



HUMANA
PEOPLE TO PEOPLE INDIA



Swasthya Setu-Breast Cancer Awareness and Screening Project

A Bridge of Trust, Courage, and Early Hope

Executive Summary

This report presents the implementation and outcomes of the Swasthya Setu – Breast Cancer Awareness and Screening Project, implemented by Humana People to People India with support from Johnson & Johnson. The project was carried out during 2025 across 570 villages in Uttar Pradesh and Karnataka with the objective of improving breast cancer awareness, promoting Breast Self-Examination (BSE), and strengthening referral pathways for early diagnosis and treatment. Reaching over 230,000 women through community outreach activities such as street plays, awareness rallies, Women’s Health Group meetings, and door-to-door counselling, the initiative focused on reducing stigma and encouraging timely health-seeking behaviour. This report highlights key programme achievements, screening outcomes, community engagement efforts, and selected case stories, presenting program data from three quarters covering the period from February 2025 to December 2025.

In the quiet villages of Deoria in Uttar Pradesh and Ballari in Karnataka, life moved to familiar rhythms shaped by seasons, traditions, and unspoken expectations. Women woke before sunrise, prepared meals, cared for children and elders, worked in fields or homes, and ended their days exhausted yet resilient. Their own health rarely came first. Discomfort was dismissed. Silence was learned early and practiced daily.

Illness, especially cancer, was spoken of in hushed tones, if at all. For many women, breast cancer was not a medical condition but a sentence: associated with suffering, loss, and inevitability. Few had heard of Breast Self-Examination (BSE). Fewer still believed that finding something early could mean survival, not stigma.

This silence, woven tightly over generations, began to loosen when Swasthya Setu arrived.

A Bridge Begins to Form

Swasthya Setu meaning “Bridge to Health” was launched by Humana People to People India, with the support of Johnson & Johnson, and in close collaboration with the Director General, Medical Health Services, Government of Uttar Pradesh, Non Communicable Disease (NCD) Cell, Directorate of Medical Health Services, Uttar Pradesh, Chief Medical Officer, Deoria District, Uttar Pradesh, District Health Officer, Ballari District, Karnataka, District NHM Office, Ballari and NCD Cell of District Health Office, Ballari District, Karnataka. Its mission was simple yet transformative: reach women early, earn their trust, and ensure that no woman walks alone from suspicion of breast cancer to test and /or treatment. The initiative focuses on empowering women to understand their own health and promote awareness about all aspects of women’s well-being. It is about women’s health.

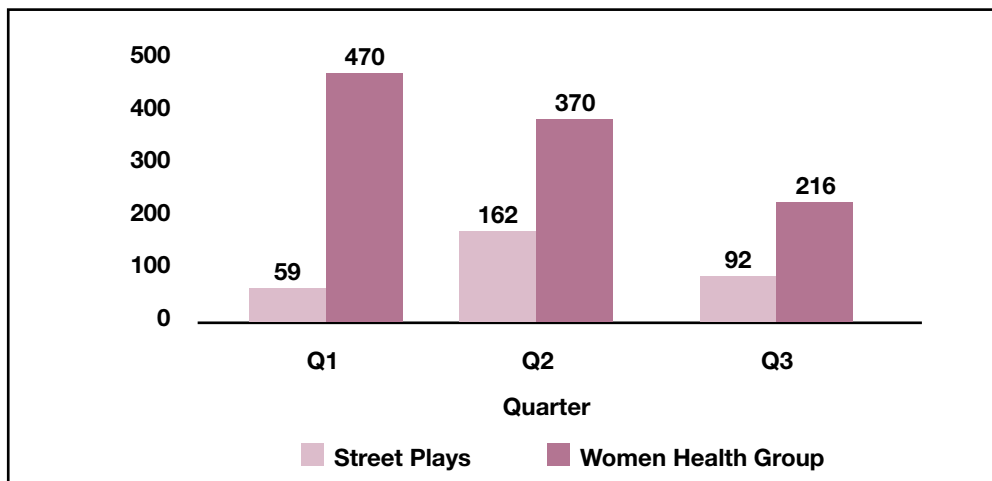
Between February 2025 and January 2026, the project reached more than 2.3 lakh women across 570 villages. But this reach did not come through hospital walls or posters alone. It came through familiar faces of ASHAs, community mobilizers, women’s group members, people who shared the same lanes, water sources, and lived realities.

Village squares became theatres of learning. Street plays unfolded with humour and honesty, drawing crowds who lingered longer than expected. Rallies conducted through dusty roads, their chants cutting through hesitation. Under banyan trees, in courtyards, and on woven mats, women gathered, listening quietly at first, then asking questions, laughing nervously, and finally speaking openly.



Community awareness continued to serve as the backbone of the project, supported by a multi-channel behavior change communication strategy designed to deliver repeated, credible, and culturally appropriate messages. Street plays (nukkad natak), awareness rallies, miking campaigns, Women’s Health Group (WHG) meetings, and door-to-door counseling were organised systematically throughout the reporting period . These efforts helped normalize discussions on breast health and reduced fear and stigma associated with cancer.

Figure 1: Community Outreach Activity



As illustrated in the Community Outreach Activities graph, outreach efforts expanded steadily from Quarter 1 through Quarter 3. In Q1 (Apr-Jun 2025), 59 street plays were conducted, followed by a significant scale-up in Q2 (Jul-Sep 2025) with 162 street plays across both districts. The graph further shows continued activity in Q3, reflecting the project’s sustained momentum in community-level engagement. Collectively, these interactive performances directly engaged more than 13,000 community members and played a critical role in reducing fear and misconceptions.

Awareness rallies also demonstrated consistent participation across all three quarters, with more than 11,000 individuals joining during Q1 and Q2, and continued participation depicted for Q3.





Women’s Health Groups (WHGs) emerged as a vital platform for long-term community engagement. In Q1, 470 groups involving 8,024 women were formed, followed by 370 groups with 4,886 women in Q2. The graph indicates ongoing formation and activity of WHGs in Q3, underscoring the project’s commitment to sustained peer learning, mutual support, and regular follow-up for screening and referral. Across quarters, more than 87,000 IEC materials were distributed, reinforcing key messages at the household level.

Slowly, breast health stopped being taboo. It became a topic of conversation.

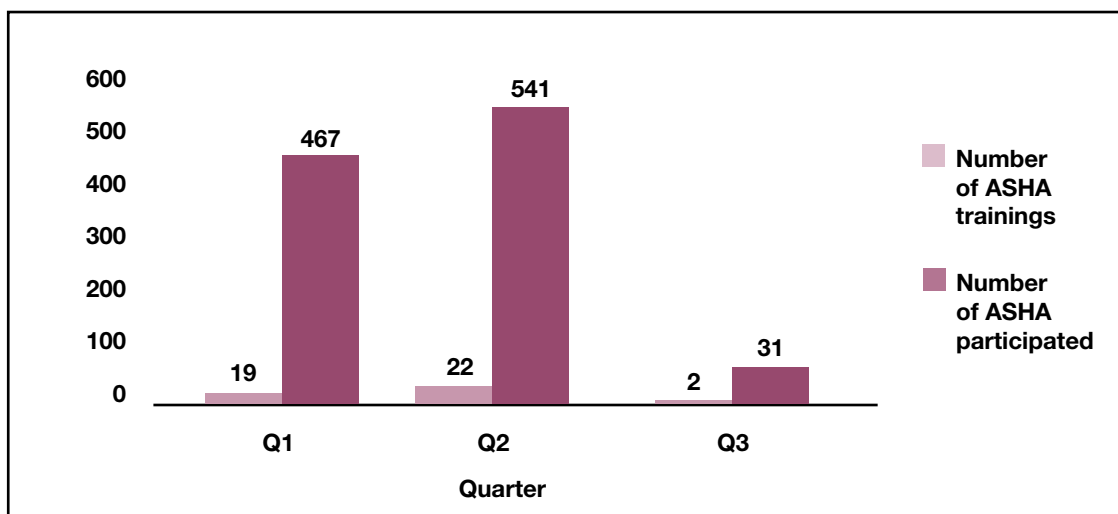
Learning to Look, Learning to Trust

Over 1000 ASHA workers trained not only as health educators, but as listeners, guides, and companions. With patience and respect, they demonstrated Breast Self-Examination, breaking down medical jargon into simple, repeatable steps. They reassured women that knowing one’s own body was not shameful, it was empowering.

Women practiced together, sometimes shyly, sometimes with determination. They reminded each other of monthly checks. For many, it was the first time they had examined their own bodies without fear.



Figure 2: ASHAs Trained by Quarter

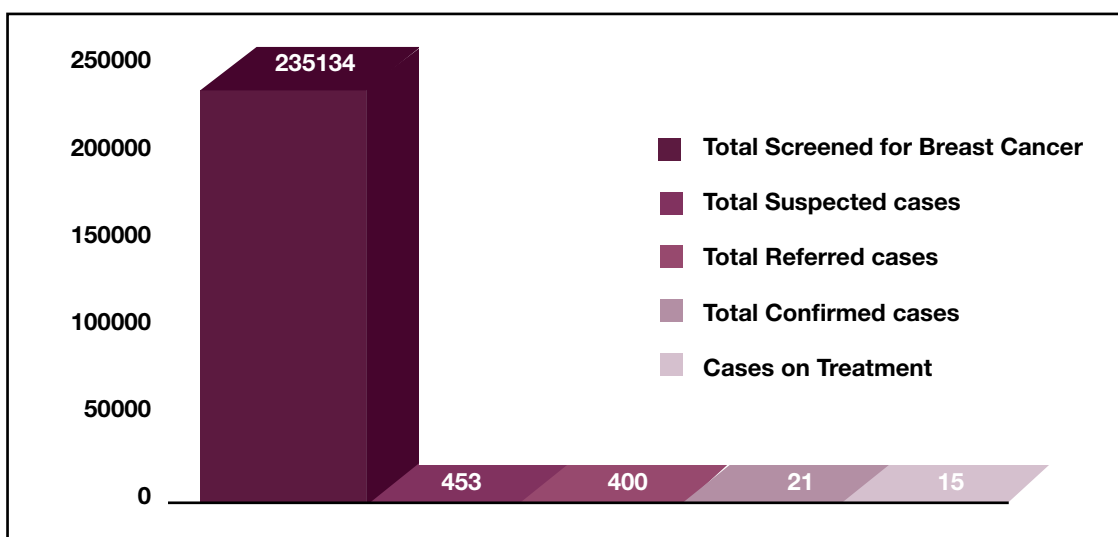


The figure shows the cumulative number of ASHA workers trained across quarters, highlighting the rapid scale-up of frontline capacity during the early phases of implementation and sustained engagement through Q3, which directly supported increased screening and referral follow-up.

As awareness grew, so did courage.

Breast Self-Examination was promoted as the first level of screening. The Screening Outcomes and Clinical Pathways data shows a strong continuum from large-scale screening to diagnosis and treatment. Out of 235,134 women screened, 453 women noticed something unusual; a lump, pain, discharge, or change. clinical pathway. 400 were successfully referred for further diagnostic evaluation, demonstrating a high referral completion rate. Diagnostic follow-up confirmed 21 breast cancer cases after end of the project, and 15 women have already initiated treatment at the end of the project. Overall, the data demonstrates that the project has established an effective and functioning continuum of care, successfully guiding women from community-level screening through referral, diagnosis, and entry into treatment. What mattered most was not just the number, but the response. Instead of hiding symptoms, most women chose to speak.

Figure 3: Screening-to-Treatment Cascade illustrates the end-to-end continuum of care from screening to treatment initiation.



And when fear returned, someone was there.

ASHAs followed up diligently. They accompanied women to Primary Health Centres and district hospitals, explained procedures, mediated conversations with families, and waited outside examination rooms. Because of this unwavering support, 88% of women completed their referrals, a rate significantly higher than national averages.

The bridge was holding

Kamala's Story: When Fear Meets Support

Kamala Devi, from Deoria, was one of these women.

She had felt a lump month earlier but said nothing. Like many women, she feared being a burden financially, emotionally, socially. When the pain worsened, she confided in a neighbour. That conversation changed everything. Soon, the Swasthya Setu team arrived at her doorstep.

They did not rush her. They listened to her fears. They explained what a lump could mean and what it might not. They spoke gently with her family, assuring them that early care could prevent greater hardship later.

A women's group member, Munni Kumari, became Kamala's constant companion, helping with paperwork, travelling with her to the hospital, waiting through tests, and offering reassurance during moments of doubt.

When doctors confirmed that the lump was non-cancerous and treatable, Kamala felt something she hadn't felt in months: Relief.

Today, she smiles easily. She speaks openly to other women and tells them,

"Don't wait like I did. Talk. Check. Go early."

Her story travels faster than any pamphlet ever could.

Many Stories, One Path

Kamala's journey was not unique.

In Ballari, Hemavathi had lived with pain and bleeding for years, relying on medication and hope. Through persistent counselling, repeated follow-ups, and family engagement, she finally sought proper diagnosis, choosing certainty over fear.

Shashikala, an ASHA worker herself, discovered a lump after attending a Swasthya Setu training. Her early action confirmed it was benign, but the lesson stayed with her. Today, she urges every woman she meets to examine herself monthly leading by example.

Rajeshwari, a single mother and tailor, hesitated because of her children. Who would care for them if something happened to her? With encouragement and accompaniment, she completed diagnosis and surgery successfully. Today, she proudly calls herself "living proof" that early detection works.

Even 15-year-old Chaitra was reached and identified during a street play, guided gently through examination, and diagnosed early with a benign condition. Awareness, it turned out, had no minimum age.



Beyond Numbers: A Continuum of Care

By the end of the project period:

- 21 breast cancer cases were confirmed
- 15 women had already started treatment
- Thousands more gained reassurance, confidence, and knowledge

But Swasthya Setu's real success was not just detection, it was continuity.

Women did not feel abandoned after screening. They felt supported through every step; Awareness, self-examination, referral, diagnosis, and treatment. This continuum of care was held together by trust, persistence, and people to people connection.

A Model That Works and Grows

The project aligned closely with national programme guidelines, exceeded benchmarks for referral completion, and demonstrated that community awareness and trust and ASHA-led engagement are the most powerful drivers of increased screening uptake and early detection.

When women received information from familiar and trusted ASHAs, their willingness to discuss breast health concerns, adopt Breast Self-Examination practices, and comply with referrals increased significantly. This trust-based model helped overcome stigma, fear, and hesitation, barriers commonly observed during baseline assessment. Another major learning was the effectiveness of culturally rooted communication approaches, such as street plays, Women's Health Group meetings, door-to-door discussions, and community rallies. These participatory and dialogue-based platforms helped break myths, normalise conversations around breast health, and engage women of different age groups in ways that conventional IEC alone could not achieve.

The project also illustrated the critical importance of an end-to-end continuum of care, highlighting that awareness and screening alone are not sufficient unless strong referral pathways, diagnostic services, and treatment follow-up systems are in place. Ensuring seamless movement from community-level breast self-screening to PHC/CHC-level Clinical



Breast Examination, and further to district-level diagnostics, proved essential for timely detection and treatment initiation. This continuum was further strengthened by persistent follow-up from ASHAs and Community Mobilisers, who acted as patient support navigators, especially for women struggling with financial constraints, social pressures, or fear of diagnosis.

At the same time, it illuminated areas that need strengthening: deeper family engagement, financial counselling, psychosocial tracking, and sustained support through treatment completion.

Learning became part of the bridge

Bridging the gaps: From Baseline to Breakthrough

At the outset of the Swasthya Setu project, a comprehensive baseline survey was conducted to assess community knowledge, attitudes, and practices related to breast cancer and screening. The survey revealed low levels of awareness regarding early symptoms, very limited practice of regular Breast Self-Examination (BSE), and widespread socio-cultural barriers. Fear, stigma, and hesitation in discussing breast health were deeply embedded within communities.

Access-related constraints further compounded these challenges. Distance to healthcare facilities, costs of travel and treatment, and household responsibilities limited women's ability to seek timely care.

Among frontline workers, knowledge of breast cancer screening protocols was found to be uneven. While some ASHAs demonstrated strong understanding, others lacked adequate technical clarity, underscoring the need for systematic and structured capacity building.

These baseline findings became the foundation of the project's design. They directly informed the development of the IEC strategy, training curriculum, and community engagement model. Special emphasis was placed on interpersonal communication, trust-building, and culturally sensitive outreach approaches to gradually overcome resistance and silence around breast health.



Measuring Change: Endline Assessment

The endline assessment was conducted to evaluate changes in knowledge, attitudes, and practices (KAP) related to breast cancer among Accredited Social Health Activists (ASHAs) and women in community. It also assessed the effectiveness of community mobilisation, training, and referral facilitation strategies implemented under the project.

Findings from the end-line assessment provide strong evidence of the project's positive impact. There was a marked improvement in awareness of early symptoms, increased adoption of Breast Self-Examination practices, and greater willingness among women to seek screening and follow-up care.

Frontline workers demonstrated enhanced technical knowledge, confidence, and communication skills. ASHAs emerged as trusted health advocates and navigators, playing a critical role in translating information into action and supporting women throughout the care continuum.

Overall, the baseline and endline assessments confirm that Swasthya Setu successfully transformed awareness into action, empowered frontline workers, and established a replicable model for community-based breast cancer awareness, prevention and early detection.

The Bridge Moves Forward

Swasthya Setu is more than a project. It is a replicable model of hope. A reminder that when women are informed with dignity, supported with empathy, and accompanied with care, early detection is not just possible, it is powerful.

And in villages where silence once prevailed, conversations now continue-one woman, one family, one community at a time.

प्राथमिक स्वास्थ्य केन्द्र, रामपुर कारखाना

सबका स्वास्थ्य, सबका विकास

जनपद - देवरिया, उत्तर प्रदेश

प्रशंसा पत्र

प्रमाणित किया जाता है कि Humana People to People India संस्था के द्वारा संचालित स्वास्थ्य सेतु परियोजना, देवरियाके अंतर्गत प्राथमिक स्वास्थ्य केन्द्र रामपुर कारखाना में ब्लॉक स्तर पर आशा एवं एनएएम कार्यकर्ताओं का प्रशिक्षण सफलतापूर्वक सम्पन्न कराया गया।

इस प्रशिक्षण का मुख्य उद्देश्य सामुदायिक स्वास्थ्य कार्यकर्ताओं को स्तन कैंसर और स्वास्थ्य संबंधी विषयों पर सशक्त बनाना था, जिसमें स्तन कैंसर जागृकता, घर-घर स्क्रीनिंग, स्तन स्व-परीक्षण, स्वास्थ्य एवं पोषण तथा रोग-निवारण जैसे महत्वपूर्ण विषयों पर जानकारी प्रदान की गई।

स्वास्थ्य सेतु परियोजनाद्वारा यह प्रशिक्षण अत्यंत सफलता पूर्वक आयोजित किया गया, जिससे आशा एवं एनएएम कार्यकर्ताओं की क्षमता वृद्धि हुई तथा ब्लॉक स्तर पर स्वास्थ्य सेवाओं की गुणवत्ता में सकारात्मक सुधार होगा।

हम आशा करते हैं कि संस्था का यह प्रयास भविष्य में भी इसी प्रकार प्रभावी रूप से संचालित होता रहेगा तथा संस्था समाज की सेवा में अपना अमूल्य योगदान निरंतर प्रदान करती रहेगी।

हम संस्था एवं संस्था के सभी कर्मियों के उज्ज्वल भविष्य की कामना करते हैं।

नाम : विनीत सिंह

पद : MOIC पद : BCPM

हस्ताक्षर : हस्ताक्षर :

31/01/21
प्रभारी चिकित्साधिकारी
प्रा० स्वा० केन्द्र-रामपुर कारखाना
देवरिया

नाम : पंकज श्रीवास्तव

31/01/21
ब्लॉक सामुदायिक प्रक्रिया प्रबन्धक
प्रा० स्वा० केन्द्र रामपुर कारखाना
देवरिया

प्राथमिक स्वास्थ्य केन्द्र, भलुअनी

“सबका स्वास्थ्य, सबका विकास”

जनपद - देवरिया, उत्तर प्रदेश

प्रशंसा पत्र

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नाम : डॉ शम्भु प्रसाद (MOIC- भलुअनी)

हस्ताक्षर : Shan,
प्रभारी चिकित्सा अधिकारी
प्रा०स्वा० केन्द्र, भलुअनी

ಸುವರ್ಣ ಕರ್ನಾಟಕ

ಜಿಲ್ಲಾ ಎನ್.ಸಿ.ಡಿ ಕೋಶ, ಅಸಾಂಕ್ರಮಿಕ ರೋಗಗಳ ಕಾರ್ಯಾಲಯ ಎ.ಟಿ.ಪಿ. ರಸ್ತೆ ಬಳ್ಳಾರಿ.

e-mail : ncdballari@gmail.com.



District NCD Office
District Hospital Campus, ATP Road,
Ballari.

No.DSU/B/NP-NCD/2025-26

ದಿನಾಂಕ:- 05/02/2025

To
The Chief Executive Officer
Humana People to People India
New Delhi

Respected Sir,

Subject: Appreciation for Support and Contribution to Swasthya Setu Breast Cancer Awareness and Screening Project

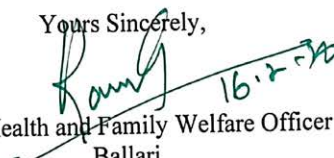
We would like to extend our sincere appreciation to Humana People to People India (HPPI) for your valuable support and dedicated partnership in the successful implementation of the Swasthya Setu Project in Ballari District, Karnataka.

Your organization's commitment, professionalism, and unwavering efforts have played a crucial role in strengthening healthcare services and outreach in specified taluka's of the district. The collaborative approach adopted by your team ensured effective execution and meaningful impact at the grassroots level.

Your contribution has significantly enhanced community awareness, breast self-screening, access to healthcare, and overall public well-being.

We look forward to continued collaboration in future initiatives aimed at improving the quality of life of the people in Ballari.

Yours Sincerely,


District Health and Family Welfare Officer
Ballari

Acknowledgement

We sincerely acknowledge the support and contributions of all those who made this project possible. This project was implemented by Humana People to People India with the generous support of Johnson & Johnson. We are deeply grateful for the technical guidance and valuable insights provided by Dr. Nandini Tandon and Ms. Priya Tandon from Indussetu Global Foundation. Their expertise and continuous encouragement played a vital role in the successful completion of this initiative.



HUMANA
PEOPLE TO PEOPLE INDIA

111/9-Z, Kishangarh, Vasant Kunj, New Delhi-110070
Telephone & Fax: 011- 47462222

E-mail: info@humana-india.org | Website: www.humana-india.org



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