



Chapter 2: Methodology

The situational analysis was conducted using a cross-sectional survey design.

Study setting and participants:

- (i) Secondary and tertiary cancer hospitals in 26 states and 4 Union Territories.
- (ii) State nodal officers of the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke.
- (iii) Civil society organizations engaged in cancer care

Study procedures:

a) Health facility survey: The data collection method was based on the hub and spoke model. A nodal childhood cancer treating hospital in each state or union territory was identified as the 'hub centre' to coordinate the survey in the state. The nodal hospital was asked to identify a representative network or the 'spoke centres' of the major three to five cancer treating hospitals (tertiary level) and two to three district/sub-district hospitals (secondary level), as seen in Fig. 1. A pre-tested questionnaire, consisting of questions related to the organizational infrastructure such as type of oncology services, health workforce, equipment, treatment and referral protocols, and use of treatment guidelines as relevant for childhood cancer service availability, was used as a study tool. The study tool questionnaire was based on the WHO Service Availability and Readiness Assessment (SARA), a health facility assessment tool designed to assess and monitor service availability and the WHO list of priority medical devices for cancer management. The questionnaire was administered through an online portal to the hospitals that consented to participate in the survey. Participating hospitals were apprised of the nodal formalities and were oriented to the questionnaire. Login credentials for the participating hospitals of a particular state were provided to the nodal hospital of that state. Manual entry of survey responses was permitted in hospitals without facilities for electronic data entry. Once the survey forms were completed, the nodal hospitals reviewed and submitted the survey responses (Fig. 2). The survey forms were thoroughly evaluated for missing data throughout the data entry and submission process. The particular hospitals were informed promptly via email with an attached document containing the missing data fields specific to those hospitals. Following that, reminder calls were made to furnish missing data.

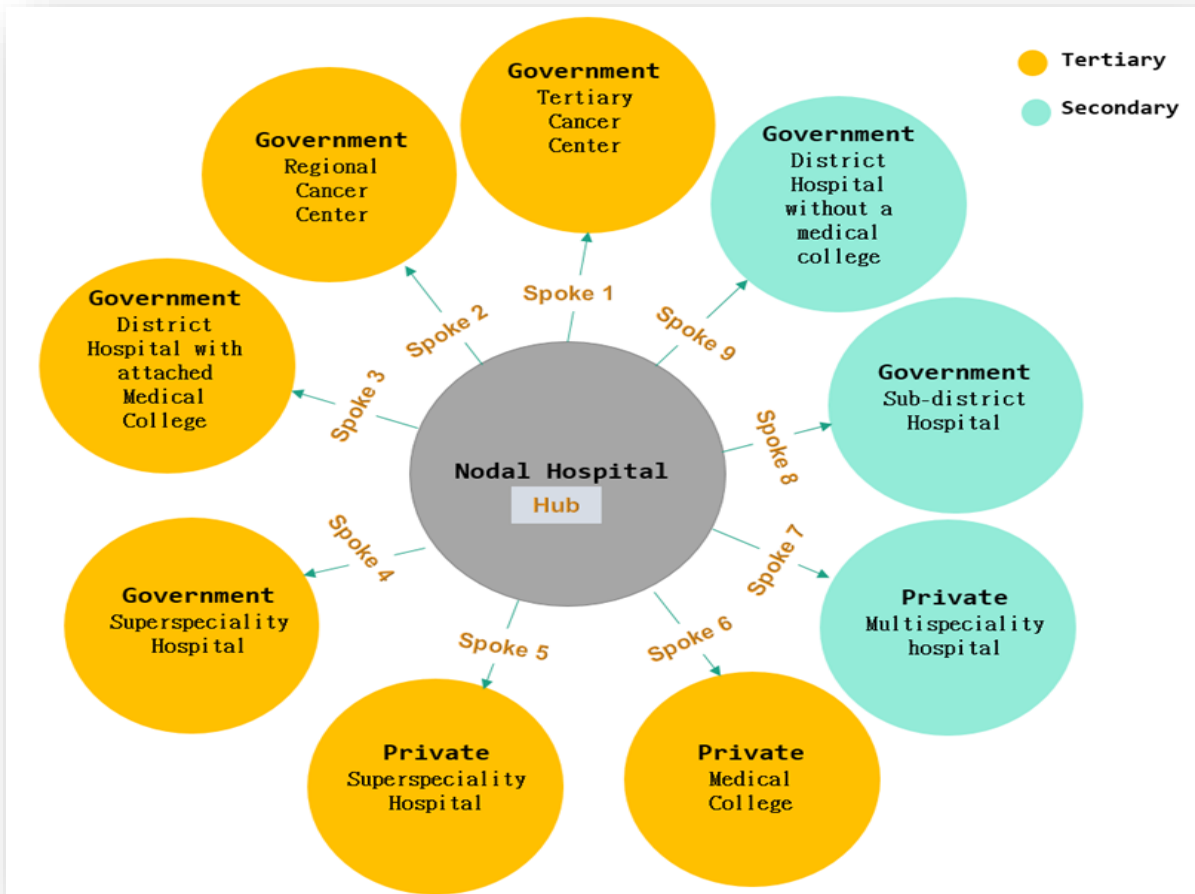


Fig. 1 - Representative network of participating hospitals

b) Survey among state nodal officers and civil society organizations: The study proforma included questions on the barriers and facilitators of childhood cancer care and suggested strategies to enhance childhood cancer care services in India.

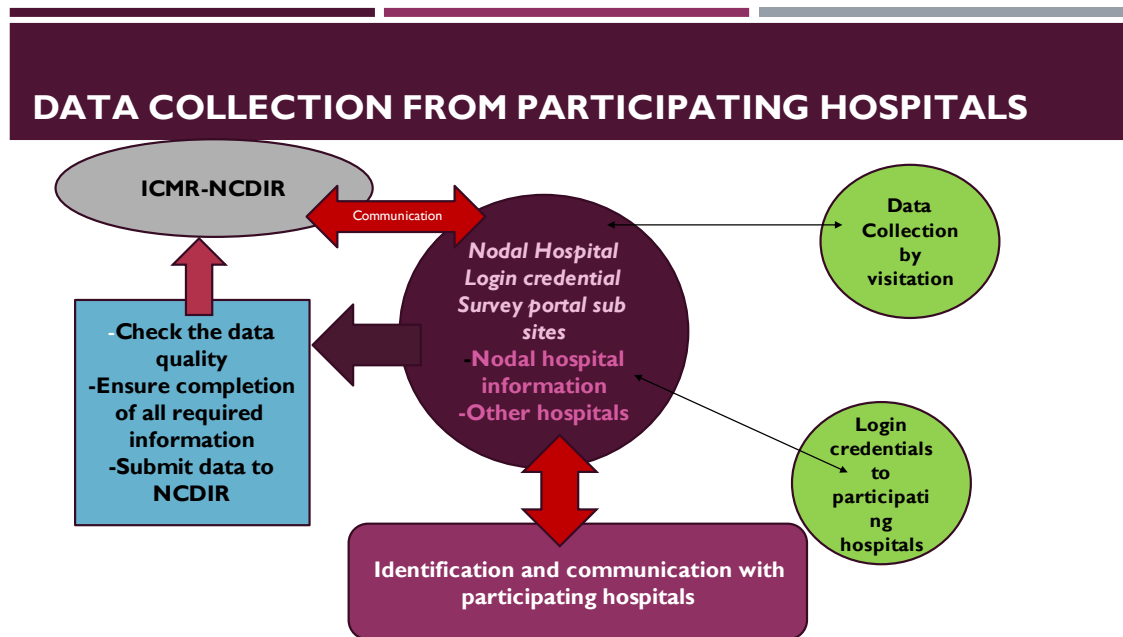


Fig. 2 – Data collection from participating hospitals

Data analysis

Data collected was stored in a structured way in an RDBMS (relational database management system). Data analysis was done using Microsoft Excel. Descriptive statistics was used primarily to present the health service status and data on childhood cancer care services in proportions and mean. Responses to open-ended questions were analysed and presented as proportions.