Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 16, 2015

DEPARTMENT MEMORANDUM
No. 2015 -


SUBJECT: Guidelines on Free Cervical Cancer screening in DOH Hospitals

Attached is a copy of the Guidelines on the Conduct of Free Cervical Cancer Screening in DOH Hospitals. This is in relation to the forthcoming celebration of the Cervical Cancer Awareness Month (CCAM) this May with the theme “Babae, Mahalaga Ka. Laban ng Kababaihan, Proteksyon sa Kinsabukasan.”

For strict compliance.

By authority of the Secretary of Health:

VICENTE Y. BELIZARIO, JR., MD, MTM&H
Undersecretary of Health
Office for Technical Services
Guidelines in the Conduct of Free Cervical Cancer Screening among Women of Reproductive Age in DOH Hospitals

I. Rationale

Cervical cancer has remained to be a major public health problem worldwide. About 500,000 women are diagnosed with cervical cancer with an estimated 273,505 deaths from the disease annually. Nine out of ten cervical cancer cases are from the developing countries.

In the Philippine data from 1980 to 1995, the incidence rate of cervical cancer has remained relatively high 20.5-26.4 per 100,000 women. In 2010, an estimated 4,812 new cases and 1,984 deaths will occur in the country. Every year, an estimated 6000 women are diagnosed with cervical cancer and 4, 349 die from the disease. The 2010 Philippine Cancer facts and estimates showed that cervical cancer ranks fifth in the estimated ten leading causes of cancer cases for both sexes and ranks second in the estimated ten leading cancer sites among female. For cancer deaths it ranks 2nd among females. Approximately 12 women would have the likelihood of getting cervix cancer and died before age 75.

Cervical Cancer Screening is one of the effective interventions to early detect cervical cancer cases, gynecological disorders and identify risk factor causing the development of the disease. The screening was started in 2009 in 12 hospitals in Metro Manila and has been expanding in other health facilities nationwide. This initiative helps to catch-up precancerous lesions that prevent the progression of cervix into an invasive stage.

Although, screening is done in an opportunistic way of detecting cervical cancer this is crucial for the health of women especially among the disadvantaged group and at risk of getting the disease. Thus, this Free Cervical Cancer Screening shall be done on May in line with the celebration of the Cervical Cancer Awareness Month of this year.

II. Areas of Coverage

A free cervical cancer screening among women 21 years old and above shall be done in all DOH hospitals once a week in each hospital for the whole month of May this year. The participation of public, private hospitals, government and non-government agency, initiated local government units and all other stakeholders trained on cervical cancer screening using acetic acid wash are also enjoined to participate in screening to cater those women in their own localities (see attached list of additional cervical cancer screening)
<table>
<thead>
<tr>
<th>Region</th>
<th>Cervical Cancer Screening Sites</th>
</tr>
</thead>
</table>
| CHD - NCR | Jose Reyes Memorial Medical Center  
               Dr. Jose Fabella Memorial Hospital  
               East Avenue Medical Center  
               Tondo Medical Center  
               Quirino Memorial Medical Center  
               Amang Rodriguez Medical Center  
               Rizal Medical Center  
               Las Pinas General Hospital & Satellite Trauma Center  
               Valenzuela General Hospital  
               San Lorenzo Ruiz Memorial Hospital  
               Jose N. Rodriguez Memorial Hospital |
| CHD for Ilocos | Region I Medical Center  
                       Ilocos Training and Regional Medical Center  
                       Mariano Marcos Memorial Medical Center |
| CHD CAR | Baguio General Hospital and Medical Center  
               Luis Hora Memorial Hospital  
               Far North General Hospital and Training Center  
               Conner District Hospital |
| CHD for Cagayan Valley | Cagayan Valley Medical Center  
                            Veterans Regional Hospital  
                            Southern Isabela General Hospital  
                            Batanes General Hospital |
| CHD for Luzon | Paulino J. Garcia Mem. Research and Medical Center  
                        Jose B. Lingad Mem. Regional Hospital  
                        Talavera Extension Hospital  
                        Bataan General Hospital |
| CHD for Southern Tagalog (CHD IV-A) | Batangas Regional Hospital |
| CHD IV-B | Culion Sanitarium  
                Osptial ng Palawan |
| CHD for Bicol | Bicol Medical Center  
                        Bicol Regional Training and Teaching Hospital  
                        Bicol Sanitarium |
| CHD for Western Visayas | Western Visayas Medical Center  
                                     Don Jose Monfort Medical Center Extension Hospital  
                                     Corazon Locsin Montelibano Regional Hospital  
                                     Western Visayas Sanitarium |
| CHD for Central Visayas | Vicente Sotto Memorial Medical Center  
                                         Celestino Gallares Memorial Medical Center  
                                         St. Anthony Mother & Child Hospital  
                                         Eversely Child Sanitarium  
                                         Talisay District Hospital |
| CHD for Eastern Visayas | Eastern Visayas Memorial Medical Center  
                                     Schistosomiasis Control and Research Hospital |
| CHD for Western Mindanao | Zamboanga City Medical Center  
                                      Dr. Jose Rizal Memorial Hospital  
                                      Mindanao Central Sanitarium  
                                      Basilan General Hospital  
                                      Margosa Tubig Regional Hospital |
### III. Targets

Women of reproductive age group from 21 years old and above are eligible for cervical cancer screening. Pre-registration of women shall be done in all designated hospitals providing cervical cancer screening. At least a minimum of 100 women shall be screened per facility based on the targeted age group specified on the said activity. For facilities with capability to screen and treat patient with cervical cancer may have to screen more than the number of patient expected within their area of coverage.

### IV. Screening Dates in all DOH Retained Hospitals and Health Centers

<table>
<thead>
<tr>
<th>Areas</th>
<th>Days/Month of Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro Manila</td>
<td>All Wednesdays</td>
</tr>
<tr>
<td>Luzon</td>
<td>All Fridays</td>
</tr>
<tr>
<td>Visayas</td>
<td>All Tuesdays</td>
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<tr>
<td>Mindanao</td>
<td>All Thursdays</td>
</tr>
</tbody>
</table>

### V. Team Composition

A team must be created in the hospital and other local health centers for the conduct of the cervical cancer screening. They shall play an active role mainly in carrying out activities such as counseling, screening and treatment of cervical cancer. The team is composed of:

1. Team Leader (Obstetric / Gynecologic (OB/Gyne) - Chair of OB/Gyne or designated person such as doctor, nurse, midwife)
2. Counsellor/Educator (POGS/SGOP members, nurse, midwife)
3. Recorder (Health Education & Promotion Officer)
VI. Methods of Screening to be Utilized

Cervical cancer screening is the best way to detect cervical changes in the cervix. Visual Inspection using Acetic acid wash (VIA) is the most cost effective and practical method for cervical cancer screening among women of reproductive age in the country. In cases which pre-malignant lesion is noted, a single visit approach shall be applied in facilities with cryotherapy equipment. This means that women found positive for cervical cancer screening using acetic acid wash are treated using cryotherapy. In that manner women are screened and at the same time treated immediately in one visit alone. For those facilities without the capability of doing the Single Visit Approach (SVA) the patient is referred for possible treatment option to the nearest facility. It is important also to advise the patient the importance of returning back to the hospital to know the result of screening. The role of OB/Gyne in advising the patient is very vital for early detection of cases and improving the health condition of women.

VII. Roles and Functions of Team Members on Cervical Cancer Screening

A. Recorder (Health Education and Promotion Office / Nurse)

- Do the registration of eligible women ages 21 years old and above using the master list form in their respective hospitals/health centers/clinics. Registration can be done in OB/Gyne department, out-patient department, and in the rural health units, barangay health centers or clinics identified from selected local government units giving priority to the most targeted age group and high risk women.
- Determine the number of women to be screened in coordination with the OB/Gyne department and selected health centers and private clinics considering the capacity, waiting time of patient and availability of resources of the facility.
- Prepare all recording and reporting forms and other supplies and materials needed to make things ready for use.
- Advise patient during the registration day on the following:
  - Not to douche within 48 hours before cervical cancer screening
  - Not to have sexual contact within 48 hours before cervical cancer screening
- Record all women screened using standard recording and reporting form
- Collects accomplishment report following the prescribe flow of reporting
- Consolidate reports for ready collection and submission to their respective Regional NCD Coordinators for final data analysis and submission to the National Center for Disease Prevention and Control, Department of Health Center for Health.

B. Team Leader (Obstetric / Gynecologic (OB/Gyne) -Chair of Dept of OB/Gyne or designated person)

- Ensure the smooth running operations of each team in carrying out cervical cancer activities.
- Ensure to have adequate supplies (acetic acid, cotton swab, gloves, alcohol, etc) necessary for cervical cancer screening services
• For facilities with cryotherapy equipment must have an adequate supply of carbon
dioxide in the tank in order not to disrupt treatment procedure.
• Establish rapport and give comfort to the patient to alleviate fear during examination
• Examine the cervix using acetic acid wash/Pap Smear among eligible women
depending on the capability and availability of resources.
• Analyze the accomplishment using the standard reporting form.

C. Counselor/Educator (POGS/SGOP members, Doctor, Nurse, Midwife)

• Conduct lecture on cervical cancer maybe before or during the actual conduct of
screening in the hospital/health centers/clinic
• Provide additional counselor/educator coming from within or outside their facility to
provide psychological support to women who need the service for individual
counseling
• Emphasize to the patient the importance of returning back to the facility for follow-up
(screening, treatment, etc) as deemed necessary

VIII. Referral

For facilities without the capability to treat patient (ie, no cryotherapy, etc) with Positive
VIA/Positive PAP Smear may refer patient to the nearest facility with trained manpower
and presence of equipment used for treating cervical cancer (see annex I).

IX. Advocacy/Social Mobilization and Health Promotion Activity

Advocacy is essential to build partnership and support from other local counter parts. This
can be initiated to help maximize available resources (manpower, equipment and
supplies, use of facility) that can contribute to the success of the activity. Relative to this,
an awareness campaign can be done in your area of jurisdiction to create awareness to the
general public.

X. Recording and Reporting forms

There are five (7) sets of recording forms to be accomplished (see annex). These include
the Informed Consent (Form 1), Client Assessment, Screening, Diagnosis and Treatment
(CASDT) (Form 2), the Cervical Cancer Referral Form (CCR) (Form 3), VIA Screening
Result Form (Form 4) Target Client List (Form 5) Consolidated Accomplishment Report
Form (Form 6) and Masterlist Form (Form 8). Standard recording forms 1 to 8 shall be
utilized by the DOH hospitals in recording clients data and in reporting of the
accomplishments (Form 6) (see annex).

The health education and promotion officer/nurse incharge (HEPO) in hospitals shall
collect and submit the accomplishment form (Form 6) to Department of Health, Disease
Prevention and Control Bureau, Lifestyle Related Disease Division: Cancer Component
on or before July 31, 2015 through email at ddo.ncdpc@gmail.com or
doh.ncdpc@gmail.com.
XI. Monitoring and Evaluation

Monitoring and evaluation is a way of overseeing the implementation of the activity to monitor issues and concerns and its success. A monitoring team shall be created at the Central Office and Regional Health Office to oversee its implementation. Proper documentation report in the conduct of cervical cancer screening day shall be submitted by all concerned monitoring teams in their areas of assignment.
Annex 1. List of Possible Cervical Cancer Sites and Referral Centers for Cryotherapy
CHD’s can collaborate

<table>
<thead>
<tr>
<th>Province/City/Municipality</th>
<th>CECAP Sites/ Health centers as Cervical Cancer Screening Sites established at the Local Government Unit</th>
</tr>
</thead>
</table>
| Muntinlupa                 | Alabang  
|                            | Bayanan  
|                            | Tunascan |
| Marikina                   | Concepcion Uno  
|                            | Parang  
|                            | Nangka |
| Pampanga                   | Brgy. Dampe, Florida Blanca  
|                            | Brgy., Babo Sacan, Porac  
|                            | Brgy. Mamatitang, Mabalacat |
| Tarlac                     | Brgy. Manaois, Paniqui  
|                            | Brgy. San Vicente, City of Tarlac  
|                            | Brgy. Bueno, Capas |
| Cavite                     | Brgy. Baccao I, General Trias  
|                            | Brgy. Sahud Ulan, Tanza  
|                            | Brgy. Malagasang I-B, Imus |
| Rizal                      | Brgy. Mayamot, City of Antipolo  
|                            | Brgy. Palangoy, Binangonan  
|                            | Brgy. Mambog, Binangonan |
| Bohol                      | Brgy. Lagtangan, Maribojoc  
|                            | Brgy. Calinga-an, Sevilla  
|                            | Brgy. Basdio, guindulman  
|                            | Brgy. Minglanilla |
| Cebu                       | Brgy. Inayawan, Cebu city  
|                            | Brgy. Babag, Lapu- Lapu City  
|                            | Brgy. Bakyawan, Tuburan |
| Leyte                      | Brgy. Macupa, Leyte  
|                            | Brgy. Libas, Merida  
|                            | Brgy. Poblacion District V, Barugo |
| Western Visayas            | Brgy. Catalina, Jiabong  
|                            | Brgy. Tominamos, Santa Rita  
|                            | Brgy. Campelipa, Daram |
### Form 1. Informed Consent Form
### Cervical Cancer Screening, Diagnosis and Treatment

**Name of Health Facility:** ________________________________

I hereby authorize the health care provider/s of this facility to examine and perform the necessary procedure/s in the interest of ___________ (Name of Patient, _____ years old) for cervical cancer screening, diagnosis and/or treatment.

The health care provider has fully explained to me the procedure as well as its possible complications, and I clearly understand the information provided. I shall not hold this health facility and any of its staff responsible for untoward effect/complication beyond their control.

<table>
<thead>
<tr>
<th>Patient Printed Name and Signature</th>
<th>Date</th>
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<tr>
<th>Legal Guardian Printed and Signature (if patient is minor)</th>
<th>Date</th>
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</table>

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<tr>
<th>Attending Health Care Provider</th>
<th>Date</th>
</tr>
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</table>

<table>
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<tr>
<th>Witness (any member of health facility)</th>
<th>Date</th>
</tr>
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</table>
Annex 3. Client Assessment, Screening, Diagnosis and Treatment for Cervical Cancer (CASDT)

**FORM 2. Client Assessment, Screening, Diagnosis and Treatment for Cervical Cancer (CASDT)**

**Instructions:** Accomplish this Form for every client who decides to undergo screening for cervical cancer using either VIA or pap smear. For items that require specific data/responses, write them on the spaces provided. For items that checks for the presence or absence of a certain condition, place a check (✓) mark on the parentheses provided and cross (X) mark if this is absent. For particular items that may not be applicable to a certain client, place NA (not applicable).

| I. Client Information | Date: 
Name: ___________________________ | Address: ___________________________ |
| Age (as of last birthday): __________ | No. of Children: __________ |
| Civil Status: ( ) Single ( ) Married ( ) Widowed ( ) Living together ( ) Separated/Annulled/Divorced |

<table>
<thead>
<tr>
<th>II. History Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. OB-GYNE History</strong></td>
</tr>
<tr>
<td>1. Menstrual History</td>
</tr>
<tr>
<td>First Menstrual Period (menarche): _______ LMP: _______ AOG: _______ if applicable</td>
</tr>
<tr>
<td>Menstrual Bleeding Pattern: ( ) regular (23-35 day interval) ( ) irregular</td>
</tr>
<tr>
<td>No. of Pads/day: _______</td>
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<td>2. Pregnancy History</td>
</tr>
<tr>
<td>Gravida _____ Parity (no. of deliveries) _____</td>
</tr>
<tr>
<td>No. of Full Term: _____ No. of Pre-Term: _____ No. of Abortion: _____ No. of Living Children: _____</td>
</tr>
<tr>
<td>Age at first full term pregnancy (high risk if below 17 years old): __________________________</td>
</tr>
<tr>
<td>3. Oral Contraceptives Use: Duration (previous and current): _____ No. of years: ____ No. of months</td>
</tr>
<tr>
<td>4. History of previous cervical cancer screening: ( ) Yes, specify result ( ) No</td>
</tr>
<tr>
<td>VIA (result) __________________________ Pap smear (result) __________________________</td>
</tr>
<tr>
<td>5. History of abnormal vaginal discharge: ( ) Yes ( ) No</td>
</tr>
<tr>
<td>6. History of abnormal vaginal bleeding: ( ) Yes ( ) No</td>
</tr>
</tbody>
</table>

| **B. Sexual History** |
| Age at first intercourse: _______ No. of sexual partners: __________________________ |
| Spouse/Partner/s: ( ) Circumcised ( ) Uncircumcised |
| STI History: ( ) Client, specify __________________________ ( ) any of spouse/partner, specify __________________________ |

| **C. Family and Social History** |
| Family History of Cancer: ( ) Yes, specify: __________________________ ( ) No |
| Smoking: ( ) Yes, Year Started: _______ No. of cigarette sticks/day: _______ ( ) No |

| **D. Medical History** |
| Current medication: ( ) Yes, specify __________________________ ( ) No |
| Allergies: ( ) Yes, specify __________________________ ( ) No |
| Abdominal Surgery: ( ) Yes, specify __________________________ ( ) No |

| **III. Physical Examination** |
| Vital Signs: BP _______ Temp: _______ HR: _______ RR: _______ |
| Anthropometric: Height: _______ Weight: _______ BMI: _______ |
| Skin: ( ) Pallor ( ) Rashes ( ) Jaundice |
| HEENT: ( ) anicteric sclerae ( ) aural discharge ( ) nasal discharge ( ) neck |
FORM 1. Client Assessment, Screening, Diagnosis and Treatment for Cervical Cancer

III. Physical Examination

For Doctors Only

Chest and Lungs: ( ) clear breath sounds ( ) crackles/rales ( ) wheezes
HEART: ( ) normal rate ( ) regular rhythm ( ) murmur
Abdomen: ( ) scars ( ) stretch marks ( ) presence of mass
( ) enlarged liver ( ) tenderness ( ) presence of fluid wave

Breast:
( ) Mass ( ) Nipple Discharge ( ) Skin-orange peel or dimpling ( ) Enlarged axillary lymph nodes

Right Breast

Left Breast

Pelvic:
Vulva: ( ) redness (inflammation) ( ) tenderness ( ) ulcers ( ) blisters
( ) warts ( ) cyst ( ) skin tags ( ) Other mass: ____________

Bartholin's and Skene's glands: ( ) swelling ( ) tenderness ( ) discharge
Speculum Exam: ( ) vaginal or cervical lesion ( ) tears ( ) ulcers
( ) other abnormalities: ____________

For Doctors Only:
Pelvic:
Bimanual Exam: size: _______ shape, _______ position of uterus: _______
( ) cervical motion tenderness ( ) adnexal masses or tenderness

Recto-vaginal: (if the bimanual is confusing): ____________

IV. Screening Results

A. VIA Findings

B. Pap Smear Results

Attach Pap smear Results from Pathologist

( ) positive
( ) negative
( ) suspect cancer

V. Counselling Given: ________________________________

VI. Treatment and Other Care Given: ________________________________

VII. Referral (Accomplish Cervical Cancer Referral Form)

Signature Over Printed Name
Annex 4. Cervical Cancer Referral Form

Form 3. Cervical Cancer Referral Form

Name: ___________________________ Date: ___________________
Address: ___________________________ Age: ___________________
Referred By: ___________________________ Referred To: ___________________________

Reason for Referral: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(1) Draw VIA Findings

(VIA Pertinent Findings:
  - Outline of squamo columnar junction (SCJ)
  - White Epithelium
  - Actual Cervical Os
  - Cancer

(2) Attach Pap smear Results
(3) Attach other pertinent records

Print Name and Sign: _____________________________________________________________
(Referring Unit)
______________________________________________________________________________
______________________________________________________________________________
(to be returned to the referring unit)

Diagnosis: _________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Action taken by referred level: __________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Print Name and Sign: ___________________________ Date: ___________________
(Referred Unit)
Annex 5.

Form 4. VIA Screening Result

Name: ____________________________
Age: ____________________________
Address: ____________________________

Outline of SCJ

White Epithelium

Actual Cervical Os

Cancer

( ) negative
( ) positive
( ) suspect cancer

Examined by: ____________________________
Date: ____________________________
Name of Health Facility: ____________________________
Remarks: ____________________________
Annex 6.

Masterlist of Women Targeted For Cervical Cancer Screening

<table>
<thead>
<tr>
<th>Name (Woman ≥ 21 y.o.)</th>
<th>Address</th>
<th>Birthday</th>
<th>Age</th>
<th>Status</th>
<th>Remarks</th>
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</table>
## Form 5. Target Client List for Cervical Cancer Prevention and Control

Name of Health Facility: ____________________________  For the Month/Year: __________________

<table>
<thead>
<tr>
<th>Name of Patient (Surname, First Name, Middle Initial)</th>
<th>Age</th>
<th>Complete Address</th>
<th>Date By Visit (1st, 2nd, 3rd)</th>
<th>Risk Assessment Status / - presence of at least 1 risk factor)</th>
<th>Given Counseling / -yes X - No</th>
<th>Type of Screening Done</th>
<th>Result of Diagnosis/Screening</th>
<th>Treatment, Mgt and Care Status</th>
<th>Schedule of Return Visit</th>
<th>Remarks</th>
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Annex 8.

For the Quarter/Year: ______________________

Name of Province/City/Municipality: ______________________  Name of Health Facility: ______________________

<table>
<thead>
<tr>
<th>Name of Health Facility/Unit/Province/City/Region</th>
<th>Total No. of Women 21 years old and above</th>
<th>No. of Women Given High Risk Counselling</th>
<th>No. of Patients Screened VIA VIA P-Pap Smear</th>
<th>No. of Women by Result of Screening/Diagnosis</th>
<th>No. of Women Undergoing Treatment</th>
<th>No. of Women Referred</th>
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Prepared by: ______________________  Name and Designation  
Approved by: ______________________  Name and Designation  
Date Prepared: ______________________  Date Approved: ______________________

Note:
Only patients with positive result and treated will be reported using this form. However, those who found out with VIA Negative – Ectropion will only be recorded on Form 5 (Target client list).