

**Program:** Prevention International: No Cervical Cancer (PINCC), El Salvador

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**Website:** <http://www.pincc.org>

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**Mission:** PINCC is a non-profit, volunteer medical service organization whose mission is to create sustainable programs that prevent cervical cancer. We do this by educating and treating women, training medical personnel, and equipping facilities in developing countries, utilizing proven, low cost, low technology methods.

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**History of the Organization:** PINCC was established in 2005 by Dr. Kay Taylor, a gynecologist who took early retirement to begin fighting the scourge of cervical cancer among poor women living in under-resourced areas. She volunteered on a 2003 medical mission to Honduras, where she found 3 cases of invasive cervical cancer - as many as she had seen in 15 years' practice as an OB/GYN doctor. Kay began researching the international problem, and found publications on a new method designed for under-resourced countries: the see-and-treat, single-visit technique piloted by the Alliance for Cervical Cancer Prevention. She decided to take the

technique where it was most needed, training medical personnel and donating the necessary equipment to run self-sustaining cervical cancer prevention programs.



**Where PINCC Works:** PINCC is currently taking volunteer medical teams to Uganda, Kenya, Tanzania, El Salvador, Nicaragua, Peru, and India. **PINCC was first invited to El Salvador in 2006** by a grassroots non-profit organization, ProVida, which works in villages and barrios to bring health care and clean drinking water to neglected communities. Their doctors and Director, Graciela Colunga, wanted to develop the skills to provide screening and treatment for cervical pre-cancer in their clinics serving poor and rural communities. The government programs were too expensive and overloaded for women to

access care, especially in rural areas. **PINCC has now been asked to collaborate with the National Health Department (MINSA) to train and equip many clinics and hospitals in El Salvador.** This is an opportunity to assist El Salvador in building capacity country-wide.

**About the Region:** El Salvador's population numbers about 7.2 million. Almost 90% is of mixed Indian and Spanish extraction. About 1% is indigenous; very few Indians have retained their customs and traditions. The country's people are largely Roman Catholic and Protestant. Spanish is the language spoken by virtually all inhabitants. The capital city of San Salvador has about 1.6 million people; an estimated 37.3% of El Salvador's population lives in rural areas.

**History of El Salvador:** The Pipil Indians, descendants of the Aztecs, and the Pocomames and Lencas were the original inhabitants of El Salvador. The country was under Spanish rule beginning in 1522, and in 1821 El Salvador joined other Central American provinces to declared independence from Spain. El Salvador's early history as an independent state--as with others in Central America--was marked by frequent revolutions; not until the period 1900-30 was relative stability achieved. Following a deterioration in the country's democratic institutions in the 1970s a period of civil war followed from 1980-1992. More than 75,000 people are estimated to have died in the conflict. In January 1992, after prolonged negotiations, the opposing sides signed peace accords which ended the war. El Salvador is now a democratic republic governed by a president and an 84-member unicameral Legislative Assembly.



*In El Salvador, women face a very high incidence of cervical cancer, more than double that of the overall world rate.*

*2.14 million women are at risk for developing cervical cancer in El Salvador, and each year, more than 1,200 cases are diagnosed. Many more cases go undetected.*

### PINCC's Program

- PINCC takes a **mobile gynecology clinic with a volunteer staff of doctors and counselors** to remote and under-served areas in Central America and Africa.
- They provide **sensitive, culturally integrated education**, in the local language, to both patients and health care workers.
- They return every six months to each site, to follow up treated women and continue the training of health workers.
- Local agencies provide interpreters, drivers, and assistants. **Because they are a mobile clinic, PINCC can reach rural areas** where there is little access to such care.
- Women frequently walk many hours to be seen, and PINCC is able to treat them in one visit with a **90% or better assurance of cure**.
- PINCC establishes a **sustainable program** that will continue to serve communities.
- Their protocol was developed by the **Alliance for Cervical Cancer Prevention**. It has been proven both more effective and affordable, and avoids the problems of expense, poor results, and loss to follow-up of Pap-based systems.

## About PINCC:

### Goals:

- **To improve the health of under-served women in developing countries** by providing sensitive, culturally competent education, screening, and treatment to prevent cervical cancer.
- **To train health care workers in the host countries** to become proficient in screening and treatment, and to create sustainable programs by donating the needed equipment.
- **To promote awareness, influence public health policy, and aid government and educational institutions** to implement and sustain practical, medically sound, and economically viable methods of cervical cancer prevention.

**PINCC takes a gynecology clinic contained in 6 suitcases and a volunteer staff of doctors, nurses and personnel to remote and under-served areas.** There is no charge to either the agencies they visit or their clients. It costs PINCC about \$15 for each woman seen and treated in Central America. For the local health system, the cost per woman whose life is saved by the program they establish is close to zero, when one considers the avoided cost of Paps, repeat appointments, operating costs, treatment of cervical cancer, and hospital support of women during their painful deaths.



*PINCC takes a gynecology clinic contained in 6 suitcases and a volunteer staff of doctors, nurses and non-medical personnel to remote and under-served areas in El Salvador.*

**PINCC emphasizes the goal of creating sustainable programs.** PINCC trains local health care workers in gynecology examination, visual screening with acetic acid (VIA), cryotherapy (freezing of pre-cancer cells) and LEEP (electrosurgical treatment). All of these are performed in simple outpatient settings. **They train and supervise the local medical personnel** over several visits, to ensure they are competent and confident in these skills. **PINCC donates the cryotherapy and LEEP equipment** to these sites when training is completed, thus enabling local providers to continue and spread the work. **The resulting programs can provide 1,000-3,000 screening exams per year.**



*PINCC doctors, nurses and health workers in El Salvador*

PINCC is partnering with hospitals, universities, medical schools and government agencies in several countries to promote awareness, affect policy and extend the implementation of these techniques.

## The Project:

PINCC is requesting \$32,000 from Dining for Women to support their efforts in El Salvador for their 2011 campaign on cervical cancer prevention campaign. PINCC anticipates training 21 doctors and 20 nurses. They project that each trained practitioner will screen about 200 to 300 women per year, and about 12% of these will need treatment or follow-up. In their three-clinic area, they estimate an annual capacity impact of between **9,000-10,000 women for screening and treatment upon completion of the project.**

## PROPOSED PROJECTED BUDGET

El Salvador 2011 Campaign	Project Costs	Funds Requested from Dining for Women
<b>Staff</b>		
Prog Dir @16.67% FTE	\$6,250.00	\$5,000.00
Exec Asst @ 10% FTE	\$2,000.00	\$1,000.00
Exec Dir/Medical Dir	\$0.00	\$0.00
Salary Sub-total	\$8,250.00	\$6,000.00
Benefits @16%	\$1,400.00	\$960.00
Total Salary	\$9,650.00	\$6,960.00
<b>Travel</b>		
P.D. @ \$1750 x 2 trips	\$3,550.00	\$3,000.00
Med Dir @ \$1750 x2	\$3,550.00	\$3,000.00
<b>Equipment</b>		
2 cryo@ \$1500 x 3	\$4,500.00	\$4,500.00
2 LEEP@ \$5000 x2	\$10,000.00	\$10,000.00
<b>Supplies</b>	\$2,000.00	\$2,000.00
<b>Educational Materials</b>	\$500.00	\$500.00
<b>Translation</b>	\$1,000.00	\$1,000.00
<b>Video</b> reproduction and mailing for DFW	\$1,040.00	\$1,040.00
<b>Total Costs</b>	<b>\$35,790.00</b>	<b>\$32,000.00</b>

## How They Measure Success:

PINCC developed a Post-Training Evaluation Tool which will be administered to the site at 6, 12 and 24 months after completion of the PINCC training and certification of health care practitioners. In these evaluations, data will be collected on the number of women screened and treated, problems with supplies and equipment, and quality control data. In their final report to DFW, PINCC will be able to include data on how many women were screened and treated. They keep data from their campaign visits, as well as those women seen by trainees between visits.

### Financial Profile:

PINCC is a nonprofit 501(c)(3) organization.

From the PINCC Annual Budget Report, Fiscal Year July 2008-July 2009:

**Income** [Individual contributions, Grants, Earned Income, Events & Fundraising]: \$107,754

**Program Expenses:** \$94,456

**Administration:** \$11,319

Sources:

<http://media.radiosai.org>

U.S. Department of State <http://www.state.gov/r/pa/ei/bgn/2033.htm>

<http://www.alliance-cxca.org/>

<http://www.pincc.org>



Changing the world one dinner at a time