



4. Suggestions on how the following components of childhood cancer care could be improved and strengthened (all stakeholders)

Table 15

S. No.	Suggestion	Tertiary		Secondary		State Nodal Officers		Civil Society Organizations	
- 100		N	%	N	%	N	%	N	%
Refe	Referral pathway								
1	Creation of linkage/ referral system, Co-ordination within cancer treating facilities	17	25.8	10	41.7	04	50	02	28.6
2	Awareness and Education among the healthcare professionals	14	21.2	01	4.2	-	-	04	57.1
3	Same day/ Timely referral / Early diagnosis / Establishment of better communication pathways with the cancer-treating centres / well-defined protocols for referral	08	12.1	11	45.8	01	12.5	-	-
4	Digitization/list of availability of various centres that provide childhood cancer care	09	13.6	-	-	-	-	-	-
5	To establish a separate pediatric oncology unit/department with trained staff and infrastructure	05	7.6	-	-	-	-	-	-
6	MoU between cancer treating centres regarding referral	04	6.1	-	-	-	-	-	-
7	Referral to regional cancer care centres	05	7.6	-	-	-	-	-	-
9	Sensitization of PHC/CHC staff Provision of ambulance services/vehicle support	02	3.0	- 01	-	01	12.5 12.5	- 01	14.3
10	Better working between health institutions from primary to tertiary level	-	-	01	4.2	-	-	-	-
11	Development and implementation of childhood cancer policy	-	-	-	-	01	12.5	-	-
Diagnosis									
1	Improving and strengthening diagnostic facilities / Availability of diagnostic services near the treating hospital	31	60.8	18	75.0	07	100	03	50.0





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1100		N	%	N	%	N	%	N	%	
2	Increasing public awareness regarding childhood cancer symptoms	04	7.8	02	8.3	-	-	02	33.3	
3	Training of the paediatricians for early diagnosis of cancer	07	13.7	-	-	-	-	-	-	
4	Manpower support for treating childhood cancers / Establishing childhood cancer diagnosis and treatment facilities	04	7.8	02	8.3	-	-	01	16.7	
5	Early diagnosis through the availability of paediatrician experts in pediatric oncology/pediatric oncologist, diagnostics equipment's/laboratory and PET scans	02	3.9	01	4.2	-	-	-	-	
6	Multidisciplinary/tumour board meetings	01	2.0	01	4.2	-	-	-	-	
7	Digital Documentations for multi-speciality opinion	02	3.9	-	-	-	-	-	-	
Trea	Treatment availability and accessibility									
1	Free cancer treatment and availability of free drugs through Government funds	12	21.1	06	31.6	03	30	-	-	
2	Man-power support and infrastructure facilities	14	24.6	01	5.3	04	40	03	60	
3	Availability of modern equipment and drugs for cancer care	08	14.0	04	21.1	02	20	01	20	
4	Awareness regarding cancer treatment among the general public	08	14.0	01	5.3	-	-	-	-	
5	Outreach to cancer clinics in rural areas with trained staff for chemotherapy drugs administration and management	04	7.0	02	10.5	-	-	01	20	
6	Training of paediatricians for effective cancer care	05	8.8	03	15.8	01	10	-	-	
7	Financial and Social Support	06	10.5	02	10.5	-	-	-	-	
Qual	Quality of care									
1	Improved infrastructure and manpower	18	34.0	10	50	03	42.9	02	33.3	
2	Training of nurses/staff	15	28.3	04	20	-	-	01	16.7	





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		N	%	N	%	N	%	N	%
3	Awareness among the caregivers	09	17.0	02	10	-	-	-	-
4	Implementation of childhood cancer care policy	-	-	-	-	01	14.3	-	-
5	Multidisciplinary/tumour board meetings	03	5.7	01	5	-	-	-	-
6	Accreditation and quality auditing/protocol-based care	07	13.2	02	10	-	-	02	33.3
7	Financial and Social Support	01	1.9	01	5	-	-	01	16.7
8	Continuum of care at peripheral to tertiary level with diagnostic and treatment facility / Proper monitoring at different levels	-	-	-	-	03	42.9	-	-
Capacity building in childhood cancer care									
1	Trained staff for handling Childhood Cancer Care/regular training of pediatric staff	24	38.7	08	40	06	66.7	-	-
2	Manpower support and infrastructure/more cancer centres to be added	22	35.5	08	40	-	-	01	50
3	Introduce courses related to pediatric oncology	08	12.9	01	5	02	22.2	-	-
4	Awareness and education	05	8.1	01	5	01	11.1	01	50
5	Multidisciplinary team approach	03	4.8	02	10	-	-	-	-