheet or Android Based Mobile Phones. However the decision was that the OMR sheet would not be feasible because of the time required to fill the sheet, potential for wrong results, inability to read properly in lightly filled circles and higher costs.

5.11. State Level Monitoring Committee

The whole project has been continuously monitored, at every stage by Smt. Vini Mahajan, Principal Secretary, Health and Family Welfare, supported by Secretary Medical Education and Research (SMER) and Director Research and Medical Education (DRME) from the Department of Research and Medical Education and from the Health Department, the team included DHS, Director Family Welfare, Executive Director SHSRC, Core Committee Members and the Consultants of SHSRC namely Sh. Satinderpal Singh Chahal, Dr.Monica Pathak and Jaspreet Kaur.

5.11.1. Media Coverage

- Sh. Shivinder Sehdev, PRO has been taking active interest in the publicity of outcomes/news in the print and electronic media.
- Max Hospital chain has extended help by giving ads.
- NRHM Punjab inserted advertisement in newspapers for in public interest on 12 warning signs and the State Wide Cancer Awareness campaign

5.11.2. Academic and Manpower Support

- ❖ The Department of Medical Education and Research has been continuously providing tertiary care to patients and training and administrative support.
- ❖ PGIMER has provided technical support for this campaign.
- ❖ SIHFW has organised the State Level Training sessions.
- ❖ The role of private nursing institutes has been commendable in providing the valuable time of their students and faculty, besides lending infrastructural and logistical support for training and for the campaign in urban areas.

Chapter 6

Outcomes

6. Outcomes

6.1. Time Frame

The house to house visits all over the state were completed in a period of 45 days between Dec1, 2012 and Jan 14, 2013. It may be noted that house to house visits in Faridkot district had been completed in the month of October 2012.

6.2. Coverage

The campaign spread a lot of awareness amongst the public to the extent that many patients got themselves examined/ diagnosed when they were told about the symptoms.

- Each house visited; thus, 51,58,184 houses were visited.
- A population of 2,70,67,539 was covered.
- 87,403 suspected cases have been enlisted.
- 24,659 cancer cases have been enlisted to be confirmed in the second phase.
- 34,430 deaths in the last five years due to cancer have been enlisted.
- 40,813 Field Workers, (23,007 for rural areas and 17,806 for urban Areas) including ASHAs, ASHA Facilitators, ANMs, Multipurpose Health Worker (M) and Nursing Students have not only been made aware but also have been motivated.
- 7524 Medical Officers, Block Extension Educators (BEEs), Lady Health Visitors (LHVs), Supervisors and other staff including Faculty of Nursing Institutes, have been made aware about cancer symptoms/ warning signs.
- Medical Officers have also been imparted training.
- A Facility Survey has been carried out.
- Chief Minister's Cancer Relief Fund has been made more patient friendly
- Efforts to provide cancer drugs at cheaper rates have been made.
- Software for transmission and analysis of data has been developed.
- It is the first of its kind population-based survey of cancer at such a massive level that has been successfully accomplished.

6.3. Capacity Building

During 1383 training workshops held at various levels for State Resource Persons, District Resource Persons, Block Resource Persons, Field Workers, the Department of Health, through its Specialist and MOs have been able to impart specific training on Cancer

Awareness, its Warning Signs, IEC Material, Patient Counselling and Management to 50,408 persons.

- 1256 Administrators including the Civil Surgeons, District Programme Officers, Senior Medical Officers, Specialists, Administrators of Nursing Colleges, Principals, Teaching Faculty of Nursing Colleges, District Mass Education and Information Officers, Programme Managers, Data Managers, Community Mobilisers, Deputy Mass Education and Information Officers were trained

6.3.1. District Resource Persons

Sr.No.	District	Number of DRPs Workshops	Number of DRPs Trained
1.	Amritsar	2	140
2.	Barnala	2	31
3.	Bathinda	3	97
4.	Fatehgarh Sahib	1	34
5.	Ferozepur	2	97
6.	Faridkot*	2	59
6.	Gurdaspur	2	130
7.	Hoshiarpur	2	84
8.	Jalandhar	2	74
9.	Kapurthala	1	36
10.	Ludhiana	2	48
11.	Mansa	2	47
12.	Moga	2	50
13.	Muktsar	2	58
14.	Mohali	2	58
15.	SBS Nagar	1	34
16.	Patiala	1	59
17.	Ropar	1	26
18.	Sangrur	1	60
19.	Tarn Taran	1	34
	Total	33	1256

*Pilot Project District covered in October 2012

Data Reported by Districts

6.3.2. Block Resource Persons

- 7524 persons have been trained as Block Resource Persons and Field Supervisors including Medical Officers, Block Extension Educators, Lady Health Visitors, Health Supervisors (Male), Data Managers and the Faculty of Nursing Colleges

Sr.No	Name of District	Number of Workshops			Number of BRPs Trained		
		Rural	Urban	Total	Rural	Urban	Total
1	Amritsar	7	13	20	226	123	349
2	Barnala	4	3	7	54	47	101
3	Bathinda	21	1	22	763	78	841
4	Fatehgarh Sahib	4	3	7	107	50	157
5	Ferozepur	8	21	29	183	15	198
6	Faridkot *	2	6	8	30	58	88
7	Gurdaspur	13	3	16	350	104	454
8	Hoshiarpur	9	5	14	285	122	407
9	Jalandhar	18	8	26	36	68	104
10	Kapurthala	4	4	8	95	149	244
11	Ludhiana	10	14	24	328	513	841
12	Mansa	3	3	6	56	10	66
13	Moga	5	7	12	99	31	130
14	Muktsar	11	10	21	767	500	1267
15	Mohali	3	8	11	95	35	130
16	SBS Nagar	10	1	11	844	169	1013
17	Patiala	6	8	14	105	66	171
18	Ropar	2	NR	2	25	NR	25
19	Sangrur	7	NR	7	170	NR	170
20	Tarn-Taran	8	2	10	147	621	768
Total		155	120	275	4765	2759	7524

*Pilot Project District covered in October 2012

NR- Non-Reported

Data Reported by the districts

6.3.3. Field Workers

- 40813 persons have been trained as Field Workers for the Cancer Awareness Campaign including ANM, MPHW (M), ASHAs, ASHA Facilitators, Nursing Students who have been made aware about the 12 Warning Signs of Cancer and 6 Risk Factors. They have also been trained in Field Survey, Community Counselling, Community Mobilisation and Data Capturing, Compilation and Transfer. They have also been made aware about Management, Medical Care and Specialist Care.

Sr. No	Name of District	Workshops for Field Workers			Number of Field Workers Trained		
		Rural	Urban	Total	Rural	Urban	Total
1	Amritsar	41	44	85	1619	1718	3337
2	Barnala	12	6	18	491	510	1001
3	Bathinda	39	6	45	1171	247	1418
4	Fatehgarh Sahib	9	5	14	504	197	711
5	Ferozepur	51	24	75	1969	857	2826
7	Gurdaspur	65	24	89	2322	1031	3353
6	Faridkot*	13	8	21	510	289	799
8	Hoshiarpur	27	19	46	1978	603	2583
9	Jalandhar	33	26	59	1691	933	2624
10	Kapurthala	19	12	31	732	412	1144
11	Ludhiana	55	71	126	1678	2439	4117
12	Mansa	12	14	16	652	772	1424
13	Moga	26	9	35	934	299	1233
14	Muktsar	11	10	21	770	500	1270
15	Mohali	12	80	92	564	4472	5036
16	SBS Nagar	10	4	14	772	169	941
17	Patiala	12	7	19	1262	653	1915
18	Ropar	23	11	34	759	414	1173
19	Sangrur	28	16	44	1350	686	2036
20	Tarn-Taran	35	4	39	1279	605	1884
Total		533	400	933	23007	17806	40813

*Pilot Project District covered in October 2012

Data Reported by the districts

6.4. Cancer Awareness Material

The contents of all the materials have been finalised as per advice of the experts of PGIMER, Chandigarh, Mohan Dai Oswal Cancer Hospital, Government Medical Colleges Patiala, and Amritsar, SGGS Medical College, Faridkot, Christian Medical College, Ludhiana; Dayanand Medical College, Ludhiana; Gian Sagar Medical College, Banur, and Sri Guru Ramdass Institute of Medical Education and Research Amritsar. These publications are available in Punjabi both for patients as well as the general public. The field functionaries of the Health Department have also been provided the same. Handout with enlistment of 12 symptoms and the field worker guide book are also reference material both for the health functionaries and nursing institutes.

As per the recommendations of the external evaluators for the pilot, referral cards had been specially designed to be handed over to the persons identified as cancer cases or as suspects during the door to door campaign. Similarly an X-house proforma had been prepared for enlistment of the left-out houses. The evaluators also suggested that material on information, education and communication (IEC) regarding prevention and control of cancer should also be prepared. Accordingly different materials in the form of slogans, banners, wall papers and popular Kavishery (a folk song of Malwa) were prepared. Public notices for making the public aware about the 12 symptoms and the campaign were published in major newspapers both in English and vernacular.



ਕੈਂਸਰ ਚੇਤਨਾ ਅਤੇ ਲੱਛਣ ਅਧਾਰਤ ਜਲਦੀ ਜਾਂਚ ਮੁਹਿੰਮ

X ਘਰਾਂ ਦੀ ਸੂਚੀ ਲਈ ਫਾਰਮ
(ਘਰ ਜਿਹੜੇ ਬੰਦ ਨਿੱਕੇ ਅਤੇ ਜਿੰਨ੍ਹਾਂ ਦੇ ਜੀਆਂ ਬਾਕਤ ਸੁਰਾਣਾ ਪ੍ਰਾਪਤ ਨਹੀਂ ਹੋ ਸਕੀ)

ਪਿੰਡ/ਸੂਬਿਕ ਦਾ ਨਾਮ..... ਖੇਤਰੀ ਕਾਮਾ ਕੋਡ.....

ਲੜੀ ਨੰ	ਘਰ ਬੰਦ ਪਾਉਣ ਦੀ ਮਿਤੀ	ਮੁੱਖੀ ਦਾ ਨਾਮ	ਘਰ ਦਾ ਪੂਰਾ ਪਤਾ	ਟੈਲੀਫੋਨ/ ਮੋਬਾਇਲ ਨੰ	ਸੁਰਾਣਾ ਪ੍ਰਾਪਤੀ ਦੀ ਮਿਤੀ	ਜਿੰਨ੍ਹਾਂ ਘਰਾਂ ਬਾਕੇ ਅੰਤ ਸੁਰਾਣਾ ਪ੍ਰਾਪਤ ਨਹੀਂ ਮਿਲ ਸਕੀ ✓ ਨਕਾਰੀ
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ਕੁੱਲ ਘਰ ਜਿੰਨ੍ਹਾਂ ਬਾਕੇ ਸੁਰਾਣਾ ਪ੍ਰਾਪਤ ਨਹੀਂ ਹੋ ਸਕੀ (ਕੁੱਲ (✓) ਦਾ ਜੋੜ)


ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਤੇ ਖੋਜ ਵਿਭਾਗ

ਕੈਂਸਰ ਚੇਤਨਾ ਤੇ ਲੱਛਣ ਅਧਾਰਤ ਜਲਦੀ ਜਾਂਚ ਲਈ ਸੂਬਾਈ ਮੁਹਿੰਮ

ਕੈਂਸਰ ਤੇ ਬਚਣ ਲਈ


ਛੱਡ ਦਈਏ ਸਿਗਰਟ, ਬੀੜੀ, ਪਾਨ ਮਸਾਲਾ
ਨਾਲੇ ਤਜੀਏ ਤੰਬਾਕੂ, ਜਰਦਾ ਤੇ ਸ਼ਰਾਬ ਪਿਆਲਾ

ਰਾਸ਼ਟਰੀ ਵਿਧਾਤੀ ਸੇਹਤ ਮਿਸ਼ਨ
ਰਾਜ ਸਿਹਤ ਪ੍ਰਣਾਲੀ ਸ੍ਰੋਤ ਕੇਂਦਰ
(State Health Systems Resource Centre)



ਕੈਂਸਰ ਚੇਤਨਾ ਤੇ ਲੱਛਣ ਅਧਾਰਤ ਜਲਦੀ ਜਾਂਚ ਮੁਹਿੰਮ

ਰੈਵਰਲ ਕਾਰਡ



ਮਰੀਜ਼ ਦਾ ਵਿਲੱਖਣ ਨੰ: _____

ਪਿੰਡ / ਸ਼ਹਿਰ ਦਾ ਕੋਡ _____

ਖੇਤਰੀ ਕਾਮਾ ਕੋਡ _____

ਮਰੀਜ਼ ਦਾ ਨਾਮ: _____

ਉਮਰ: _____ ਲਿੰਗ: _____

ਪਿਤਾ / ਪਤੀ ਦਾ ਨਾਮ: _____

ਪੂਰਾ ਪਤਾ: _____

ਲੱਛਣ/ਅੰਗ ਕੋਡ: _____

ਵਿਆਖਿਆ: _____

ਕੈਂਸਰ ਤੋਂ ਬਚਾਅ ਲਈ
ਸਿਗਰਟ, ਬੀੜੀ, ਹੁੰਕਾ, ਚਿਲਮ, ਜਰਦਾ, ਗੁਟਕਾ,
ਪਾਨ ਮਸਾਲਾ ਅਤੇ ਸ਼ਰਾਬ ਦਾ ਸੇਵਨ ਛੱਡੀਏ

3. ਜਿਲ੍ਹਾ ਹਸਪਤਾਲ _____ ਤੇ ਕੀਤੀ ਗਈ ਜਾਂਚ

ਮਰੀਜ਼ ਨੂੰ ਕੈਂਸਰ ਦਾ ਸ਼ੱਕ ਹੈ ਜਾਂ ਨਹੀਂ?
ਕਰਵਾਏ ਗਏ / ਕਰਵਾਏ ਜਾਣ ਵਾਲੇ ਟੈਸਟ/ ਰਿਪੋਰਟ:
ਕੀ ਮਰੀਜ਼ ਨੂੰ ਮੈਡੀਕਲ ਕਾਲਜ ਰੈਵਰ ਕੀਤਾ ਗਿਆ ਹੈ ਜਾਂ ਨਹੀਂ?
ਜੇ ਰੈਵਰ ਕੀਤਾ ਗਿਆ ਤਾਂ ਜਾਂਚ ਲਈ ਜਾਂ ਇਲਾਜ ਲਈ:

ਮੈਡੀਕਲ ਅਫਸਰ _____ ਰ

4. ਮੈਡੀਕਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ, ਵਰੀਚਕੋਟ/ ਪਟਿਆਲਾ/ ਅੰਮ੍ਰਿਤਸਰ

ਮਰੀਜ਼ ਨੂੰ ਕੈਂਸਰ ਘੋਸ਼ਿਤ ਕੀਤਾ ਗਿਆ ਹੈ ਜਾਂ ਨਹੀਂ?

ਡਾਕਟਰ ਦਾ ਨਾਮ ਅਤੇ ਆਹੁਦਾ _____

ਇਹ ਕਾਰਡ ਸਬੰਧਤ ਖੇਤਰੀ ਕਾਮਾ ਨੂੰ ਮੁਕੰਮਲ ਕਰਕੇ ਸੌਂਪ ਦਿੱਤਾ ਜਾਵੇ।

6.5. Media

Another positive outcome of the campaign has been that the burden of cancer in the State of Punjab has been focused upon in the right perspective, contradicting previous viewpoints both of the citizens as well as of various departments. The education and information on cancer and district-wise load of cancer patients was focused in the media. The whole campaign has been the focus of the print as well as electronic media at district, state and national level. Most of the newspapers published in Punjabi, Hindi and English from the region have been carrying news items, reports, stories and brief round-up of the campaign. All India Radio and various TV channels have also covered the campaign.



Campaign News clippings contd..

अब कैंसर मरीजों को मिलेगी रेफरल रिलिफ

अमर उजाला ब्यूरो

चंडीगढ़। पंजाब सरकार ने प्रदेश में कैंसर की जल्द पहचान के संबंध में सर्वे के दौरान संदिग्ध मरीजों को रेफरल रिलिफ देने का फैसला लिया है। इससे उनको संबंधित अस्पतालों में जाकर जांच करवाने में मुश्किल नहीं आएगी।

एक दिवस रेफरल रिलिफ होना है राज दरूट डोर

एक दिवस रेफरल रिलिफ होना है राज दरूट डोर

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एक दिवस रेफरल रिलिफ होना है राज दरूट डोर

घडुआं में कैंसर के कई संदिग्ध मरीज

अमर उजाला ब्यूरो

हरियाणा। प्रेसिडेंट हेल्थ सेंटर (पीएचसी) घडुआं के अधीन आने वाले गांवों में कैंसर के 171 गांवों के 50527 घरों को सर्वे किया गया और 24339 मरीजों की जांच की गई। इनमें 546 संदिग्ध मरीजों का एक तिहाई से भी ज्यादा है।

इसी क्षेत्र के 198 लोगों को पहले से ही कैंसर का इलाज चल रहा है और पिछले पांच वर्षों में 267 लोग कैंसर से अपनी जान बचा चुके हैं। पंजाब सरकार के सेहत एवं परिवार भलाई विभाग एवं मेडिकल शिक्षा विभाग की तरफ से कराया गए सर्वे के तहत जो खुलासा हुआ है, वह काफी चिंताजनक है। घडुआ क्षेत्र में कैंसर का खतरा सबसे ज्यादा है। पीएचसी घडुआ के सीनियर मेडिकल अफसर डॉ. शक्तिराम ने बताया कि पीएचसी घडुआ के अधीन आने वाले 171 गांवों के 50527 घरों को सर्वे किया गया और 24339 मरीजों की जांच की गई। इनमें 546 संदिग्ध मरीजों का एक तिहाई से भी ज्यादा है।

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कैंसर पाइलट प्लान के तहत

अमर उजाला ब्यूरो

हरियाणा। कैंसर के प्रति जागरूकता बढ़ाने के लिए पंजाब सरकार ने एक दिवस के तहत कैंसर मरीजों को रेफरल रिलिफ देने का फैसला किया है। इससे उनको संबंधित अस्पतालों में जाकर जांच करवाने में मुश्किल नहीं आएगी।

कैंसर पाइलट प्लान के तहत कैंसर मरीजों को रेफरल रिलिफ देने का फैसला किया है। इससे उनको संबंधित अस्पतालों में जाकर जांच करवाने में मुश्किल नहीं आएगी।

सरकार करेगी कैंसर मरीजों की पहचान

अमर उजाला ब्यूरो

हरियाणा। कैंसर के प्रति जागरूकता बढ़ाने के लिए पंजाब सरकार ने एक दिवस के तहत कैंसर मरीजों को रेफरल रिलिफ देने का फैसला किया है। इससे उनको संबंधित अस्पतालों में जाकर जांच करवाने में मुश्किल नहीं आएगी।

सरकार करेगी कैंसर मरीजों की पहचान

1 दसंबर से कैंसर जांच मुहिम शुरू

अमर उजाला ब्यूरो

हरियाणा। 16 नवंबर (सोमवार) को शुरू हो रहे कैंसर जांच मुहिम का पहला दिन सफल रहा।

1 दसंबर से कैंसर जांच मुहिम शुरू

कैंसर की मात्र ड्रॉस रिया पंजाब

अमर उजाला ब्यूरो

हरियाणा। कैंसर की मात्र ड्रॉस रिया पंजाब में शुरू हुई है।

गांव	संदिग्ध मरीज	कुल मरीज
अमर उजाला	100	150
बहाल	120	180
चंडीगढ़	150	200
दिल्ली	180	250
हरियाणा	200	300
पंजाब	250	350
राजस्थान	300	400
उत्तर प्रदेश	350	450
बिहार	400	500
झारखण्ड	450	550
ओडिशा	500	600
गुजरात	550	650
कर्नाटक	600	700
आंध्र प्रदेश	650	750
तमिलनाडु	700	800
केरल	750	850
पुदुचेरी	800	900
अंडमान निकोबार	850	950
चेन्नई	900	1000
कोलकाता	950	1050
दिल्ली	1000	1100
अमर उजाला	1050	1150
बहाल	1100	1200
चंडीगढ़	1150	1250
दिल्ली	1200	1300
हरियाणा	1250	1350
पंजाब	1300	1400
राजस्थान	1350	1450
उत्तर प्रदेश	1400	1500
बिहार	1450	1550
झारखण्ड	1500	1600
ओडिशा	1550	1650
गुजरात	1600	1700
कर्नाटक	1650	1750
आंध्र प्रदेश	1700	1800
तमिलनाडु	1750	1850
केरल	1800	1900
पुदुचेरी	1850	1950
अंडमान निकोबार	1900	2000
चेन्नई	1950	2050
कोलकाता	2000	2100
दिल्ली	2050	2150
अमर उजाला	2100	2200
बहाल	2150	2250
चंडीगढ़	2200	2300
दिल्ली	2250	2350
हरियाणा	2300	2400
पंजाब	2350	2450
राजस्थान	2400	2500
उत्तर प्रदेश	2450	2550
बिहार	2500	2600
झारखण्ड	2550	2650
ओडिशा	2600	2700
गुजरात	2650	2750
कर्नाटक	2700	2800
आंध्र प्रदेश	2750	2850
तमिलनाडु	2800	2900
केरल	2850	2950
पुदुचेरी	2900	3000
अंडमान निकोबार	2950	3050
चेन्नई	3000	3100
कोलकाता	3050	3150
दिल्ली	3100	3200
अमर उजाला	3150	3250
बहाल	3200	3300
चंडीगढ़	3250	3350
दिल्ली	3300	3400
हरियाणा	3350	3450
पंजाब	3400	3500
राजस्थान	3450	3550
उत्तर प्रदेश	3500	3600
बिहार	3550	3650
झारखण्ड	3600	3700
ओडिशा	3650	3750
गुजरात	3700	3800
कर्नाटक	3750	3850
आंध्र प्रदेश	3800	3900
तमिलनाडु	3850	3950
केरल	3900	4000
पुदुचेरी	3950	4050
अंडमान निकोबार	4000	4100
चेन्नई	4050	4150
कोलकाता	4100	4200
दिल्ली	4150	4250
अमर उजाला	4200	4300
बहाल	4250	4350
चंडीगढ़	4300	4400
दिल्ली	4350	4450
हरियाणा	4400	4500
पंजाब	4450	4550
राजस्थान	4500	4600
उत्तर प्रदेश	4550	4650
बिहार	4600	4700
झारखण्ड	4650	4750
ओडिशा	4700	4800
गुजरात	4750	4850
कर्नाटक	4800	4900
आंध्र प्रदेश	4850	4950
तमिलनाडु	4900	5000
केरल	4950	5050
पुदुचेरी	5000	5100
अंडमान निकोबार	5050	5150
चेन्नई	5100	5200
कोलकाता	5150	5250
दिल्ली	5200	5300
अमर उजाला	5250	5350
बहाल	5300	5400
चंडीगढ़	5350	5450
दिल्ली	5400	5500
हरियाणा	5450	5550
पंजाब	5500	5600
राजस्थान	5550	5650
उत्तर प्रदेश	5600	5700
बिहार	5650	5750
झारखण्ड	5700	5800
ओडिशा	5750	5850
गुजरात	5800	5900
कर्नाटक	5850	5950
आंध्र प्रदेश	5900	6000
तमिलनाडु	5950	6050
केरल	6000	6100
पुदुचेरी	6050	6150
अंडमान निकोबार	6100	6200
चेन्नई	6150	6250
कोलकाता	6200	6300
दिल्ली	6250	6350
अमर उजाला	6300	6400
बहाल	6350	6450
चंडीगढ़	6400	6500
दिल्ली	6450	6550
हरियाणा	6500	6600
पंजाब	6550	6650
राजस्थान	6600	6700
उत्तर प्रदेश	6650	6750
बिहार	6700	6800
झारखण्ड	6750	6850
ओडिशा	6800	6900
गुजरात	6850	6950
कर्नाटक	6900	7000
आंध्र प्रदेश	6950	7050
तमिलनाडु	7000	7100
केरल	7050	7150
पुदुचेरी	7100	7200
अंडमान निकोबार	7150	7250
चेन्नई	7200	7300
कोलकाता	7250	7350
दिल्ली	7300	7400
अमर उजाला	7350	7450
बहाल	7400	7500
चंडीगढ़	7450	7550
दिल्ली	7500	7600
हरियाणा	7550	7650
पंजाब	7600	7700
राजस्थान	7650	7750
उत्तर प्रदेश	7700	7800
बिहार	7750	7850
झारखण्ड	7800	7900
ओडिशा	7850	7950
गुजरात	7900	8000
कर्नाटक	7950	8050
आंध्र प्रदेश	8000	8100
तमिलनाडु	8050	8150
केरल	8100	8200
पुदुचेरी	8150	8250
अंडमान निकोबार	8200	8300
चेन्नई	8250	8350
कोलकाता	8300	8400
दिल्ली	8350	8450
अमर उजाला	8400	8500
बहाल	8450	8550
चंडीगढ़	8500	8600
दिल्ली	8550	8650
हरियाणा	8600	8700
पंजाब	8650	8750
राजस्थान	8700	8800
उत्तर प्रदेश	8750	8850
बिहार	8800	8900
झारखण्ड	8850	8950
ओडिशा	8900	9000
गुजरात	8950	9050
कर्नाटक	9000	9100
आंध्र प्रदेश	9050	9150
तमिलनाडु	9100	9200
केरल	9150	9250
पुदुचेरी	9200	9300
अंडमान निकोबार	9250	9350
चेन्नई	9300	9400
कोलकाता	9350	9450
दिल्ली	9400	9500
अमर उजाला	9450	9550
बहाल	9500	9600
चंडीगढ़	9550	9650
दिल्ली	9600	9700
हरियाणा	9650	9750
पंजाब	9700	9800
राजस्थान	9750	9850
उत्तर प्रदेश	9800	9900
बिहार	9850	9950
झारखण्ड	9900	10000
ओडिशा	9950	10050
गुजरात	10000	10100
कर्नाटक	10050	10150
आंध्र प्रदेश	10100	10200
तमिलनाडु	10150	10250
केरल	10200	10300
पुदुचेरी	10250	10350
अंडमान निकोबार	10300	10400
चेन्नई	10350	10450
कोलकाता	10400	10500
दिल्ली	10450	10550
अमर उजाला	10500	10600
बहाल	10550	10650
चंडीगढ़	10600	10700
दिल्ली	10650	10750
हरियाणा	10700	10800
पंजाब	10750	10850
राजस्थान	10800	10900
उत्तर प्रदेश	10850	10950
बिहार	10900	11000
झारखण्ड	10950	11050
ओडिशा	11000	11100
गुजरात	11050	11150
कर्नाटक	11100	11200
आंध्र प्रदेश	11150	11250
तमिलनाडु	11200	11300
केरल	11250	11350
पुदुचेरी	11300	11400
अंडमान निकोबार	11350	11450
चेन्नई	11400	11500
कोलकाता	11450	11550
दिल्ली	11500	11600
अमर उजाला	11550	11650
बहाल	11600	11700
चंडीगढ़	11650	11750
दिल्ली	11700	11800
हरियाणा	11750	11850
पंजाब	11800	11900
राजस्थान	11850	11950
उत्तर प्रदेश	11900	12000
बिहार	11950	12050
झारखण्ड	12000	12100
ओडिशा	12050	12150
गुजरात	12100	12200
कर्नाटक	12150	12250
आंध्र प्रदेश	12200	12300
तमिलनाडु	12250	12350
केरल	12300	12400
पुदुचेरी	12350	12450
अंडमान निकोबार	12400	12500
चेन्नई	12450	12550
कोलकाता	12500	12600
दिल्ली	12550	12650
अमर उजाला	12600	12700
बहाल	12650	12750
चंडीगढ़	12700	12800
दिल्ली	12750	12850
हरियाणा	12800	12900
पंजाब	12850	12950
राजस्थान	12900	13000
उत्तर प्रदेश	12950	13050
बिहार	13000	13100
झारखण्ड	13050	13150
ओडिशा	13100	13200
गुजरात	13150	13250
कर्नाटक	13200	13300
आंध्र प्रदेश	13250	13350
तमिलनाडु	13300	13400
केरल	13350	13450
पुदुचेरी	13400	13500
अंडमान निकोबार	13450	13550
चेन्नई	13500	13600
कोलकाता	13550	13650
दिल्ली	13600	13700
अमर उजाला	13650	13750
बहाल	13700	13800
चंडीगढ़	13750	13850
दिल्ली	13800	13900
हरियाणा	13850	13950
पंजाब	13900	14000
राजस्थान	13950	14050
उत्तर प्रदेश	14000	14100
बिहार	14050	14150
झारखण्ड	14100	14200
ओडिशा	14150	14250
गुजरात	14200	14300
कर्नाटक	14250	14350
आंध्र प्रदेश	14300	14400
तमिलनाडु	14350	14450
केरल	14400	14500
पुदुचेरी	14450	14550
अंडमान निकोबार	14500	14600
चेन्नई	14550	14650
कोलकाता	14600	14700
दिल्ली	14650	14750
अमर उजाला	14700	14800
बहाल	14750	14850
चंडीगढ़	14800	14900
दिल्ली	14850	14950
हरियाणा	14900	15000
पंजाब	14950	15050
राजस्थान	15000	15100
उत्तर प्रदेश	15050	15150
बिहार	15100	15200
झारखण्ड	15150	15250
ओडिशा	15200	15300
गुजरात	15250	15350
कर्नाटक	15300	15400
आंध्र प्रदेश	15350	15450
तमिलनाडु	15400	15500
केरल	15450	15550
पुदुचेरी	15500	15600
अंडमान निकोबार	15550	15650
चेन्नई	15600	15700
कोलकाता	15650	15750
दिल्ली	15700	15800
अमर उजाला	15750	15850
बहाल	15800	15900
चंडीगढ़	15850	15950

Campaign News clipping contd..

ਪੰਜਾਬ 'ਚ 83 ਹਜ਼ਾਰ ਕੈਂਸਰ ਦੇ ਸੰਭਾਵਿਤ ਮਰੀਜ਼

33 ਹਜ਼ਾਰ ਦੀ 5 ਸਾਲ 'ਚ ਹੋ ਚੁੱਕੀ ਹੈ ਮੌਤ * ਆਈ. ਐੱਮ. ਆਰ. ਨੇ ਜਾਂਗੀ ਰਿਪੋਰਟ

ਪੰਜਾਬ 'ਚ ਹਰ ਚਾਰ ਵਿੱਚੋਂ ਇੱਕ ਮਰੀਜ਼ ਕੈਂਸਰ ਦੇ ਸੰਭਾਵਿਤ ਮਰੀਜ਼ਾਂ ਦੀ ਸੰਖਿਆ 83 ਹਜ਼ਾਰ ਹੈ। ਇਸ ਨੂੰ ਚਿੰਨ੍ਹ ਦੇ ਰੂਪ ਵਿੱਚ ਮਰੀਜ਼ਾਂ ਦੀ ਸੰਖਿਆ 83 ਹਜ਼ਾਰ ਹੈ। ਇਸ ਨੂੰ ਚਿੰਨ੍ਹ ਦੇ ਰੂਪ ਵਿੱਚ ਮਰੀਜ਼ਾਂ ਦੀ ਸੰਖਿਆ 83 ਹਜ਼ਾਰ ਹੈ।

ਹੁਣ ਛੇਤੀ ਹੋਵੇਗਾ ਕੈਂਸਰ ਦਾ

ਆਰਾਗ * ਕੈਂਸਰ ਪੈਦਾ ਕਰਨ ਵਾਲੇ ਸਾਰੇ ਪਾਸੇ ਪਾਉਣ ਵਾਲੇ ਹੋਣਗੇ

ਕੈਂਸਰ ਪੈਦਾ ਕਰਨ ਵਾਲੇ ਸਾਰੇ ਪਾਸੇ ਪਾਉਣ ਵਾਲੇ ਹੋਣਗੇ। ਕੈਂਸਰ ਪੈਦਾ ਕਰਨ ਵਾਲੇ ਸਾਰੇ ਪਾਸੇ ਪਾਉਣ ਵਾਲੇ ਹੋਣਗੇ।

ਕੈਂਸਰ ਚੇਤਨਾ ਲਈ ਜ਼ਿਲ੍ਹਾ ਪੱਧਰੀ ਵਰਕਸ਼ਾਪ ਲਗਾਈ

ਕੈਂਸਰ ਚੇਤਨਾ ਲਈ ਜ਼ਿਲ੍ਹਾ ਪੱਧਰੀ ਵਰਕਸ਼ਾਪ ਲਗਾਈ। ਕੈਂਸਰ ਚੇਤਨਾ ਲਈ ਜ਼ਿਲ੍ਹਾ ਪੱਧਰੀ ਵਰਕਸ਼ਾਪ ਲਗਾਈ।

Campaign against cancer from Oct

EXPRESS NEWS SERVICE CHANDIGARH, SEPT 30

TO CHECK the menace of cancer in the state, Chief Minister Parkash Singh Badal on Sunday gave his nod to the launch of a month-long door-to-door campaign to create awareness among the people about the disease.

The project — State Wide Awareness and Symptom Based Early Detection Door to Door Campaign — will begin in Faridkot district from October 2 on a pilot basis. This will later be extended across the state in December. The project will cater to more than 1.25 crore people and involve over 50,000 personnel.

PGI mobile lab to examine suspected cancer cases

TRIBUNE NEWS SERVICE FARIDKOT, DECEMBER 19

The Health Department detected 2,950 suspected cancer patients during a door-to-door survey in the district, a mobile laboratory from the PGI, Chandigarh, will start examining them next week.

The mobile lab is specially equipped for confirmatory tests of uterine (cervix) and breast cancer. These are common cancer types prevalent among women.

1,112 cancer deaths took place in the district in the last five years. In the second leg of this survey, all suspected cases would be examined. After the confirmation, patients would be given free treatment at Guru Gobind Singh Medical College and Hospital in Faridkot, said Dr. Rakesh Arora, Civil Surgeon.

ਖ਼ਤਰਾ: ਫ਼ਰੀਦਕੋਟ ਜ਼ਿਲ੍ਹੇ 'ਚ 785 ਕੈਂਸਰ ਦੇ ਮਰੀਜ਼

ਪਿਛਲੇ 5 ਸਾਲਾਂ 'ਚ 1112 ਲੋਕਾਂ ਦੀ ਮੌਤ, 2950 ਵਿਅਕਤੀਆਂ 'ਚ 1 ਤੋਂ 12 ਹਜ਼ਾਰ ਦੇ ਲੱਛਣ ਪ੍ਰਾਪਤ ਕਰ ਕੇ ਕੈਂਸਰ ਦਾ ਪਤਾ ਲਗਾਉਣ ਲਈ ਮੁਹਿੰਮ 1 ਦਸੰਬਰ ਤੋਂ ਸਿੱਟਲ

ਫ਼ਰੀਦਕੋਟ ਜ਼ਿਲ੍ਹੇ 'ਚ 785 ਕੈਂਸਰ ਦੇ ਮਰੀਜ਼ ਹਨ। ਪਿਛਲੇ 5 ਸਾਲਾਂ 'ਚ 1112 ਲੋਕਾਂ ਦੀ ਮੌਤ, 2950 ਵਿਅਕਤੀਆਂ 'ਚ 1 ਤੋਂ 12 ਹਜ਼ਾਰ ਦੇ ਲੱਛਣ ਪ੍ਰਾਪਤ ਕਰ ਕੇ ਕੈਂਸਰ ਦਾ ਪਤਾ ਲਗਾਉਣ ਲਈ ਮੁਹਿੰਮ 1 ਦਸੰਬਰ ਤੋਂ ਸਿੱਟਲ।

ਜ਼ਿਲੇ ਮੇਂ ਕੈਂਸਰ ਕਾ ਸਰੋਂ ਪੂਰਾ: ਸਿਵਿਲ ਸਰਜ਼

1748 ਮੈਂ 953 ਲੋਗੋਂ ਨੇ ਕੈਂਸਰ ਦੀ ਕੁਠਿ

ਜ਼ਿਲੇ ਮੇਂ ਕੈਂਸਰ ਕਾ ਸਰੋਂ ਪੂਰਾ: ਸਿਵਿਲ ਸਰਜ਼। 1748 ਮੈਂ 953 ਲੋਗੋਂ ਨੇ ਕੈਂਸਰ ਦੀ ਕੁਠਿ।

Cancer rate in Punjab not as high as projected

EXPRESS NEWS SERVICE CHANDIGARH

The Punjab Health Department has revealed that the cancer rate in the state is not as high as projected. The data showed that out of the 1.1 crore surveyed, only 83,000 were found to be suffering from cancer.

ਖ਼ਮਾਣੋਂ ਇਲਾਕਾ ਕੈਂਸਰ ਦੀ ਜਕੜ

ਸਰਵੇ ਦੌਰਾਨ ਪਾਏ ਗਏ ਕੈਂਸਰ ਦੇ 107 ਮਰੀਜ਼, 293 ਸ਼ੱਕੀ ਇਲਾਕੇ 'ਚ ਕੈਂਸਰ ਕਾਰਨ ਪਿਛਲੇ ਪੰਜ ਸਾਲਾਂ 'ਚ ਹੋਈਆਂ 1 ਖ਼ਮਾਣੋਂ, 9 ਜਨਵਰੀ (ਸਿੱਕੀ)-ਪੰਜਾਬ ਵਿਚ ਵਧ ਰਹੀ ਦਿਨ-ਦਿਨ ਕੈਂਸਰ ਵਰਗੀ ਨਾ ਮੁਕਾਬ ਬੀਮਾਰੀ ਖ਼ਮਾਣੋਂ ਇਲਾਕੇ ਵਿਚ ਵੀ ਦਿਨ-ਦਿਨ ਵਧ ਰਹੀ ਹੈ। ਪੰਜਾਬ ਸਾਟਕਾਰੀ ਅਨੁਸਾਰ ਪਿਛਲੇ ਪੰਜ ਸਾਲਾਂ ਦੌਰਾਨ ਬਲਾਕ ਖ਼ਮਾਣੋਂ ਵਿਚ 154 ਵਿਅਕਤੀਆਂ ਦੀ ਕੈਂਸਰ ਦੀ ਬੀਮਾਰੀ ਕਾਰਨ ਮੌਤ ਹੋ ਗਈ ਹੈ। ਪੰਜਾਬ ਸਰਕਾਰ ਵਲੋਂ ਜੋ ਕੈਂਸਰ ਸਰਵੇ ਮੁਹਿੰਮ ਦਸੰਬਰ 2012 ਨੂੰ ਸ਼ੁਰੂ ਕੀਤੀ ਗਈ ਸੀ ਜਿਸ ਵਿਚ ਖ਼ਮਾਣੋਂ ਵਿਚ 31 ਦਸੰਬਰ ਤੱਕ ਪੂਰੀ ਕਰ ਦਿੱਤੀ ਗਈ ਹੈ। ਇਸ ਸਬੰਧੀ ਡਾ. ਨਰੇਸ਼ ਚੌਹਾਨ ਨੇ ਦੱਸਿਆ ਲਈ ਸ਼ੁਰੂ ਕੀਤੀ ਗਈ ਇਹ ਸਰਵੇ ਮੁਹਿੰਮ ਖ਼ਮਾਣੋਂ ਬਲਾਕ ਦੇ ਹਰ ਇਕ ਘਰ ਵਿਚ ਜਾ ਕੇ ਪੂਰੀ ਕਰ ਲਈ ਗਈ ਹੈ।

ਕੈਂਸਰ ਸੰਬੰਧੀ ਪਿੰਡ-ਪਿੰਡ ਸਰਵੇ ਖ਼ਾਸ ਕੈਂਸਰ ਸੰਬੰਧੀ ਪਿੰਡ-ਪਿੰਡ ਸਰਵੇ ਖ਼ਾ



ਕੈਂਸਰ ਸੰਬੰਧੀ ਪਿੰਡ-ਪਿੰਡ ਸਰਵੇ ਖ਼ਾ। ਕੈਂਸਰ ਸੰਬੰਧੀ ਪਿੰਡ-ਪਿੰਡ ਸਰਵੇ ਖ਼ਾ।

ਕੈਂਸਰ ਰੋਗ ਸੰਬੰਧੀ ਸਰੋਂ ਹੋਗਾ ਸ਼ੁਰੂ: ਡਾ. ਸੂਰ

ਕੈਂਸਰ ਰੋਗ ਸੰਬੰਧੀ ਸਰੋਂ ਹੋਗਾ ਸ਼ੁਰੂ: ਡਾ. ਸੂਰ। ਕੈਂਸਰ ਰੋਗ ਸੰਬੰਧੀ ਸਰੋਂ ਹੋਗਾ ਸ਼ੁਰੂ: ਡਾ. ਸੂਰ।

Cancer deaths: Ludhiana tops in Punjab with 3,532 casualties

District	Male	Female	Total
Ludhiana	1,850	1,682	3,532
Amritsar	1,200	1,100	2,300
Other districts

ਕੈਂਸਰ ਬਾਰੇ ਜਾਗਰੂਕ ਕਰਨ ਲਈ ਸਰਵੇਖਣ ਆਰੰਭਿਆ



6.6. Awareness among General Public, Opinion Leaders And Cancer Patients

Awareness has increased to such an extent that several telephone calls are being received from various sections of society regarding cancer patients. The information on Chief Minister's Cancer Rahat Kosh has increased not only among the general public but also amongst the health functionaries.

Chief Minister's Cancer Rahat Kosh has been made more patient friendly after the issues of hassle-free disbursement were resolved during meetings

6.7. Cancer Drugs

Another positive point of this campaign has been that the Department has gone in for tendering the Cancer Drugs to make them available to patients at much cheaper rates through empanelled hospitals.

6.8. Infrastructure

Facility Survey is being carried out so that the District Hospitals are strengthened for the care of cancer patients as directed by the Chief Minister Punjab.

6.9. Mukh Mantri Cancer Rahat Kosh Application Form

This is available with each and every health functionary in the field since it has been printed inside the Guide Book. It is handy for them to guide patients.

Sample Application form

ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਬਿਨੈ-ਪੱਤਰ

ਸੇਵਾ ਵਿਖੇ,
ਸਿਵਲ ਸਰਜਨ,
_____।

ਵਿਸ਼ਾ: ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਅਧੀਨ ਕੈਂਸਰ ਪੀੜਤ ਮਰੀਜ਼ਾਂ ਦੇ ਇਲਾਜ ਲਈ ਵਿੱਤੀ ਸਹਾਇਤਾ ਬਿਨੈ - ਪੱਤਰ।
ਉਪਰੋਕਤ ਦਰਸਾਈ ਗਈ ਸਕੀਮ ਦੀਆਂ ਗਾਈਡਲਾਈਨਜ਼ ਅਨੁਸਾਰ ਮੇਰੇ ਪਤੀ / ਪਤਨੀ / ਪੁੱਤਰ / ਪੁੱਤਰੀ ਨੂੰ ਇਲਾਜ ਲਈ ਵਿੱਤੀ ਸਹਾਇਤਾ ਪ੍ਰਦਾਨ ਕਰਾਉਣ ਲਈ ਆਪ ਜੀ ਨੂੰ ਬੇਨਤੀ ਕਰਦੀ / ਕਰਦਾ ਹਾਂ। ਮਰੀਜ਼ ਦਾ ਵੇਰਵਾ ਨਿਮਨ ਲਿਖਤ ਅਨੁਸਾਰ:

ਮਰੀਜ਼ ਦੀ ਨਵੀਂ ਤਸਦੀਕ ਹੁਣਾ ਇਕ ਫੋਟੋ ਚਿਪਕਾਈ ਜਾਵੇ ਅਤੇ ਦੁੱਜੀ ਫਾਰਮ ਨਾਲ ਨੱਥੀ ਬਿੱਤੀ ਜਾਵੇ

1. ਮਰੀਜ਼ ਦਾ ਨਾਮ: _____
2. ਉਮਰ /ਲਿੰਗ: _____
3. ਪਿਤਾ /ਪਤੀ ਦਾ ਨਾਮ: _____
4. ਮਰੀਜ਼ ਦੇ ਘਰ ਦਾ ਪੂਰਾ ਪਤਾ ਫੋਨ ਨੰ: _____
5. ਸਮੇਤ
(ਉ) ਕੀ ਤੁਸੀਂ ਬੀ.ਪੀ.ਐਲ ਪਰਿਵਾਰ ਨਾਲ ਸਬੰਧਤ ਹੋ (ਹਾਂ/ਨਾਂ)
- (ਬ) ਪਰਿਵਾਰ ਦੀ ਸਾਲਾਨਾ ਆਮਦਨ _____
6. ਕੈਂਸਰ ਰੋਗ ਦੀ ਪਹਿਚਾਣ ਰਿਪੋਰਟ (ਲੈਬੋਰੇਟਰੀ ਰਿਪੋਰਟ ਦੀ ਤਸਦੀਕ ਹੁਣਾ ਕਾਪੀ ਨਾਲ ਨੱਥੀ ਕਰੋ)
7. ਹਸਪਤਾਲ/ ਲੈਬੋਰੇਟਰੀ ਦਾ ਨਾਮ /ਪੂਰਾ ਪਤਾ ਜਿੱਥੇ ਕੈਂਸਰ ਰੋਗ ਦੀ ਪਹਿਚਾਣ ਕੀਤੀ ਗਈ(ਤਸਦੀਕ ਹੁਣਾ ਕਾਪੀ ਨਾਲ ਨੱਥੀ ਕਰੋ) ।

8. ਹਸਪਤਾਲ ਦਾ ਪੂਰਾ ਪਤਾ ਜਿੱਥੇ ਵਰਤਮਾਨ ਸਮੇਂ ਮਰੀਜ਼ ਦਾ ਇਲਾਜ ਚਲ ਰਿਹਾ ਹੈ ।

9. ਹਸਪਤਾਲ 'ਚ ਦਾਖਲ ਹੋਣ ਦੀ ਮਿਤੀ ____/____/____
10. ਕੀ ਤੁਸੀਂ ਕਦੇ ਕਿਸੇ ਸਰਕਾਰੀ ਸੰਸਥਾ / ਸੋਸਾਇਟੀ ਜਾਂ ਕਿਸੇ ਵੀ ਸਰਕਾਰ ਨਾਲ ਜੁੜੀ ਸੰਸਥਾ ਤੋਂ ਵਿੱਤੀ ਸਹਾਇਤਾ ਲਈ ਹੈ (ਹਾਂ / ਨਾਂ) ਜੇਕਰ ਹਾਂ, ਤਾਂ ਉਸ ਸੰਸਥਾ / ਸੋਸਾਇਟੀ ਦਾ ਪੂਰਾ ਵੇਰਵਾ ਦਿਉ ।

ਮਿਤੀ: _____ ਆਪ ਜੀ ਦਾ/ਦੀ ਵਿਸ਼ਵਾਸ - ਖਾਤਰ,
ਦਸਤਾਵੇਜ਼ : _____ (ਪਿਤਾ / ਪਤੀ / ਮਰੀਜ਼ ਦੇ ਦਸਤਖਤ)

1. ਬਿਹਾਇਸੀ ਸਬੂਤ
2. ਲੈਬੋਰੇਟਰੀ ਰਿਪੋਰਟ ਦੀ ਤਸਦੀਕ ਹੁਣਾ ਕਾਪੀ
3. ਪਿਛਲੇ ਇਲਾਜ ਦੇ ਬਿਓਰੇ ਦੀ ਤਸਦੀਕ ਹੁਣਾ ਕਾਪੀ
4. ਬਿਨੈ - ਪੱਤਰ ਦੇਣ ਦੇ ਬਾਅਦ ਇਲਾਜ ਦੇ ਅੰਦਾਜ਼ਨ ਖਰਚੇ ਦਾ ਵੇਰਵਾ (ਇਲਾਜ ਦਾ ਬ੍ਰੇਕ-ਅਪ ਅਤੇ ਅਸਥਾਈ ਸਮੇਂ ਦੀ ਰੁਪ-ਰੋਖਾ ਸਮੇਤ):
ਉਸ ਹਸਪਤਾਲ ਦੁਆਰਾ ਜਾਰੀ ਕੀਤੀ ਗਈ ਜਿੱਥੇ ਮਰੀਜ਼ ਵਰਤਮਾਨ ਸਮੇਂ ਇਲਾਜ ਅਧੀਨ ਹੈ ।

6.10. Website

The information on the department website www.pbhealth.gov.in regarding Mukh Mantri Cancer Rahat Kosh has been made more patient-friendly.

Department website

Department of Health & Family Welfare
Government of Punjab

Home | About Us | Letters | Recruitment | Manuals | Monitoring | Related Links | Sitemap

Departments:-

- National Rural Health Mission, Punjab
- Punjab Health Systems Corporation
- Directorate of AYUSH
- Directorate of Homoeopathy
- Punjab AIDS Control Society
- Food and Drug Administration Punjab
- Institutions
- Major Schemes / Programs
- Civil Registration System
- Budget/Expenditure
- New Strategies
- Image Gallery
- Downloads
- RTI Manuals
- Assembly Questions
- Sanctions & Releases
- Statistics
- Tender
- Maps

A Healthy Community in a Society determines overall progress of the State. Department of Health & Family Welfare is committed to provide preventive, promotive and curative quality health Services at an affordable price to the people of the state. For this, a wide network of Health Institution consisting of hospitals, Community Health Centres, Primary Health Centres and Subsidiary Health Centres/ Dispensaries to cater to the health needs of the rural and urban population through well trained medical and paramedical staff have been established in the State.

Essential Drugs/Consumables to be provided free in all Govt. Institutions in Punjab w.e.f 01/01/2013 **NEW**

Institutional Development Plan **NEW**

Transfer Orders

Policy regarding sending doctors to Medical Colleges **NEW**

Case Status of Dr. Sanjay Kapoor **NEW**

List of 17 Medical Officers who are given last chance to Join the Service on 21-01-2013 **NEW**

List of 16 medical officers in the waiting list who are Called for the Counseling on 22-01-2013 at 10:00 AM at Directorate of Health and Family Welfare, Punjab, Sector 34 A Chandigarh. **NEW**

Send your feedback/suggestions to Principal Secretary Health and Family Welfare

Click here to register complaints regarding PC-PNDT Act violation

Updation of Doctor's Personal Data :-
Doctor's Access **NEW**

Doctors Daily OPD:-
Admin Login **NEW**

Employee Corner

List of all Required/Available Medicines in the Govt. Hospitals

Latest News **NEW**

- **Important Updates for the Walk-in-Interviews for the Post of Medical Officers(Specialist)**
- **Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign** **NEW**



- [Home](#)
- [About Us](#) ▼
- [Letters](#) ▼
- [Recruitment](#)
- [Manuals](#) ▼
- [Monitoring](#) ▼
- [Related Links](#) ▼
- [Sitemap](#)

Departments:-

[National Rural Health Mission, Punjab](#)

[Punjab Health Systems Corporation](#)

[Directorate of AYUSH](#)

[Directorate of Homoeopathy](#)

[Punjab AIDS Control Society](#)

Institutions

Major Schemes / Programs

Civil Registration System

Budget/Expenditure

New Strategies

Image Gallery

Downloads

RTI Manuals

Assembly Questions

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign

- [Pilot Project Report: District Faridkot](#) **NEW**
- [Referral Card](#) **NEW**
- [Press Release](#)
- [Press Release\(13-12-12\)](#)

- [Handout regarding cancer awareness](#)
- [Field Worker Guide](#)
- [Faridkot Proposal](#)
- [State Proposal](#)
- [Supervisors Guide Book](#)
- [Proforma 1](#) [English](#) [Punjabi](#)
- [Proforma 2](#) [English](#) [Punjabi](#)

Cancer Awareness Daily Reports **NEW**

[06-January-2013](#)

[07-January-2013](#)

6.11. Helpline

Helplines for the Cancer Awareness Campaign were established at Government Medical College, Amritsar, Government Medical College, Patiala and SGGS, Medical College, Faridkot.

S.No.	Name of Medical College	Designated Person for help line	Helpline Contact Number
1.	Government Medical College, Patiala	Dr. Sumeet Singh (Resident)	98555-56030
2.	Government Medical College, Amritsar	Dr. Sanjeev Mahajan (Assistant Professor)	98148-30325
3.	SGGS Medical College, Faridkot	Dr. Gaganpreet (Senior Resident)	95013-32211

6.12. Skill Development

Field Functionaries of the Health Department and their Supervisors have not only been imparted skills but also have been motivated for Identification, Early Diagnosis and Medical Care of Cancer Patients

6.13. Linkage Improvement

The ASHA and ASHA Facilitators who were till now primarily doing the work of Mother and Child Care have been involved in Cancer Awareness and Treatment also.

6.14. Data Transfer

Skills of the Field Functionaries in Data Transfer through Software have tremendously increased.

6.15. Reach

95% of the houses have been individually contacted and 98% of the population has been reached.

6.16. Data Reporting

Daily performance of each Field Worker was reported to the PHC/CHC and to the district from where it was daily transferred to the State Headquarter where it is compiled and presented to the Principal Secretary, Health and Family Welfare, Government of Punjab. Reports of 1, 8, 15, 22 and 29 December, 2012 and 7, 14th January, 2013 are annexed as Annexure Nos. 1, 2, 3, 4, 5, 6 and 7.

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
District	No. of Houses Covered	Population Covered	Census Population 2011	% Pop Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
Amritsar	421379	2303022	2490891	92.46%	8483	1870	2755
Barnala	107804	595461	596294	99.86%	1091	588	780
Bathinda	261827	1293628	1388859	93.14%	3521	1627	2058
Fatehgarh Sahib	100949	553290	599814	92.24%	1392	588	924
Ferozpur	332762	1875020	2026831	92.51%	7271	2136	2461
Faridkot *	104707	583105	618008	94.35%	2950	785	1112
Gurdaspur	409446	2274676	2299026	98.94%	6856	1363	2105
Hoshiarpur	308110	1554042	1582793	98.18%	2481	1350	1937
Jalandhar	436844	2034683	2181753	93.26%	8179	1777	3249
Kapurthala	159171	828641	817668	101.34%	2878	821	1156
Ludhiana	755142	3798424	3487882	108.90%	5811	3169	3945
Moga	170885	949708	992289	95.71%	5367	840	1674
Mansa	144288	781128	768808	101.60%	2646	1053	1212
Mohali	204169	985633	986147	99.95%	1541	931	964
Muktsar	161815	863611	902702	95.67%	4024	1177	1791
Nawanshahr	123573	633756	614362	103.16%	1232	503	548
Patiala	331765	1743623	1892282	92.14%	6936	1513	1498
Ropar	129653	686925	683349	100.52%	1691	618	1047
Sangrur	282225	1587170	1654408	95.94%	7744	1483	2284
Tarn Taran	211640	1141993	1120070	101.96%	5309	467	930
Total	5158154	27067539	27704236	97.70%	87403	24659	34430

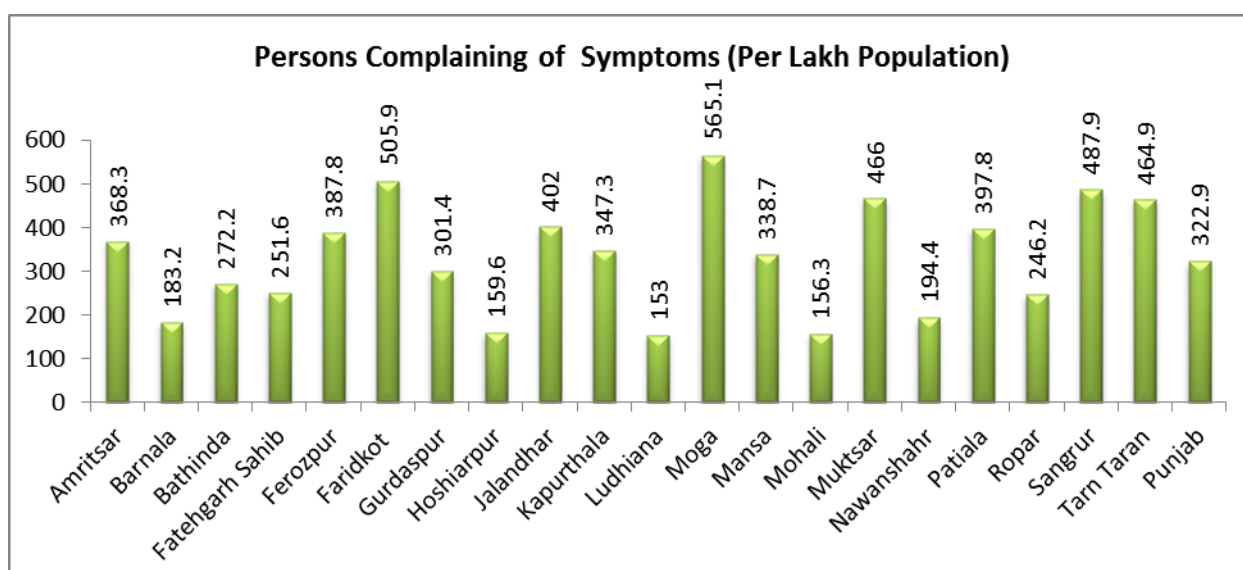
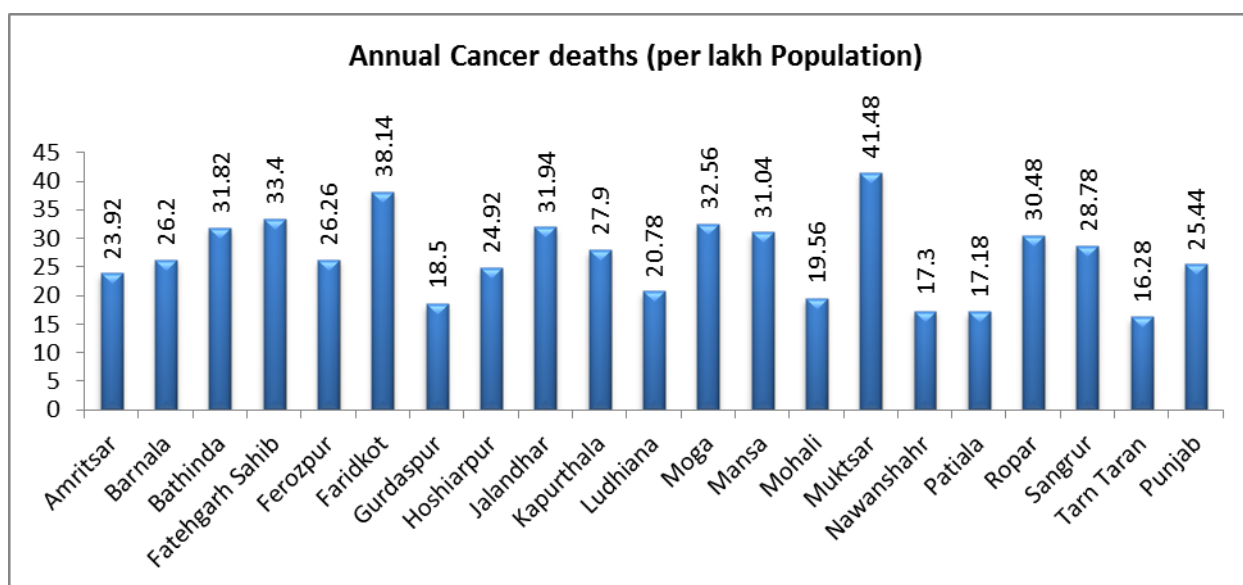
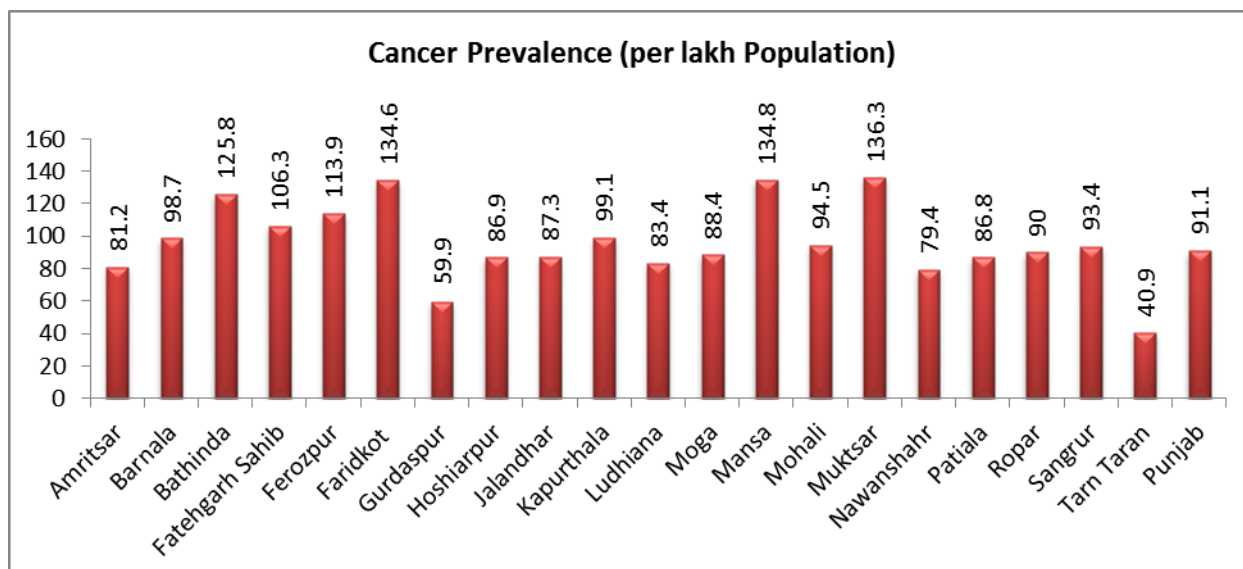
*Pilot Project District and Survey done in October, 2012

6.17. Self-Declared Cancer Cases and Cancer Deaths: District Wise

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
District	Population Covered	Persons Complaining of Symptoms	Cancer Cases reported	No. of death cases due to cancer in last five years	Cancer Prevalence (per lakh Population)	Annual Cancer deaths (per lakh Population)	Persons Complaining of Symptoms (Per Lakh Population)
Amritsar	2303022	8483	1870	2755	81.2	23.92	368.3
Barnala	595461	1091	588	780	98.7	26.2	183.2
Bathinda	1293628	3521	1627	2058	125.8	31.82	272.2
Fatehgarh Sahib	553290	1392	588	924	106.3	33.4	251.6
Ferozpur	1875020	7271	2136	2461	113.9	26.26	387.8
Faridkot *	583105	2950	785	1112	134.6	38.14	505.9
Gurdaspur	2274676	6856	1363	2105	59.9	18.5	301.4
Hoshiarpur	1554042	2481	1350	1937	86.9	24.92	159.6
Jalandhar	2034683	8179	1777	3249	87.3	31.94	402.0
Kapurthala	828641	2878	821	1156	99.1	27.9	347.3
Ludhiana	3798424	5811	3169	3945	83.4	20.78	153.0
Moga	949708	5367	840	1674	88.4	32.56	565.1
Mansa	781128	2646	1053	1212	134.8	31.04	338.7
Mohali	985633	1541	931	964	94.5	19.56	156.3
Muktsar	863611	4024	1177	1791	136.3	41.48	466.0
Nawanshahr	633756	1232	503	548	79.4	17.3	194.4
Patiala	1743623	6936	1513	1498	86.8	17.18	397.8
Ropar	686925	1691	618	1047	90.0	30.48	246.2
Sangrur	1587170	7744	1483	2284	93.4	28.78	487.9
Tarn Taran	1141993	5309	467	930	40.9	16.28	464.9
Total	27067539	87403	24659	34430	91.1	25.44	322.9

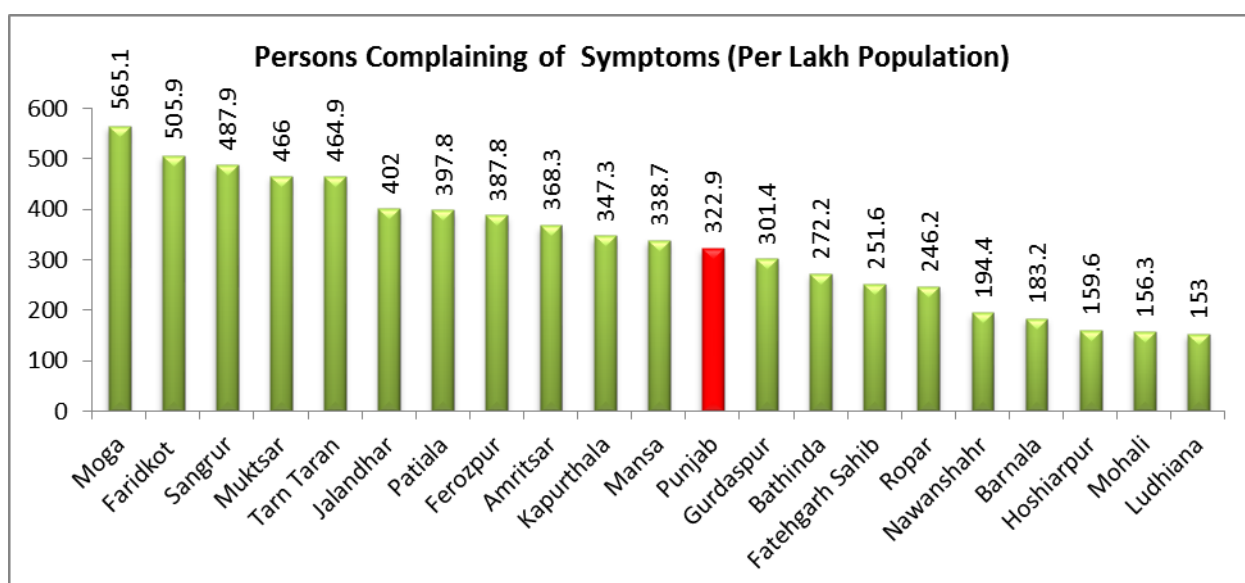
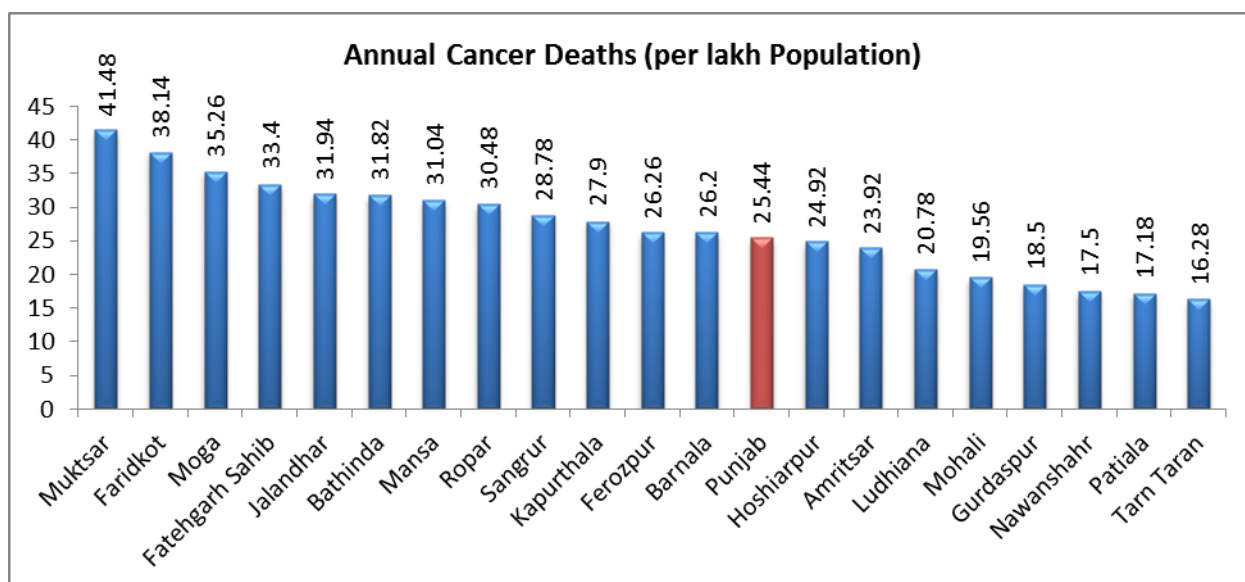
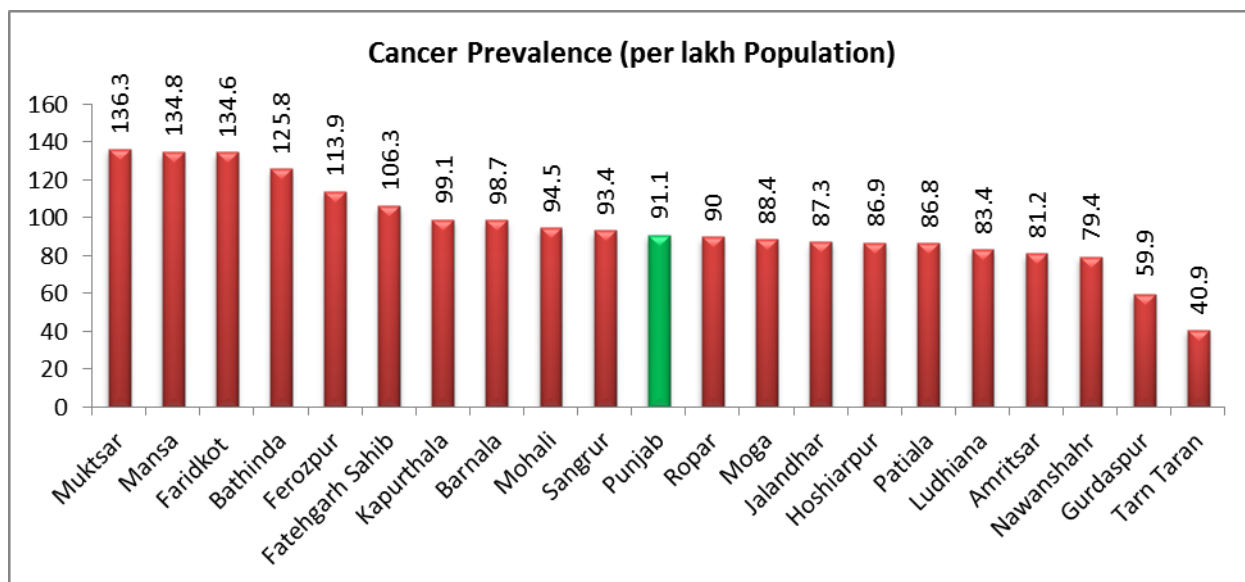
*Pilot Project District and Survey done in October, 2012

**Self-declared Cancer Cases yet to be confirmed



State Wide Door to Door Campaign on Cancer Awareness & Symptom Based Early Detection

Cancer Prevalence (per lakh population)		Cancer Deaths (per lakh population) per annum		Persons Complaining of Symptoms (per lakh population)	
District	Cancer Prevalence (per lakh population)	District	Annual Cancer Deaths (per lakh Population)	District	Persons Complaining of Symptoms (per lakh population)
Muktsar	136.3	Muktsar	41.48	Moga	565.1
Mansa	134.8	Faridkot	38.14	Faridkot	505.9
Faridkot	134.6	Moga	35.26	Sangrur	487.9
Bathinda	125.8	Fatehgarh Sahib	33.4	Muktsar	466.0
Ferozpur	113.9	Jalandhar	31.94	Tarn Taran	464.9
Fatehgarh Sahib	106.3	Bathinda	31.82	Jalandhar	402.0
Kapurthala	99.1	Mansa	31.04	Patiala	397.8
Barnala	98.7	Ropar	30.48	Ferozpur	387.8
Mohali	94.5	Sangrur	28.78	Amritsar	368.3
Sangrur	93.4	Kapurthala	27.9	Kapurthala	347.3
Punjab	91.1	Ferozpur	26.26	Mansa	338.7
Ropar	90.0	Barnala	26.2	Punjab	322.9
Moga	88.4	Punjab	25.44	Gurdaspur	301.4
Jalandhar	87.3	Hoshiarpur	24.92	Bathinda	272.2
Hoshiarpur	86.9	Amritsar	23.92	Fatehgarh Sahib	251.6
Patiala	86.8	Mohali	20.78	Ropar	246.2
Ludhiana	83.4	Ludhiana	19.56	Nawanshahr	194.4
Amritsar	81.2	Gurdaspur	18.5	Barnala	183.2
Nawanshahr	79.4	Nawanshahr	17.5	Hoshiarpur	159.6
Gurdaspur	59.9	Patiala	17.18	Mohali	156.3
Tarn Taran	40.9	Tarn Taran	16.28	Ludhiana	153.0



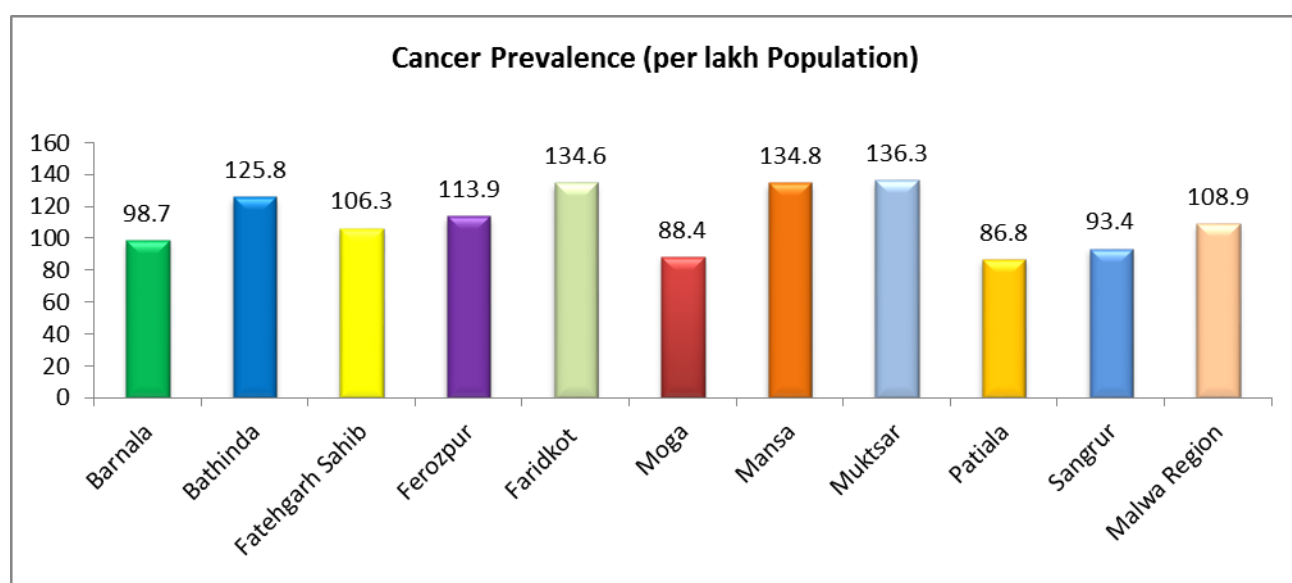
6.18. Cancer Prevalence: Region Wise

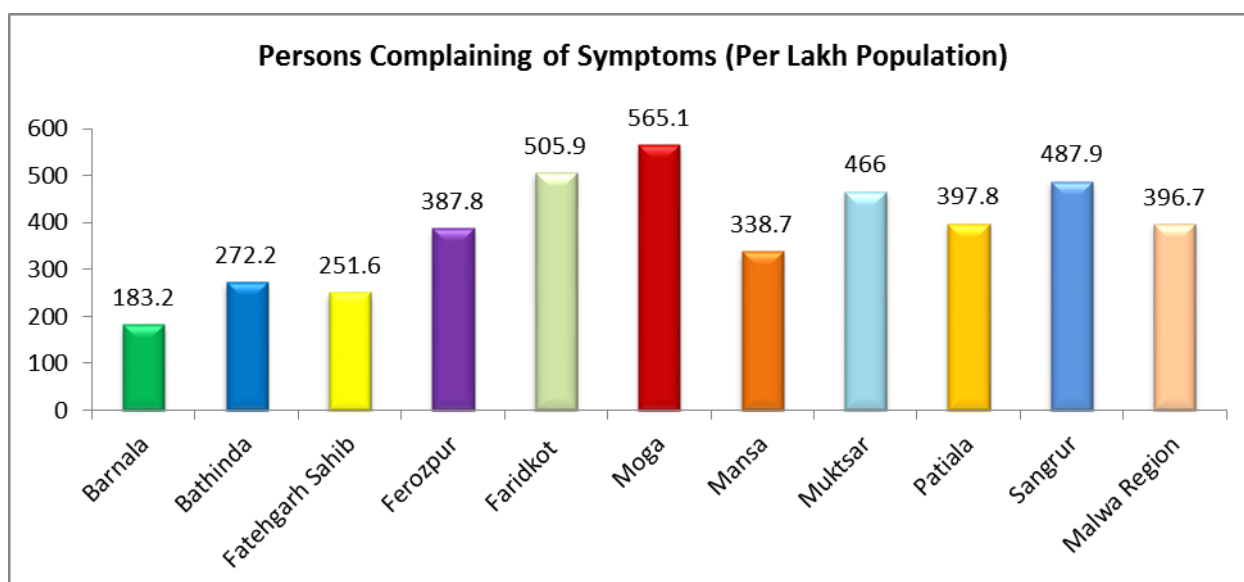
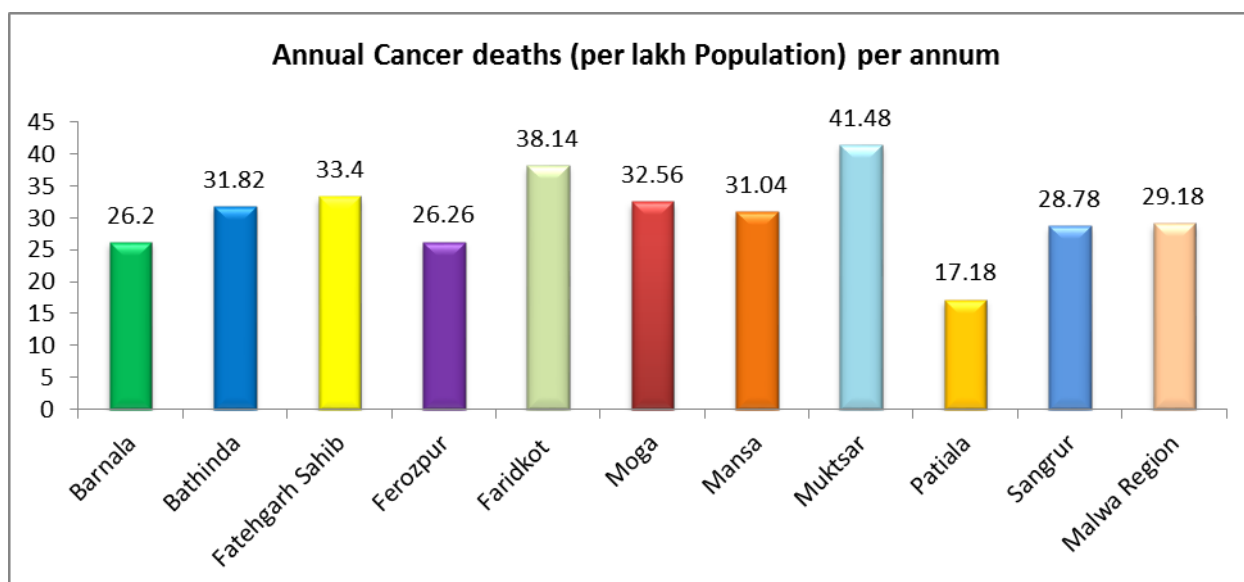
6.18.1. Malwa Region

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
District	Population Covered	Persons Complaining of Symptoms	Cancer Cases reported **	No. of death cases due to cancer in Last Five years	Cancer Prevalence (per lakh Population)	Annual Cancer deaths (per lakh Population) per annum	Persons Complaining of Symptoms (Per Lakh Population)
Barnala	595461	1091	588	780	98.7	26.2	183.2
Bathinda	1293628	3521	1627	2058	125.8	31.82	272.2
Fatehgarh Sahib	553290	1392	588	924	106.3	33.4	251.6
Ferozpur	1875020	7271	2136	2461	113.9	26.26	387.8
Faridkot *	583105	2950	785	1112	134.6	38.14	505.9
Moga	949708	5367	840	1674	88.4	32.56	565.1
Mansa	781128	2646	1053	1212	134.8	31.04	338.7
Muktsar	863611	4024	1177	1791	136.3	41.48	466.0
Patiala	1743623	6936	1513	1498	86.8	17.18	397.8
Sangrur	1587170	7744	1483	2284	93.4	28.78	487.9
Malwa Region	10825744	42942	11790	15794	108.9	29.18	396.7

*Pilot Project District and Survey done in October, 2012

**Self-declared Cancer Cases yet to be confirmed

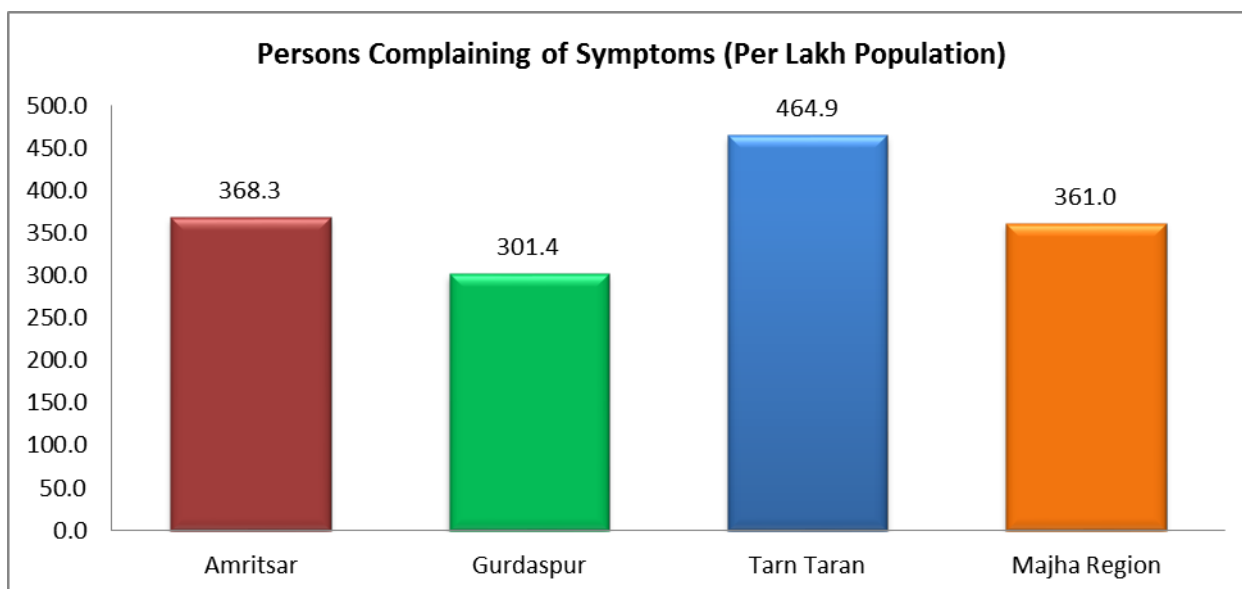
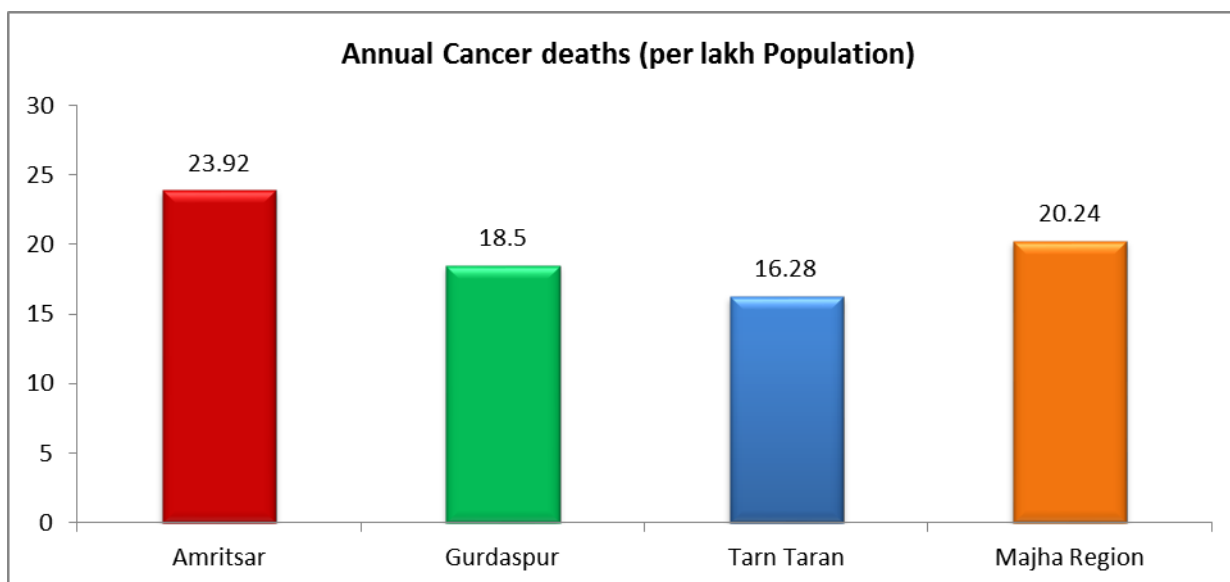
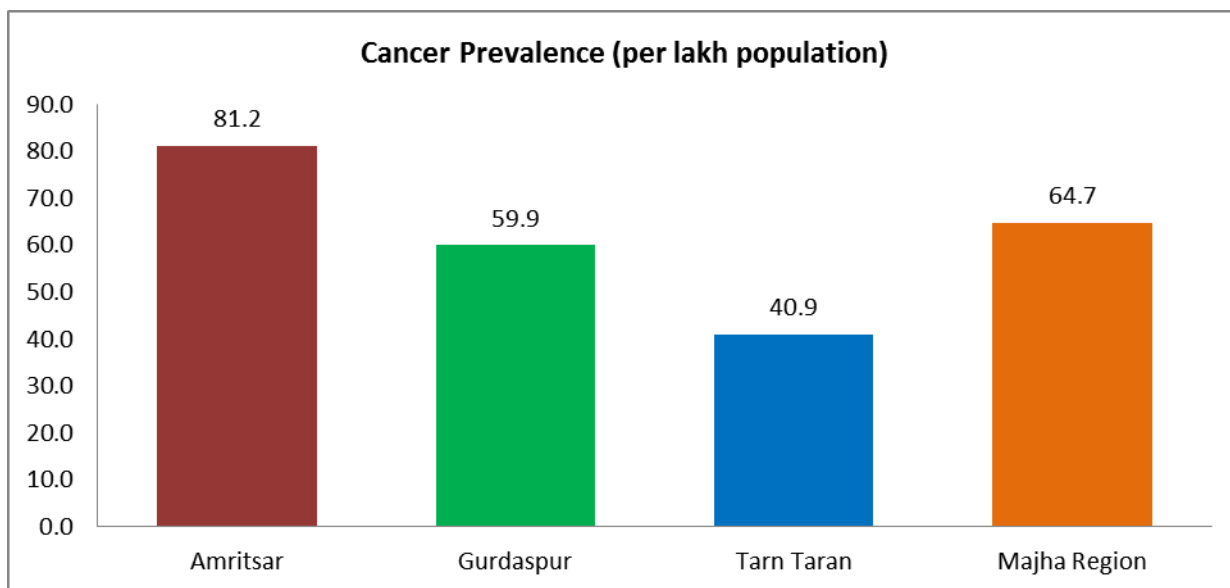




6.18.2. Majha Region

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
District	Population Covered	Persons Complaining Symptoms	Cancer Cases Reported **	No. of death cases due to cancer in Last Five years	Cancer Prevalence (per lakh Population)	Annual Cancer deaths (per lakh Population)	Persons Complaining of Symptoms (Per Lakh Population)
Amritsar	2303022	8483	1870	2755	81.2	23.92	368.3
Gurdaspur	2274676	6856	1363	2105	59.9	18.5	301.4
Tarn Taran	1141993	5309	467	930	40.9	16.28	464.9
Majha Region	5719691	20648	3700	5790	64.7	20.24	361.0

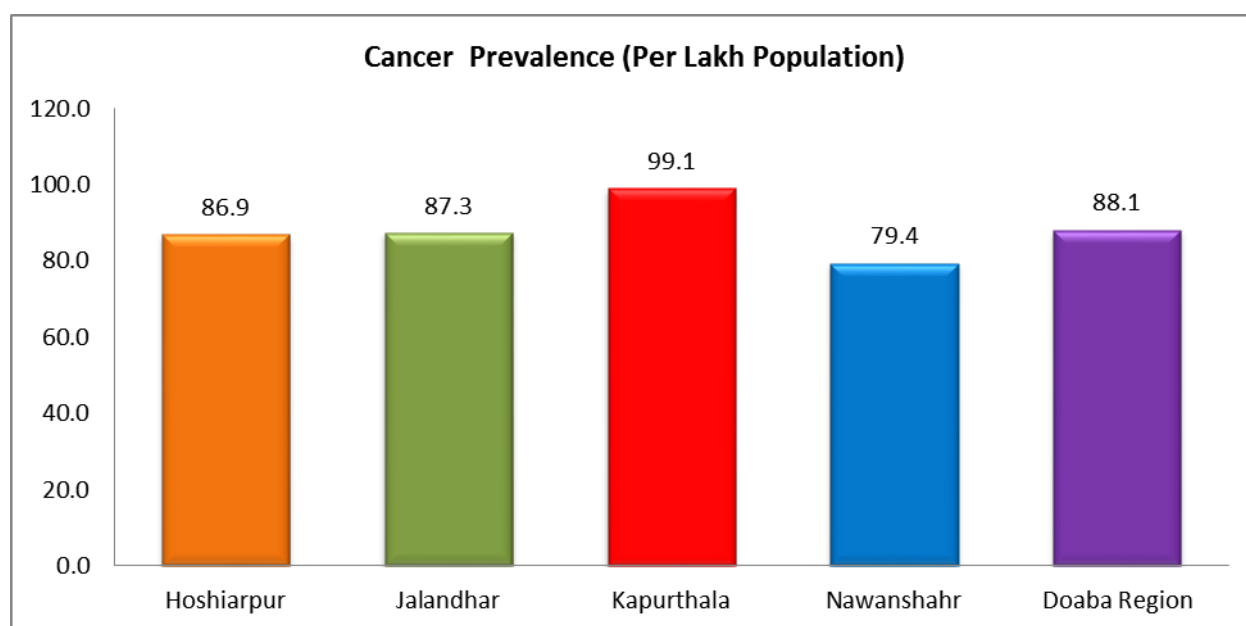
**Self-declared Cancer Cases yet to be confirmed

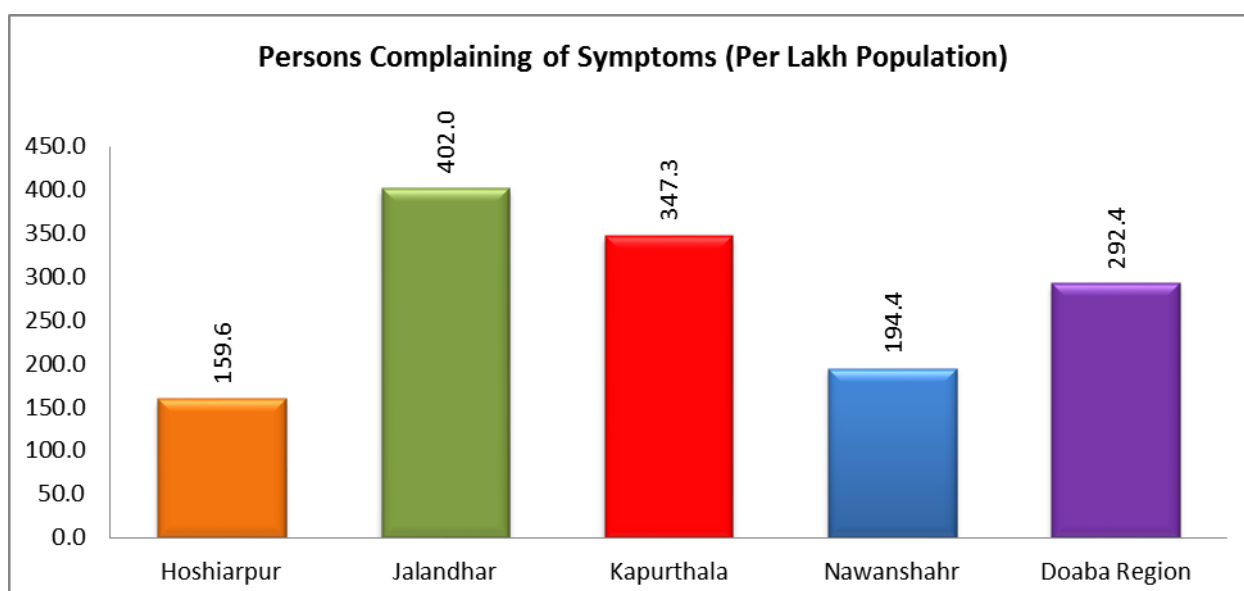
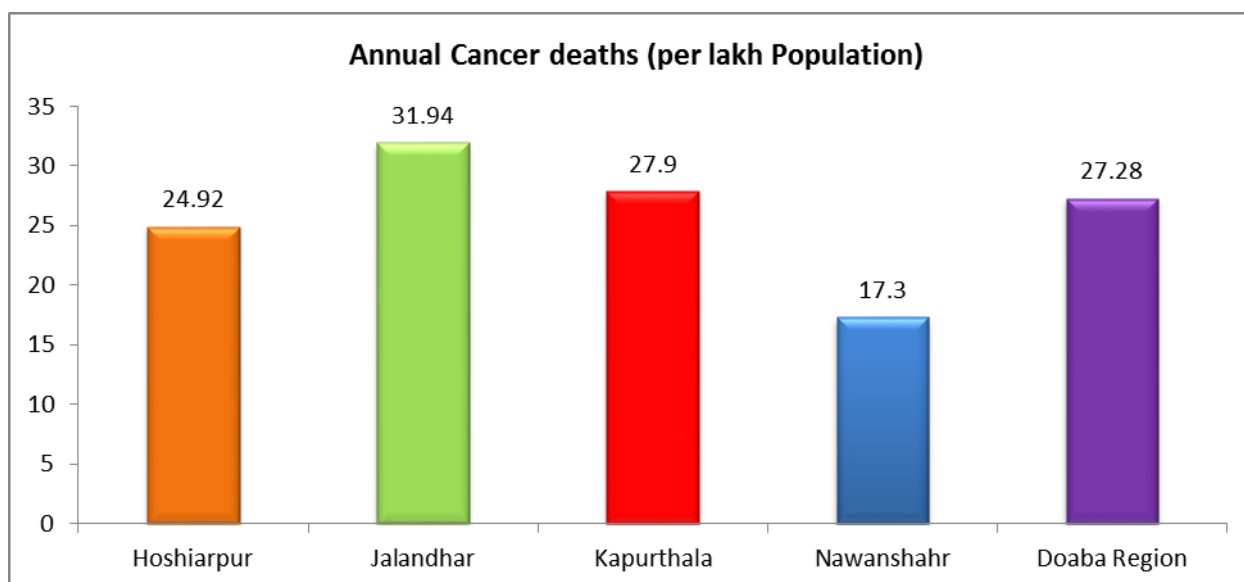


6.18.3. Doaba Region

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
District	Population Covered	Persons Complaining of Symptoms	Cancer Cases Reported **	No. of death cases due to cancer in Last Five years	Cancer Prevalence (per lakh Population)	Cancer deaths (per lakh Population)	Persons Complaining Symptoms (Per Lakh Population)
Hoshiarpur	1554042	2481	1350	1937	86.9	24.92	159.6
Jalandhar	2034683	8179	1777	3249	87.3	31.94	402.0
Kapurthala	828641	2878	821	1156	99.1	27.9	347.3
Nawanshahr	633756	1232	503	548	79.4	17.3	194.4
Doaba Region	5051122	14770	4451	6890	88.1	27.28	292.4

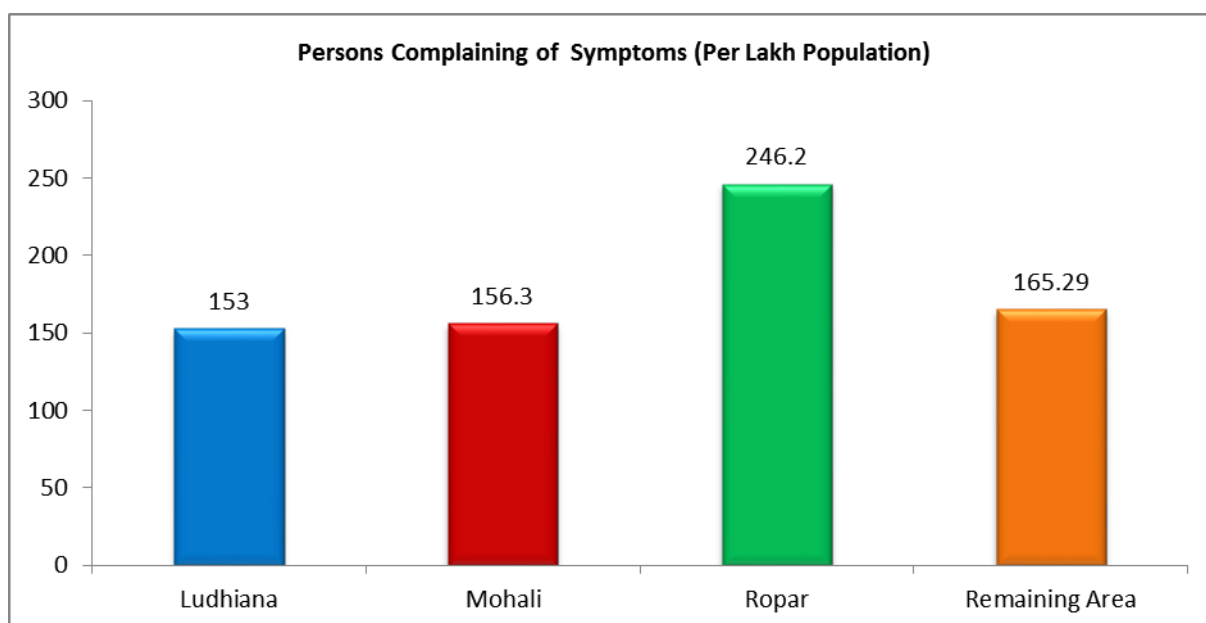
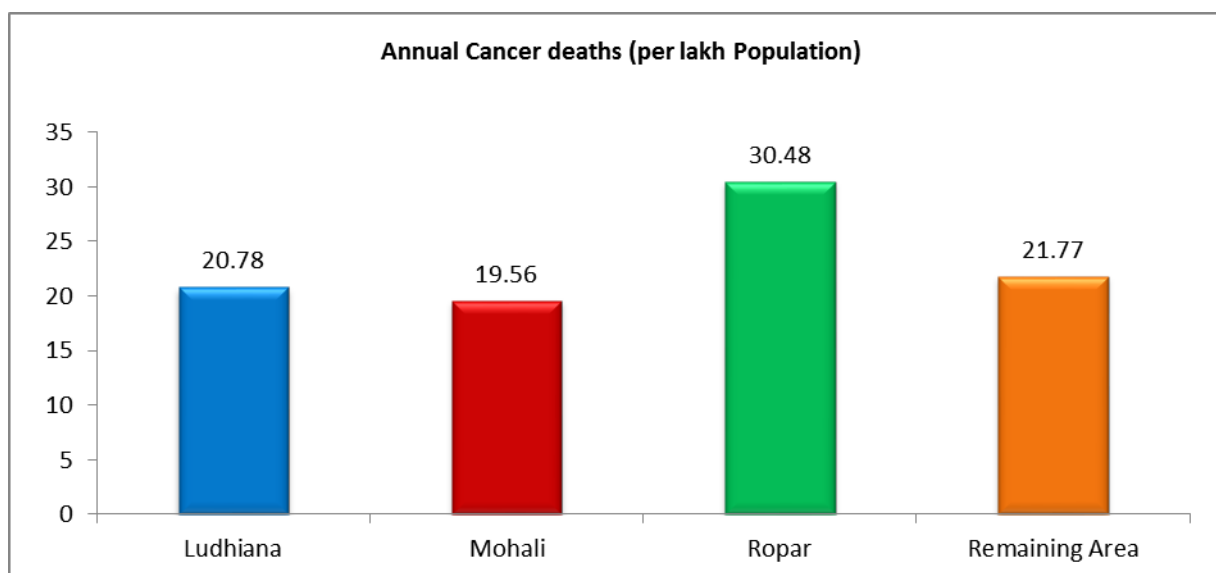
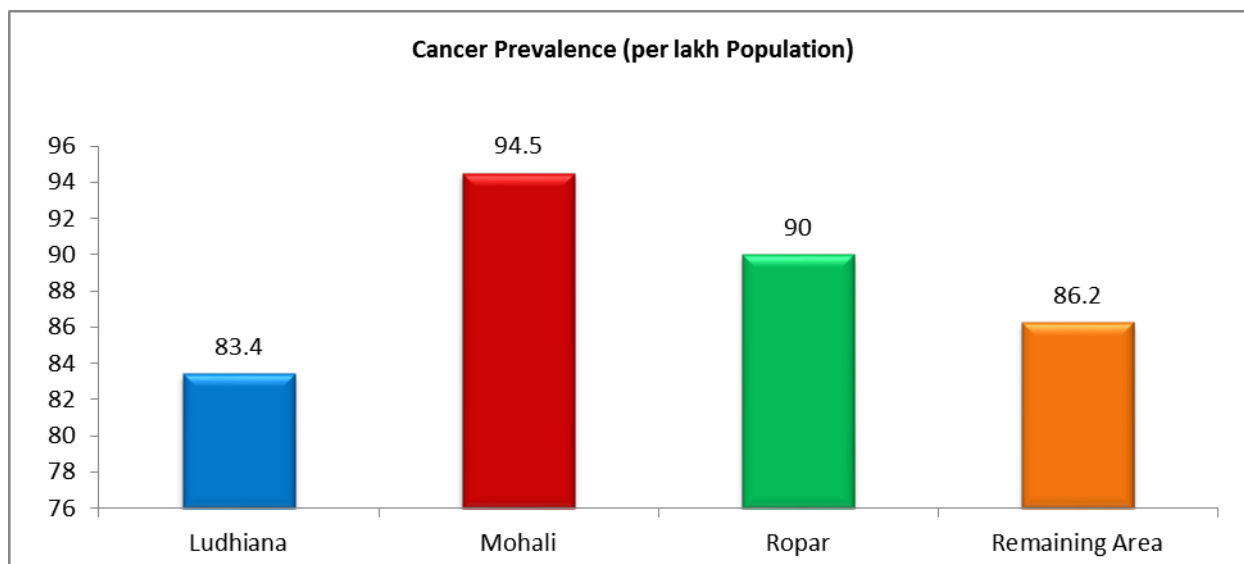
**Self-declared Cancer Cases yet to be confirmed





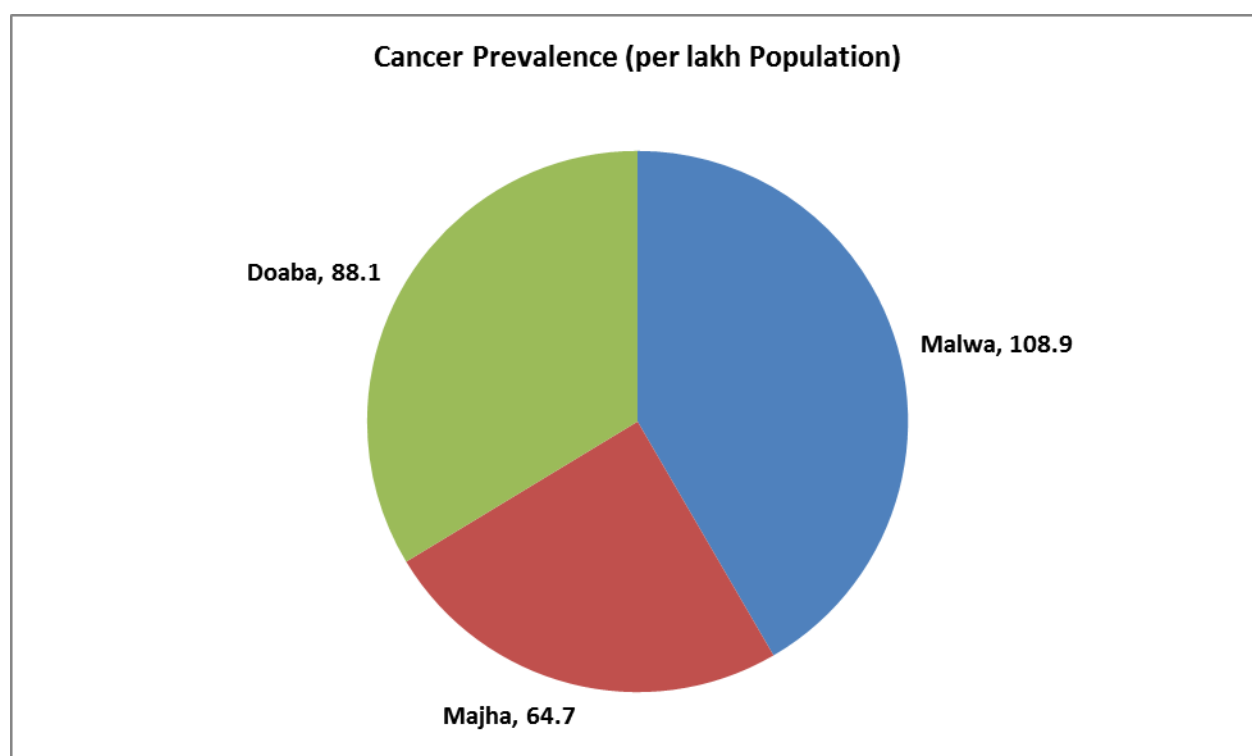
6.18.4. Remaining Area

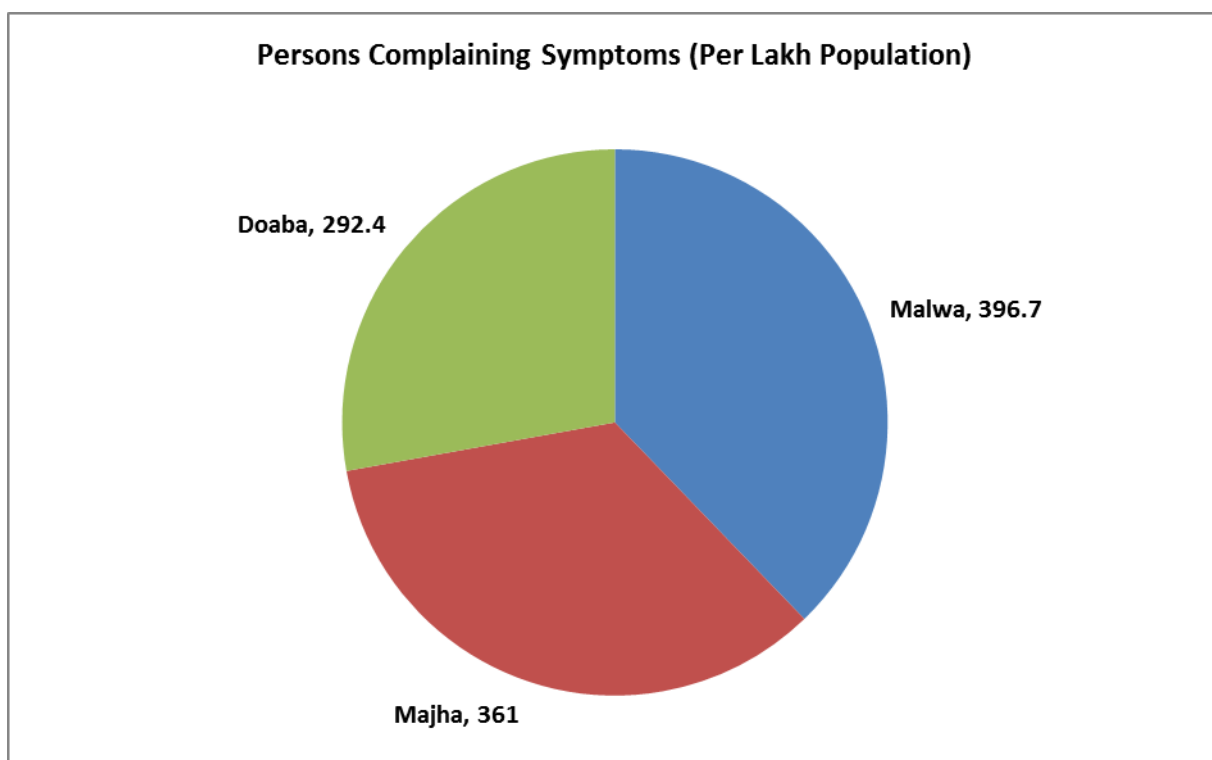
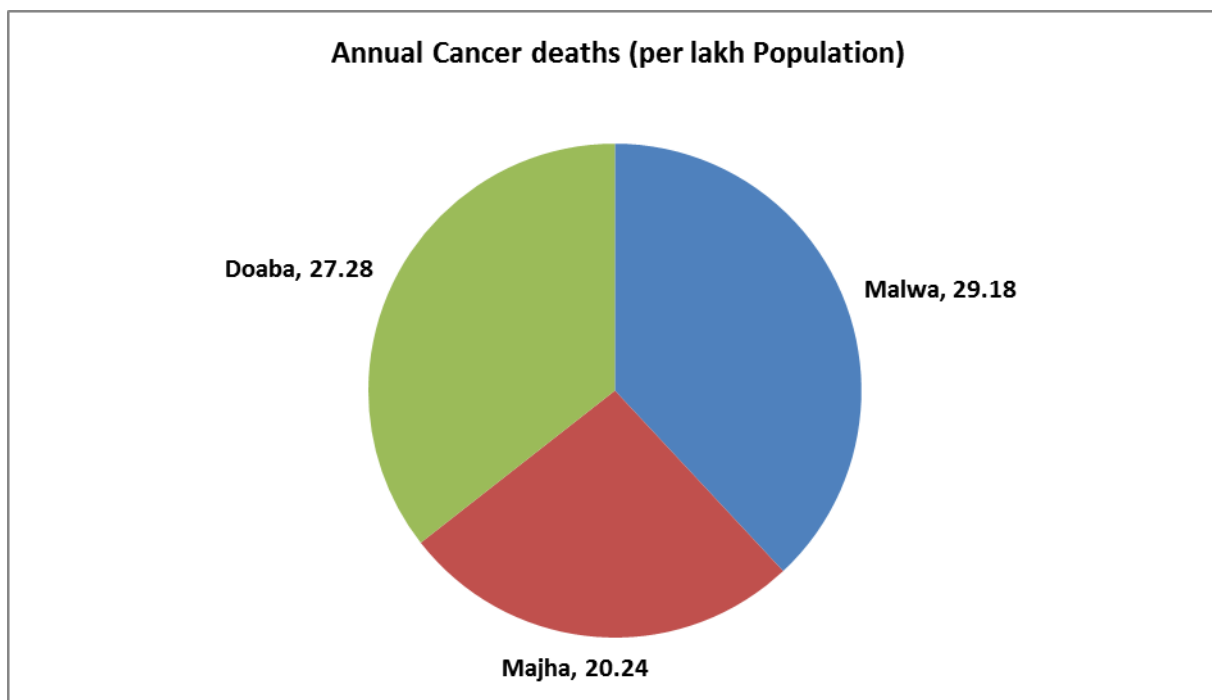
Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
District	Population Covered	Persons Complaining of Symptoms	Cancer Cases reported	No. of death cases due to cancer in last five years	Cancer Prevalence (per lakh Population)	Annual Cancer deaths (per lakh Population)	Persons Complaining of Symptoms (Per Lakh Population)
Ludhiana	3798424	5811	3169	3945	83.4	20.78	153
Mohali	985633	1541	931	964	94.5	19.56	156.3
Ropar	686925	1691	618	1047	90	30.48	246.2
Remaining Area	5470982	9043	4718	5956	86.2	21.77	165.29



6.19. Comparison of Malwa, Majha And Doaba Region

Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign							
Region	Population Covered	Persons Complaining of Symptoms	Cancer Cases Reported **	No. of death cases due to cancer in last five years	Cancer Prevalence (per lakh Population)	Annual Cancer deaths (per lakh Population)	Persons Complaining Symptoms (Per Lakh Population)
Malwa	10825744	42942	11790	15794	108.9	29.18	396.7
Majha	5719691	20648	3700	5790	64.7	20.24	361.0
Doaba	5051122	14770	4451	6890	88.1	27.28	292.4





Chapter 7

Follow-up

7.1. Follow-Up

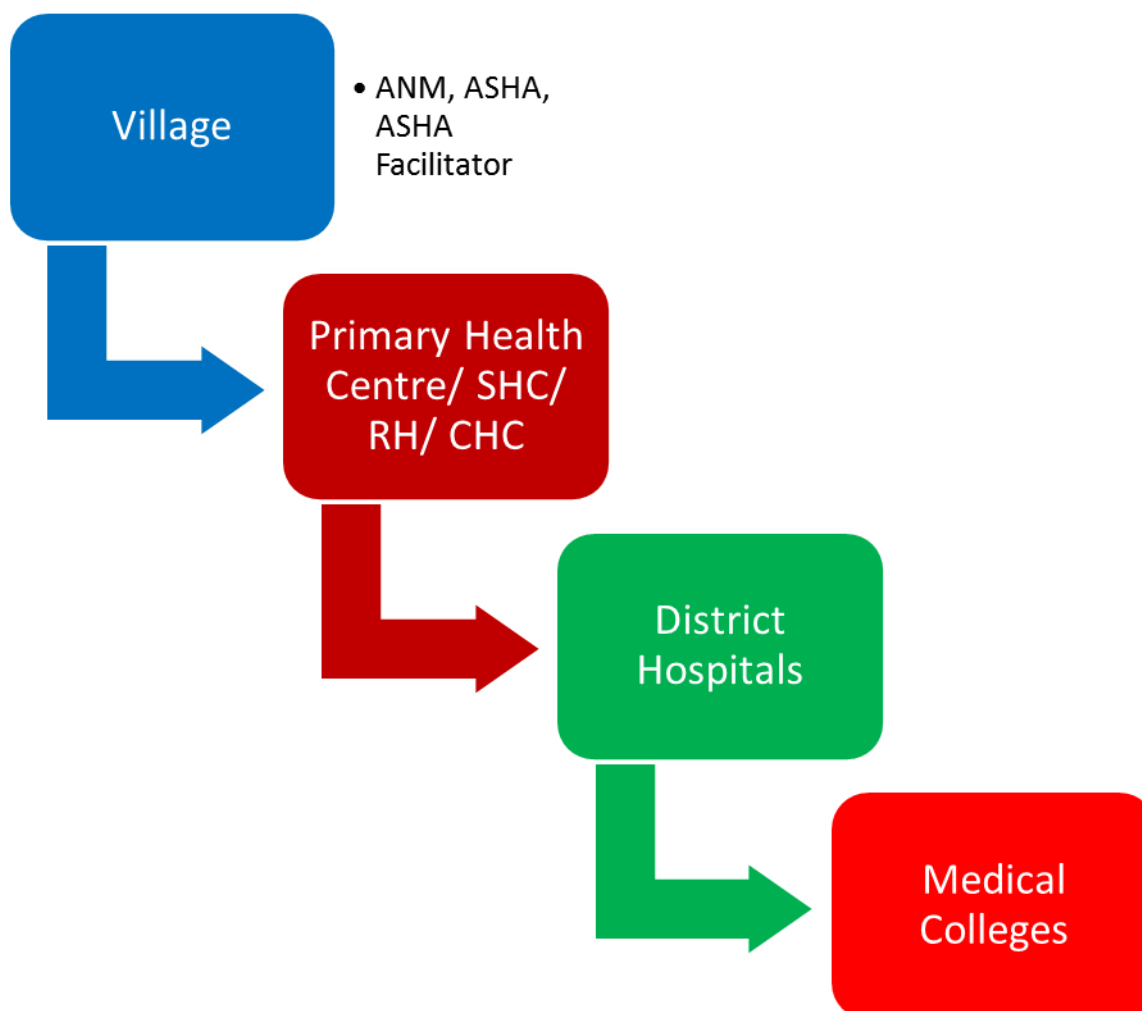
The First phase of the Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign is over in the entire State.

The second phase which is the logical conclusion both for the state as well as the community and the patients is the phase of medical examination, and treatment.

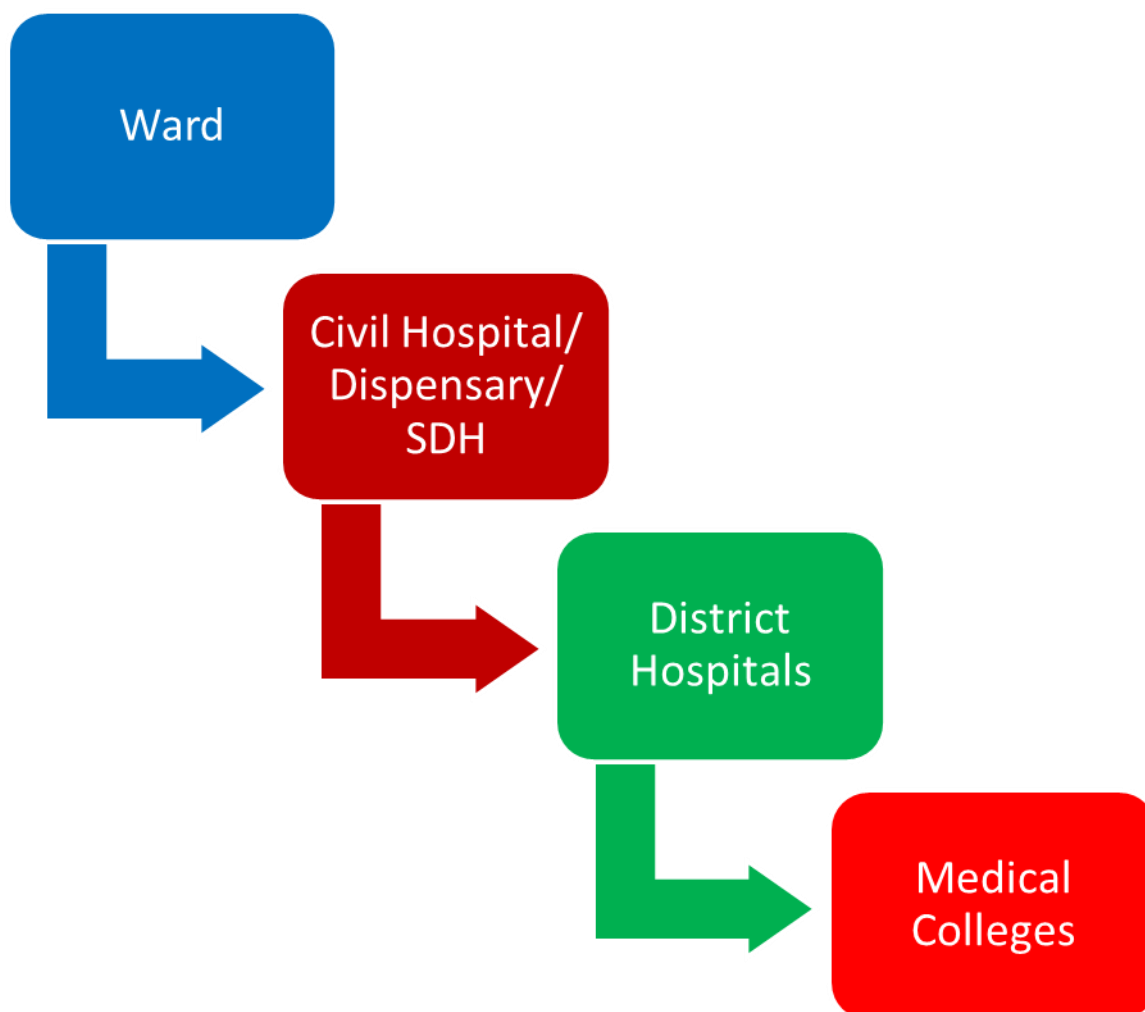
Though Referral cards have been issued during the campaign itself yet those who themselves do not visit the Hospitals for Medical Examination are to be taken to the Health Facility. Instructions for free treatment up to secondary level have already been issued and for tertiary care the same are in the pipeline. Meticulous planning for hassle free care is required both at Macro as well as at Micro level.

The Flow chart of the patients had been envisaged in the State Project Proposal as under

Rural Area



Urban Area



However on the basis of experience acquired in Pilot Project Faridkot and on the basis of discussions with experts it has been decided that persons with symptoms/ cancer patients shall be free to visit any government institution of their choice. However they will be encouraged to follow the proper channel as outlined above. Each and every suspect/ cancer case is to be followed up in the manner described below:

1. Flow of Patients

The flow of patients is to be maintained on the basis of information in Proforma No.1 which is containing the individual details and is with the ANM in rural areas and with Nursing Institutes in urban areas.

Irrespective of the operational area of their residence the patients can avail the facilities at the Government health institution of their choice or which is nearest to their residence or to an institution that caters to their primary health care needs.

Diagnostic services and the treatment available at the concerned Government institute shall be free irrespective of the fact that the patient opts out to avail services at an institution which is not the institution catering to their primary health care needs.

A. Rural Area

All the details of the patients are to be maintained by the LHV and she is to organize the referral services by doing micro-planning with her ANMs and ASHA.

- Not More than 10-15 patients are to be referred a day by the LHVs to a Subsidiary Health Centre (SHC)/ Primary Health Centre (PHC)/ Rural Hospital (RH)/ Community Health Centre (CHC)
- LHV is to maintain contact with the Patient through ANM and with the Medical Officers in charge at SHC/PHC/RH/CHC so that patients are referred only on a day when the doctors are present.
- MO in-charge SHC/PHC/RH/CHC is to maintain a separate register with all the details of the patient in the prescribed proforma and keep a follow up through the LHV/Male Supervisor.

B. Urban Areas

The city coordinator has to collect all the Proforma No. 2 from the Nursing Institutes and keep the same in safe custody.

He/ She is to plan for the visits of the patients to the Civil Dispensaries (CDs)/ Civil Hospitals (CHs)/ Sub Divisional Hospital (SDH) through ANMs in Urban Areas.

The institute is to keep the records of all the patients visiting it in a separate register.

- A. Medical care of self-declared cancer cases
- B. Medical care of suspects

A. Cancer Cases

There are 24,659 persons who have reported that they suffer from cancer. They have to be examined as follows

1. As to whether the fact that they are suffering from cancer has been duly established Histo-pathologically by a tertiary care centre or not.
 - I. If yes whether they have been treated and are only on follow up or they are still undergoing treatment for cancer
 - II. If treated then counselling for regular follow up and about the facilities available with Government setup for them is to be done
 - III. If they are undergoing treatment then whether they have got the benefit of Chief Minister's Cancer Relief Fund or not

- IV. If yes whether full grant of 1.5 lakh has been availed or not
 - V. If Yes then they are advised to continue treatment and counselling about the facilities available with Government setup for them is to be done
 - VI. If full grant under Chief Minister's Cancer Rahat Kosh not availed, they are to be guided about getting the benefit of the remaining amount or the assessed amount required for the treatment whichever is less and
 - VII. Also to be provided counselling about the facilities available with Government setup for them.
 - VIII. If the reply to item III above is no then they are to be provided counselling about the facilities available with Government setup for them and also the procedure for availing the financial assistance from Chief Minister's Cancer Rahat Kosh
2. If answer to Q. No. 1 is no then they are to be medically examined and if there is any suspicion of cancer they are referred for diagnosis to the concerned specialist at the DH/Medical College as the case may be.
 - i. If there is a clear cut case that it is only a false perception of the patient /relatives then reassurance.
 - ii. Or if there is an investigation that points towards cancer or declares cancer then the patient is to be referred to the District Hospital and is also to be provided counselling about Chief Minister's Cancer Rahat Kosh
 3. If there is no cancer and there is no other medical problem too, then reassurance
 4. If there is no cancer but there is some other medical problem that demands medical care then reassurance about non-existence of cancer and also management of the non-cancerous medical problem.

B. Suspects

To be thoroughly examined at SHC/PHC/RH/CHC/CD/CH/SDH on the basis of Check List

- i. If nothing is significant patient is reassured.
- ii. If there is some other disease but cancer is ruled out definitely then the management of the actual problem and counselling also for the same and reassurance about the fact that patient is not suffering from cancer
- iii. If still suspect then refer to the concerned District Hospital.

7.2. Action at District Hospital

Thorough medical examination and investigations

If cancer is ruled out and there is no other medical problem too, then reassurance

If some non-cancerous medical problem then management of the same.

If cancer is diagnosed, then Management of the same and counselling and assistance for getting financial aid from Chief Minister's Cancer Rahat Kosh.

If still suspect or is the one that needs tertiary care treatment/diagnostic facility then refer to concerned Medical College.

7.3. Action at Medical College

If no cancer and no other medical problem too, then reassurance

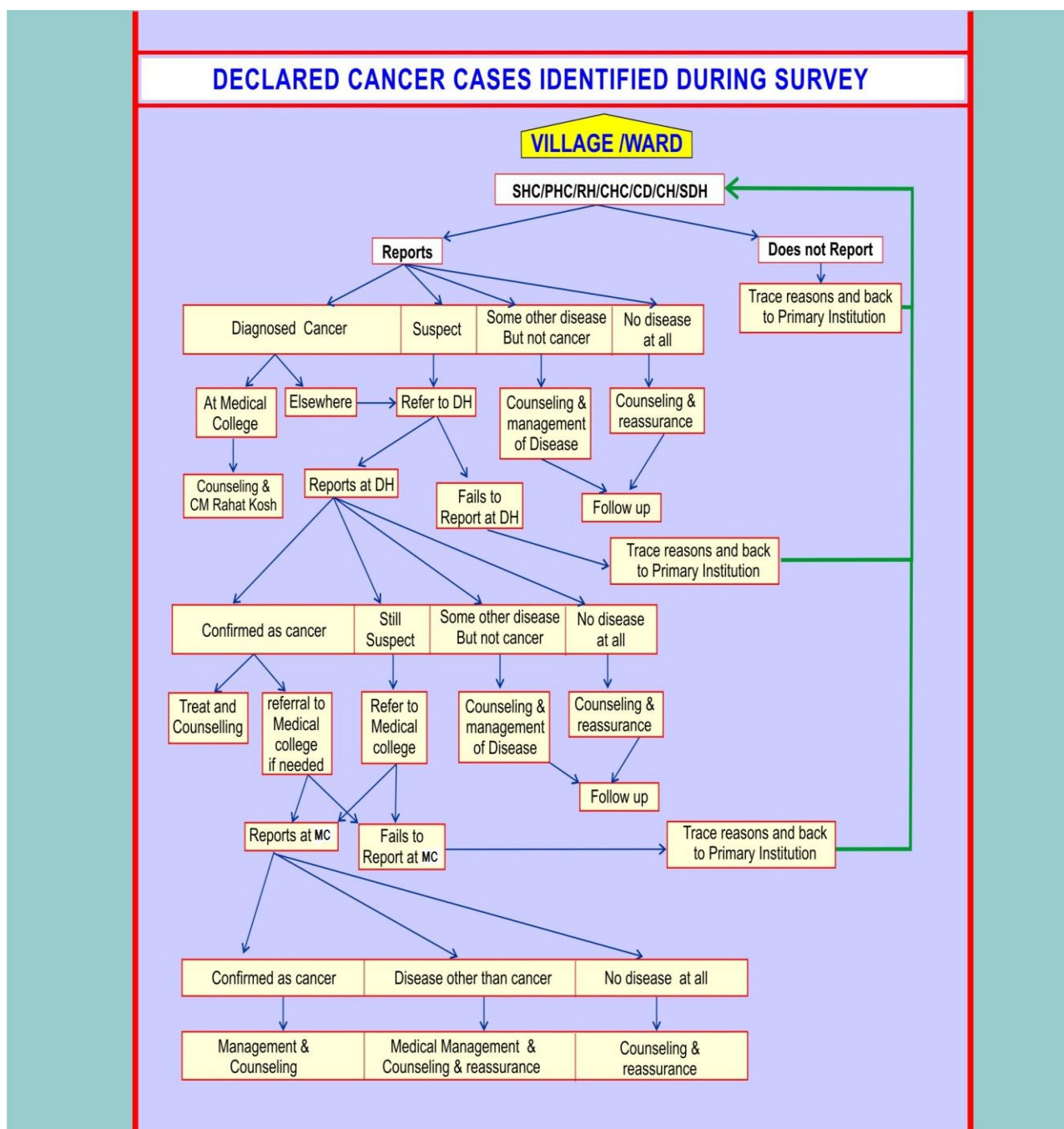
If non-cancerous medical problem then reassurance about absence of cancer and management of the non-cancerous medical problem.

If Cancer is diagnosed, then management and counselling and assistance for availing aid from Chief Minister's Cancer Rahat Kosh.

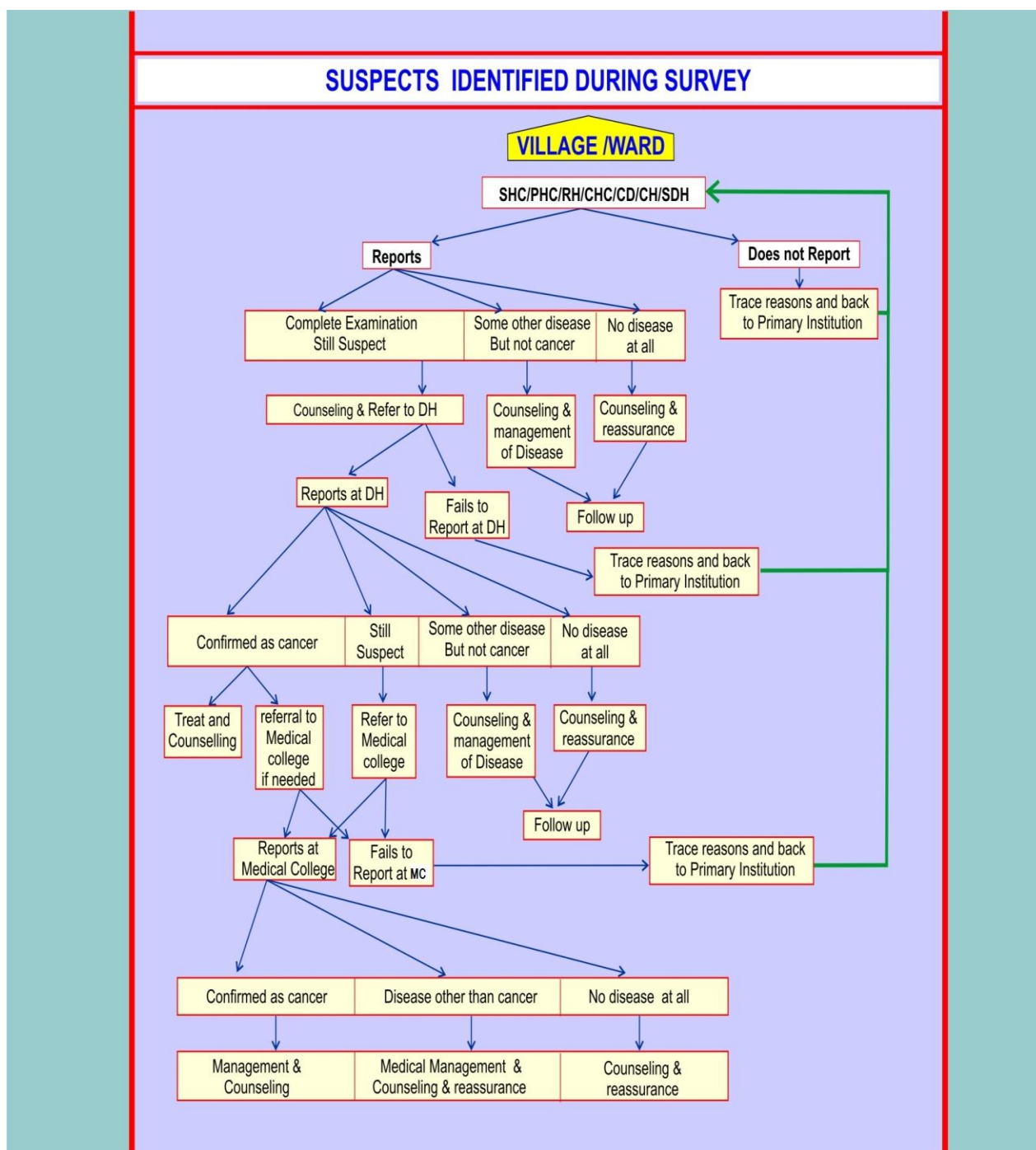
7.4. No user charges to be levied for examination of such persons at any level, or for the treatment of problems other than cancer identified through this campaign.

7.5. Flow Chart of the Patients (designed by Dr. Sonu Goel, PGIMER, Chandigarh)

Declared cancer cases identified during survey



Suspects identified during survey



7.6. Limitations of Campaign

- **Dilution of Training**

Training conducted in a pyramid is bound to get diluted, but in face of requirement of thousands of field workers some dilution had to be tolerated.

- **Communication gap**

Despite the fact that all 12 symptoms and the proformas were in simple local language (Punjabi) yet the understanding of field worker or the method of the field worker conveying the message to the public or the interpretation of the method by the public can be variable. Variation of dialectics in the three regions of Punjab Malwa, Majha and Doaba was another impediment.

- **Exaggerated/ false claim**

Because of the information given about Chief Minister's Punjab Cancer Relief Fund during the campaign the element exaggerated/ false claim cannot be ruled out.

- Likelihood of persons giving wrong information by omission or commission cannot be ruled out.
- Cancer being still a stigma so concealment of information could be another bane.
- In Malwa region it is prevalent that after a death of person the medical record are also burnt in pyre
- The bias of the field worker / the supervisors/ authorities to understate the problem can also not be ruled out.
- Due to fact that the campaign has been completed in short time, the likelihood of missing of some odd areas cannot be ruled out.
- The huge migration of population in to the industrials hubs like Ludhiana can disturb the figures given by the census data.
- X-houses were marked and revisited yet may have been missed as the campaign was terminated on 14th of January, 2013.
- Hand out size could not be increased due to huge numbers hence the difficulty with the semi-illiterate people to read it.
- Migratory population with different languages cannot get full use of the Handout in Punjabi.
- Since the whole staff and link workers were engaged in the campaign during first phase so the medical care of the identified ones had to be left for the second phase which has started now.
- Last but not the least, level of motivation of the field workers, supervisors and organisers is bound to be variable given the huge numbers.

Weekly Reporting

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	01-Dec	01-Dec	01-Dec	01-Dec	01-Dec
Amritsar	17358	100553	458	106	160
Barnala	2636	13457	12	11	13
Bathinda	6386	33512	160	37	53
Fatehgarh Sahib	425	2346	22	16	12
Ferozpur	6421	32050	184	55	62
Gurdaspur	17530	92703	398	51	108
Hoshiarpur	25859	128993	235	106	143
Jalandhar	7048	23290	149	58	58
Kapurthala	15312	85336	351	95	177
Ludhiana	25324	144347	143	213	204
Moga	4674	26528	95	9	39
Mansa	3261	17393	64	39	36
Mohali	14251	65689	167	92	90
Muktsar	8280	43114	359	65	132
Nawanshahr	3874	17900	17	42	20
Patiala	6117	31683	228	40	57
Ropar	11130	55639	130	60	104
Sangrur	7845	38344	367	49	93
Tarn Taran	10152	52665	256	12	20
Total	193883	1005542	3795	1156	1581

Note: District Faridkot Covered as pilot in October, 2012

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	Upto 8-Dec	Upto 8-Dec	Upto 8-Dec	Upto 8-Dec	Upto 8-Dec
Amritsar	193145	1064801	4370	1016	1540
Barnala	41048	221458	502	270	333
Bathinda	114689	512855	1828	762	887
Fatehgarh Sahib	11424	61652	171	115	141
Ferozpur	148600	826631	3663	1280	1325
Gurdaspur	172050	946457	3580	711	1044
Hoshiarpur	227440	1147565	1850	1026	1451
Jalandhar	203215	932437	4266	991	2081
Kapurthala	119702	619651	2156	558	831
Ludhiana	373118	1874172	3559	1978	2507
Moga	86808	460440	2685	444	779
Mansa	43805	237168	811	500	407
Mohali	112154	510056	922	616	629
Muktsar	95856	538934	2988	747	1247
Nawanshahr	40433	199080	496	208	231
Patiala	126846	674721	2726	809	898
Ropar	74071	379298	905	361	632
Sangrur	107771	599217	3521	715	1004
Tarn Taran	87876	453704	2260	134	332
Total	2380051	12260297	43259	13241	18299

Note: District Faridkot Covered as pilot in October, 2012

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	Upto 15-Dec	Upto 15-Dec	Upto 15-Dec	Upto 15-Dec	Upto 15-Dec
Amritsar	320425	1746637	6699	1506	2218
Barnala	64031	348284	755	385	505
Bathinda	169928	782329	2522	1132	1320
Fatehgarh Sahib	38639	212542	511	266	301
Ferozpur	241748	1361672	5685	1723	1938
Gurdaspur	279447	1546315	5295	1061	1571
Hoshiarpur	303341	1528117	2476	1334	1930
Jalandhar	326197	1517631	6389	1467	2778
Kapurthala	158206	826032	2804	736	1084
Ludhiana	559834	2871982	5024	2637	3325
Moga	143912	777303	4236	687	1327
Mansa	81567	434393	1654	726	769
Mohali	163806	772206	1282	806	867
Muktsar	132419	732703	3680	976	1607
Nawanshahr	70665	346065	799	333	390
Patiala	196737	1046671	4099	1100	1144
Ropar	94483	486876	1162	438	789
Sangrur	197637	1093261	5617	1115	1686
Tarn Taran	145938	732096	3484	222	570
Total	3688960	19163115	64173	18650	26119

Note: District Faridkot Covered as pilot in October, 2012

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	Upto 22-Dec	Upto 22-Dec	Upto 22-Dec	Upto 22-Dec	Upto 22-Dec
Amritsar	383832	2091911	7859	1739	2586
Barnala	85988	469217	957	508	679
Bathinda	197664	933151	2825	1297	1567
Fatehgarh Sahib	56995	314008	755	359	445
Ferozpur	284211	1607942	6649	1937	2221
Gurdaspur	369893	2060987	6465	1325	1986
Hoshiarpur	308110	1554042	2481	1350	1937
Jalandhar	384357	1803478	7577	1671	3062
Kapurthala	163154	853123	2877	759	1101
Ludhiana	659607	3355182	5553	2890	3598
Moga	168215	919025	5083	831	1595
Mansa	124185	663869	2396	977	1116
Mohali	197660	951660	1480	915	948
Muktsar	146175	811225	3972	1077	1745
Nawanshahr	98918	491038	1078	457	487
Patiala	259583	1367718	5567	1308	1318
Ropar	106398	549847	1357	490	884
Sangrur	256196	1416164	7282	1388	2119
Tarn Taran	216637	1041707	4780	326	821
Total	4467778	23255294	76993	21604	30215

Note: District Faridkot Covered as pilot in October, 2012

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	Upto 29-Dec	Upto 29-Dec	Upto 29-Dec	Upto 29-Dec	Upto 29-Dec
Amritsar	410094	2241046	8337	1831	2719
Barnala	102157	561471	1073	580	753
Bathinda	206175	980200	2936	1356	1640
Fatehgarh Sahib	61807	339742	820	362	496
Ferozpur	297609	1700924	6952	2010	2328
Gurdaspur	396830	2261854	6805	1413	2092
Hoshiarpur	308110	1554042	2481	1350	1937
Jalandhar	425589	1965632	7880	1739	3170
Kapurthala	164226	858553	2882	765	1104
Ludhiana	742329	3744584	5802	3153	3935
Moga	169901	928116	5117	839	1607
Mansa	143471	778395	2644	1053	1210
Mohali	198978	958430	1501	919	952
Muktsar	149781	834040	4026	1104	1773
Nawanshahr	118851	603129	1211	498	540
Patiala	297946	1572019	6318	1422	1418
Ropar	110528	572358	1447	503	910
Sangrur	267969	1478856	7501	1433	2200
Tarn Taran	236130	1140385	5302	406	929
Total	4808481	25073776	81035	22736	31713

Note: District Faridkot Covered as pilot in October, 2012

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	Upto 5-Jan	Upto 5-Jan	Upto 5-Jan	Upto 5-Jan	Upto 5-Jan
Amritsar	419009	2278468	8470	1869	2755
Barnala	107804	595461	1091	588	780
Bathinda	248344	1214262	3394	1572	1974
Fatehgarh Sahib	85442	466015	1013	498	681
Ferozpur	316529	1790333	7179	2087	2408
Gurdaspur	403884	2307608	6856	1424	2125
Hoshiarpur	308110	1554042	2481	1350	1937
Jalandhar	436844	2034683	8179	1777	3249
Kapurthala	164226	858553	2882	765	1104
Ludhiana	755142	3798424	5811	3169	3945
Moga	170885	949708	5367	840	1674
Mansa	144288	781128	2646	1053	1212
Mohali	201275	967580	1529	927	961
Muktsar	150515	837617	4039	1113	1777
Nawanshahr	123573	633756	1232	503	548
Patiala	316717	1670289	6674	1464	1462
Ropar	118971	616669	1601	540	961
Sangrur	281512	1582858	7736	1482	2274
Tarn Taran	211640	1141993	5309	467	930
Total	4964710	26079447	83489	23488	32757

Note: District Faridkot Covered as pilot in October, 2012

District	No. of Houses Covered	Population Covered	No. of persons found suffering from symptom	No of Cancer cases reported	No. of death cases due to cancer in last five years
	Upto 14-Jan	Upto 14-Jan	Upto 14-Jan	Upto 14-Jan	Upto 14-Jan
Amritsar	421379	2303022	8483	1870	2755
Barnala	107804	595461	1091	588	780
Bathinda	261827	1293628	3521	1627	2058
Fatehgarh Sahib	100949	553290	1392	588	924
Ferozpur	332762	1875020	7271	2136	2461
Faridkot *	104707	583105	2950	785	1112
Gurdaspur	409446	2274676	6856	1363	2105
Hoshiarpur	308110	1554042	2481	1350	1937
Jalandhar	436844	2034683	8179	1777	3249
Kapurthala	159171	828641	2878	821	1156
Ludhiana	755142	3798424	5811	3169	3945
Moga	170885	949708	5367	840	1674
Mansa	144288	781128	2646	1053	1212
Mohali	204169	985633	1541	931	964
Muktsar	161815	863611	4024	1177	1791
Nawanshahr	123573	633756	1232	503	548
Patiala	331765	1743623	6936	1513	1498
Ropar	129653	686925	1691	618	1047
Sangrur	282225	1587170	7744	1483	2284
Tarn Taran	211640	1141993	5309	467	930
Total	5158154	27067539	87403	24659	34430

* District Faridkot Covered as pilot in October, 2012

Early Detection vs Screening/ Opportunistic Screening

Symptom based early detection	Screening	Opportunistic Screening
A method to find cancer patients on the basis of defined symptoms and defined risk factors	To find patients among Asymptomatic persons	To find patients from among OPD attendance by a fixed criteria of age and other risk factors in Asymptomatic persons
Which Cancers: For all cancers	For organ specific cancers	All cancers in domain of screening
Awareness of whole Population	Awareness of Age specific Targeted population	Awareness of individual visiting the clinic
Domiciliary for initial identification	Hospital based	Hospital based
Simple Technology for filtration	Higher Technology for filtration	Higher Technology for filtration
Lesser expertise for filtration	High expertise	High expertise
Can be provided at wider scale	Limited population	Individuals visiting clinics
Less time consuming for suspects	More time required for each one screened	More time required for each one screened
Technology intervention not required for all	Technology intervention not required for all	Technology intervention not required for all
Less chances of Iatrogenic problems	More chances of Iatrogenic problems	More chances of Iatrogenic problems
Community mobilisation and Mass participation	Limited mobilisation and participation	Individual based limited mobilisation
Feasible for whole population	Only specific population involved	Only limited population involved
Effective tool of capacity building at all levels	Capacity building at higher centres only	Capacity building at higher centres only

Organ wise cancer covered Breast, Cervix, Oral Cavity, Larynx, Colo-rectal, Gastrointestinal, Genito Urinary Tract, Skin, Naso- pharynx	Breast, Cervix, Oral Cavity, Colo-rectal	Brest, Cervix, Oral Cavity, Colo-rectal
Cost effective	Very costly	Very costly

Cancer amenable to Early Detection and Screening

Early diagnosis	Screening
Breast Cervix Colorectal Oral cavity Naso-pharynx Larynx Stomach Skin Bladder Prostate Retinoblastoma Testis	Breast* Cervix Colorectal* Oral Cavity

WHO Checklist of all 7 Warning Signs/ Symptoms

Warning Signs	What to look for
Unusual bleeding/discharge	<ul style="list-style-type: none"> - Blood in urine or stools - Discharge from any parts of your body, for example nipples, penis, etc.
A sore which does not heal	<p>Sores that:</p> <ul style="list-style-type: none"> - don't seem to be getting better over time - are getting bigger - getting more painful - are starting to bleed
Change in bowel or bladder habits	<ul style="list-style-type: none"> - Changes in the colour, consistency, size, or shape of stools. (diarrhoea, constipated) - Blood present in urine or stool
Lump in breast or other part of the body	<ul style="list-style-type: none"> - Any lump found in the breast when doing a self-examination. - Any lump in the scrotum when doing a self-exam. - Other lumps found on the body.
Nagging cough	<ul style="list-style-type: none"> - Change in voice/hoarseness - Cough that does not go away - Sputum with blood
Obvious change in moles	<ul style="list-style-type: none"> - Use the ABCD RULE - Asymmetry: Does the mole look the same in all parts or are there differences? - Border: Are the borders sharp or ragged? - Colour: What are the colours seen in the mole? - Diameter: Is the mole bigger than a pencil eraser (6mm)?
Difficulty in swallowing	<ul style="list-style-type: none"> - Feeling of pressure in throat or chest which makes swallowing uncomfortable - Feeling full without food or with a small amount of food


Checklist of all 12 Warning Signs/ Symptoms

(Prepared by experts and finalized in state level meeting of experts from various Government Medical Colleges in the state)

S.No	Common Symptoms	Examination	Basic investigations
1	Lump in the breast /recent nipple retraction/ blood stained discharge	Examination of breast Colour of areola, retraction of nipple, discharge from nipple, colour, duration, Lump, Site, consistency mobility, & fixation to skin, appearance of skin. Other Breast, axillary and neck examination for lymph nodes. Examination of liver for nodules etc., persistent Backache	X ray chest
2	Post- coital bleeding/ purulent vaginal discharge/ excessive menstrual bleeding/ inter- menstrual bleeding, dyspareunia	Early marriage, Multiple sexual partners, Sexual intercourse at <17 years, Multipara, 1 st relative has Cancer CX, H/O OCP, persistent Backache, Fractures/Bonepain, Leakage of urine /faeces per vaginum, swollen leg, unhealthy Cervix irregular, bleeds on touch, leukoplakia, Punctate hemorrhage	PAP Smear , X-RAY Spine, chest
3	Non-healing Ulcer/ bleeding in ulcer in mouth, gum, palate/ tongue, nodule on tongue	H/O irritation to mucosa, Examination of the lesion, Any sharp tooth, examination of regional L/N in neck, submandibular L/Ns, & submental L/Ns	FNAC
4	Difficulty in Swallowing of short duration/Persistent hoarseness of voice or persistent cough/Hemoptysis	History of dysphasia to solids or liquids and its duration, Lymph nodes in neck, Examination of liver	X-Ray Chest, Sputum Examination, Endoscopic biopsy
5	Persistent Jaundice with lump in abdomen with loss of weight & appetite along with itching	History and examination of the abdomen especially liver, High Colour urine, clay coloured stool	U/S abdomen, LFT


6	Painless blood in the stool/ unexplained weight loss/ Severe Anemia/ Sudden change in bowel habit	Examination of abdomen for any lump & palpable liver, Supra clavicular nodes on left side, P/R	Hb, Stool examination for occult blood, X ray chest, u/s whole abdomen
7	Un explained bleeding from any natural orifice/ Un explained Fever for more than three months	H/o Backache, Excessive Fatigue Anaemia, LNs, Spleen enlargement, Hepatomegaly	Hb, TLC, DLC , PBF, X-ray Chest & Skull, Ultrasound abdomen
8	Painless Excessive blood in urine/ Difficulty in Urination/ Frequent nocturnal urination in male of more than 50 years age.	History, examination of abdomen for KUB, LUMP, Fullness in Renal Angle, P/R for nodule in prostate, Consistency hard or not, Median sulcus obliterated or not, over lying Rectal mucosa free or fixed, Liver nodule, Bony Tenderness	Urine C/E, U/S for KUB and whole abdomen, X-RAY Dorso Lumber spine, X-ray Chest
9	Sudden change in size/ color of wart/mole or bleeding from wart/ mole	Examination of Draining LNs, Enlargement of liver/nodule in liver	FNAC, U/S Abdomen
10	Hard Swelling (lump) of testicle	History, examination of testis, size, consistency, Status of spermatic cord, Check whether testicular sensation is present or not. Examination of abdomen for any lump & supraclavicular LN on left side,	ultrasound abdomen
11	Un explained persistent Headache and Convulsions	History of loss of consciousness, vision defect diplopia, Any neurological deficiency.	CT Head, Fundus Examination
12	Lump anywhere in the body/ Non-healing ulcer	History, examination of lump/ ulcer, examination of draining LNs	FNAC, U/S Abdomen

Hand Out






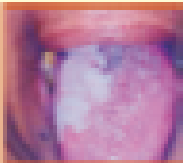



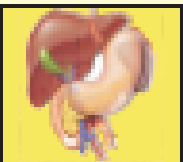

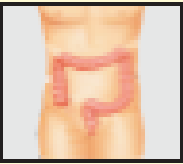


Government of Punjab

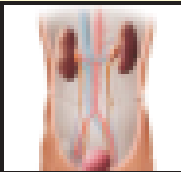
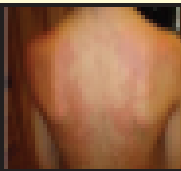
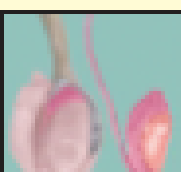

**Department of Health & Family Welfare
and Medical Education and Research**



**Some warning signs of serious diseases
Which also show the sign of Cancer**

If any Symptom shown then immediately consult doctor

Common Symptom/Sign		Site of Symptom
 Lump in the breast/ recent nipple retraction/ blood stained discharge		Breast
 Post-coital bleeding/ purulent vaginal discharge/ excessive menstrual bleeding/ inter-menstrual bleeding, dyspareunia		Uterus/ Cervix
 Non-healing Ulcer/ bleeding in ulcer in mouth, gum, palate/ tongue, nodule on tongue		Mouth/ Gum Palate/ Tongue
 Difficulty in Swallowing of short duration/ Persistent hoarseness of voice or persistent cough/ Hemoptysis		Esophagus/ Larynx/ Lung
 Persistent Jaundice with lump in abdomen, loss of weight & appetite, itching		Liver/ Gall Bladder
 Painless blood in the stool/ unexplained weight loss/ Severe Anemia/ Sudden change in bowel habit		Colon Rectum
 Un explained bleeding from any natural orifice/ Un explained Fever more than three months		Blood/ Lymph Nod

Common Symptom/Sign		Site of Symptom
<p>☀ Painless excessive blood in urine/ Difficulty in Urination/ Frequent nocturnal urination in male of more than 50 years age</p>		<p>Kidney/ Urinary Bladder/ Prostate</p>
<p>☀ Sudden change in size/ color of wart/ mole or bleeding from wart/ mole</p>		<p>Skin</p>
<p>☀ Hard Swelling (lump) in testicle</p>		<p>Testis</p>
<p>☀ Un explained persistent Headache and Convulsions</p>		<p>Brain</p>
<p>☀ Lump anywhere in the body/ Non-healing ulcer</p>		<p>Any Organ</p>
<p>Risk Factors of Cancer</p>		
<ol style="list-style-type: none"> 1. Not breastfeeding the new borns 2. Use of Smoke Tobacco (Cigarette, Biri, Huka/Chilm etc.) 3. Use of Smokeless Tobacco (Zarda/ Gutka/ Pan Masala etc.) 4. Consumption of Alcohol 5. Anybody in family suffering from cancer 6. Use of Oral Contraceptive Pills above 45 years age 		
<p>Financial Aid upto Rs. 1.5 Lakh is provided for Cancer Patients under Chief Minister's Cancer Relief Fund</p> <p>For more information contact your nearest ANM/ ASHA</p>		
<p>National Rural Health Mission, Punjab State Health Systems Resource Centre Punjab</p>		

Proforma No.1

Proforma-1

Form No.....



Government of Punjab

Department of Health & Family Welfare and Medical Education and Research
Cancer Awareness & Symptom Based Early Detection, State Wide Campaign



District			Block				Village/Town							
Parti/Agar/Vahas/Dhand/Behak/Ward/Barri/Colony/Nagar/ Enclave/Avenue			Field Worker Code											
Sl	HLNo	Name	Age In Years				Sex		Married		Is anyone suffering from Cancer?		Any member having symptom (code)	Name of Person who died due to cancer in last 5 years?
			<30	30-39	40-49	≥50	Male	Female	Yes	No	Yes	No		
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Signature

Individual Proforma-2

Unique ID.....

Form Serial No.....



Government of Punjab

Department of Health & Family Welfare and Medical Education and Research
Cancer Awareness and Symptom Based Early Detection, State Wide Campaign



Individual Proforma-2

(To be filled for only those who have cancer or death due to cancer or having any sign/symptoms of cancer or have recovered of cancer)

1. District Code		2. Block Code	
3. Village/City Code		4. Ward Code or Name	
5. Household No.		6. Field Worker Code	

7. Name		8. Father/Husband Name	
9. Contact No.		10. Sex	1) Male 2) Female
11. Age	1) Less than 30 2) 30-44 3) 45-59 4) 60 or above		

12. Has Cancer been confirmed by Diagnosis 1) Yes 2) No

13. If No, then do you have any of the following Symptoms

Only for those who have symptom but diagnosis has not been done	
Common Symptoms	Type of Cancer
1) Lump in the breast /recent nipple retraction/ blood stained discharge	Breast
2) Post-coital bleeding/ purulent vaginal discharge/ excessive menstrual bleeding/ inter-menstrual bleeding, dyspareunia	Uterus/ Cervix
3) Non-healing Ulcer/ bleeding in ulcer in mouth, gum, palate/ tongue, nodule on tongue	Mouth/ Gum/ Palate / Tongue
4) Difficulty in Swallowing of short duration/ Persistent hoarseness of voice or persistent cough/ Hemoptysis	Esophagus / Larynx/ Lung
5) Persistent Jaundice with lump in abdomen, loss of weight & appetite, itching	Liver/ Gall Bladder
6) Painless blood in the stool/ unexplained weight loss/ Severe Anemia/ Sudden change in bowel habit	Colon Rectum
7) Un explained bleeding from any natural orifice/ Un explained Fever more than three months	Blood/ Lymph Nod
8) Painless Excessive blood in urine/ Difficulty in Urination/ Frequent nocturnal urination in male of more than 50 years age.	Kidney/ Urinary Bladder / Prostate
9) Sudden change in size/ color of wart/mole or bleeding from wart/ mole	Skin
10) Hard Swelling (lump) of testicle	Testis
11) Un explained persistent Headache and Convulsions	Brain
12) Lump anywhere in the body/ Non-healing ulcer	Any Organ

Only for those who have cancer or have been treated of cancer or have died of cancer

14. If Yes from where? (Keep Photocopy)		1) Medical College		2) Any Other	
15. Which Site of Cancer	1) Breast	2) Uterus/ Cervix	3) Mouth/ Gum/ Palate / Tongue	4) Esophagus/ Larynx/ Lung	
	5) Liver/ Gall Bladder	6) Colon Rectum	7) Blood/ Lymph Nod	8) Kidney/ Urinary Bladder/ Prostate	
	9) Skin	10) Testis	11) Brain	12) Any Other	
16. Diagnosis of cancer	1) Within One Year	2) Within One to Three Years	3) Within Three to Five Years	4) Above Five Years	
17. Place of Treatment	1) Government Hospital		2) Private Hospital	3) Any Other	4) None
18. Is cancer patient	1) Alive ?			2) Dead ?	
19. Any Financial Aid received?	1) Yes	2) No	19 (a). If yes then from?	1) Government	2) Any Other

20. Out of the following is any point applicable ? (Please Tick)

1) Did you not Breastfeed for more than six months? (if applicable)
2) Do you use Smoke producing tobacco? (Cigarette, Biri, Huka/Chilm etc)
3) Do you use Smokeless tobacco? (Zarda/ Gutka/ Pan Masala etc)?
4) Do you consume Alcohol ?
5) Has any member of your Family ever suffered from Cancer ?
6) Do you use Oral Contraceptive Pills (OCP) ? (if applicable)

21. Marital Status	1) Married	2) Un married	3) Widowed	4) Divorced/ Separated	
22. Education Level	1) Illiterate		2) Educated		
23. Occupation	1) Agriculture	2) Agricultural Labor	3) Industrial Labor	4) Other Labor	
	5) Service	6) Shopkeeper /Businessman		7) Any Other	
24. Family Income (Monthly)	1) Less than 1000		2) 1000-2000	3) 2001-3000	
	4) 3001-5000		5) 5001-10000	6) 10000 or more	
25. Source of Drinking Water	1) Tap Water	2) Hand Pump	3) Canal	4) Pond/Pool	
	5) Tube well	6) Well	7) RO	8) Any Other	
26. Maximum Fertilizer Handled	1) Diammonia		2) Urea		3) NPK
	4) Potash		5) S. Phosphate		6) None

Signature

Disbursement of Funds to Districts

S.No	District	Budget (in Rs.)
1	Amritsar	8,75,000
2	Barnala	2,10,000
3	Bathinda	4,90,000
4	Ferozpur	7,10,000
5	Fatehgarh Sahib	2,10,000
6	Gurdaspur	8,05,000
7	Hoshiarpur	5,50,000
8	Jalandhar	7,70,000
9	Kapurthala	2,90,000
10	Ludhiana	12,25,000
11	Mansa	2,70,000
12	Moga	3,50,000
13	Mohali	3,45,000
14	Muktsar	3,20,000
15	Nawanshahr	2,15,000
16	Patiala	6,65,000
17	Ropar	2,40,000
18	Sangrur	5,80,000
19	Tarn Taran	3,95,000
	Total	Rs. 95,15,000

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List of Administrators and Experts who have contributed in the finalization of the concept of Cancer Awareness and Symptom Based Early Detection, State Wide Door to Door Campaign.

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State Wide Door to Door Campaign on Cancer Awareness & Symptom Based Early Detection

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58	Dr. Seema Aggarwal	State Epidemiologist, IDSP, Punjab
59	Mr. Jatinder Sharma	Finance cum Logistic Officer, NPCDCS Punjab

Abbreviations

ANM	Auxiliary nurse Midwife
ASHA	Accredited Social health Activist
ASH	Additional Secretary Health
BEE	Block Extension Educator
BFUHS	Baba Farid University of Health Sciences
BRP	Block Resource Persons
B.Sc.	Bachelor of Science
CD	Civil Dispensary
CDAC	Centre for Development of Advanced Computing
CHC	Community Health Centre
CH	Civil Hospital
DC	Deputy Commissioner
DHS	Director Health Services
DRP	District Resource Person
ED	Executive Director
FW	Field Worker
GNM	General Nursing & Midwifery
HBCR	Hospital Based Cancer Registry
HISP	Health Information Systems Programme
HMIS	Health Management Information System
IAS	Indian Administrative Services
IEC	Information, Education and Communication
KRP	Key Resource Person
LHV	Lady Health Visitor
MD	Mission Director
MEIO	Mass Education and Information Officer

MO	Medical Officer
MPHW	Multi-Purpose Health Worker
NCD	Non-Communicable Disease
NCRP	National Cancer Registry Programme
NGO	Non-Governmental Organisation
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke
NRHM	National Rural Health Mission
OMR	Optical Mark Recognition
PBCR	Population Based Cancer Registry
PGIMER	Post Graduate Institute of Medical Education and Research
PHC	Primary Health Centre
PHSC	Punjab Health Systems Corporation
PIP	Program Implementation Plan
PRO	Public Relation Officer
PSHFW	Principal Secretary Health and Family Welfare
RH	Rural Hospital
RMO	Rural Medical Officer
RO	Reverse Osmosis
SDH	Sub Divisional Hospital
SHC	Subsidiary Health Centre
SHSRC	State Health Systems Resource Centre
SIHFW	State Institute of Health and Family Welfare
SMO	Senior Medical Officer
VC	Vice Chancellor
WHO	World Health Organisation