ACCESS TO CERVICAL CANCER AND RMNCAH+N SERVICES DURING THE COVID-19 PANDEMIC BASELINE STUDY IN KASOBA AND MPATA CATCHMENT AREAS IN PARAMOUNT CHIEF KYUNGU IN KARONGA

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EXECUTIVE SUMMARY

This study provides a baseline situation on access to cervical cancer services in Mpata and Kasoba in Paramount Chief Kyungu in Karonga district. The study was necessary for program interventions to contribute towards access to SRH and cervical cancer services by building capacity through community awareness and mobilization in order to create demand during the COVID-19 pandemic in Karonga.

The baseline employed both qualitative and quantitative approaches. The methodology had four attributes. It was participatory, human rights-based, gender sensitive, with an appreciative inquiry as the guiding approach. It used triangulated methods, including literature review, questionnaires, key informant interviews, focus group discussions and health facility assessments.

The overall objective of this study was to generate baseline information on the demand for access to cervical cancer services during COVID-19 for women and adolescent girls. The information generated from the study would inform and improve WOCACA's project monitoring indicators and corresponding monitoring and evaluation framework in their vision to support the Malawi national objective for health.

Despite relatively high knowledge on COVID-19 through information dissemination in communities, there was still low access to SRHR services such as cervical cancer services due to limited knowledge i.e. comprehensive knowledge on cervical cancer, its risk factors, prevention and treatment; it remains suboptimal due to the impact of COVID-19 on health systems and other sectors on one hand and limited resources on the other. There is still limited awareness or health education with regard to the basic information on cervical cancer. Even among most females, there is still low knowledge of risk factors for cervical cancer, prevention and treatment. Access to cervical cancer screening is very low among the female respondents. There is a significant proportion of respondents who hold negative attitudes towards cervical cancer worse still even at the family level for example some would say; that people who have cancer are on a death sentence.

Table 1: Key Indicator Findings

Indicator	Overall	Male	Female	16-50yrs	50-64yrs	65+	Kasoba	Mpata
% of respondents with comprehensive knowledge of COVID-19 rights and services	29.3	30.4	28.2	19.4	22.3	23.1	23.1	20.1
% of respondents who are aware of COVID-19	93.7	94.6	92.8	95	95	97	96	92
% of respondents' health services were accessed despite COVID-19 pandemic.	18.3	18.4	18.3	19.2	18.4	17.3	18.4	18.2
% of health services respondents would want to access despite COVID-19 pandemic.	23.3	22.3	24.3	18.7	30.8	20.4	22	24.6
% of respondents with comprehensive knowledge of COVID-19 prevention methods	37.2	39.2	35.2	34.4	37.23	39.3	35.1	39.3
% of respondents who are aware of sexual and reproductive rights and services	77.6	78	77.2	76.3	80.2	73.3	78.4	76.8
% of respondents with comprehensive knowledge of SRH rights	20.3	17.7	22.9	13.2	23.2	24.5	19.1	21.5
% of respondents who are aware of cervical cancer	94	91	97	93	93	96	93	95
% of respondents with comprehensive knowledge of cervical cancer risk factors	19.9	18.6	21.2	19.6	20.3	19.8	18.6	21.2
% of respondents with comprehensive knowledge of cervical cancer prevention methods	8.4	7.4	9.4	7.5	7.3	10.4	9.2	7.6
% of respondents with comprehensive knowledge of cervical cancer treatment	5.9	4.8	7	4.8	5.1	7.8	4.4	7.4
% of female respondents ever gone for cervical cancer screening	18.3	-	-	15.7	21.5	19.3	17.6	18.9
% of female respondents who made own decision on cervical cancer screening	12.6	-	-	11.5	12.1	14.2	12.9	12.3
Proportion of respondents with negative attitudes towards cervical cancer and cervical cancer screening	39.4	34.5	44.3	40.2	33.3	44.7	37.2	41.6

Indicator	Overall	Male	Female	16-50yrs	50-64yrs	65+	Kasoba	Mpata
Proportion of respondents ever discussed cervical cancer at household level	20	25	15	21.1	20	18.9	20.5	19.5
Proportion of respondents ever discussed cervical cancer with others in the community	20	17	23	18.7	19.2	22.1	22.1	18
Proportion of respondents ever engaged in public action on cervical cancer	0	0	0	0	0	0	0	0

LIST OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
CECAP	Cervical cancer control and prevention
Cidex	Common designation for a variety of solutions used for antimicrobial or disinfection purposes
COVID-19	Coronavirus disease of 2019
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Viruses
HPV	Human Papilloma Virus
GVH	Group Village Head Man
ICT	Information, Communication and Technology
VIA	Visual inspection with acetic acid
KDH	Karonga District Hospital
M & E	Monitoring and Evaluation
RMNCAH+N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SRHR	Sexual Reproductive Health and Rights

SRH	Sexual Reproductive Health
TA	Traditional Authority
WCAH	women's, children's and adolescents' health
WOCACA	Women Coalition against Cancer
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Project background

The project is derived from Women Coalition against Cancer (WOCACA) vision to address issues surrounding awareness, stigma and access to cervical cancer services in Malawi. It is an organization that tries to ensure that women and adolescents girls continue to access essential health and nutrition services to improve women's, children's ,and adolescents' health (WCAH) outcomes in Malawi with much focus on cervical cancer services. Reports indicate that the disease is the most common malignancy in women in Malawi with 40% of the female and a major cause of women mortality and morbidity because it is an HIV/ AIDS related condition .Malawi has one of the highest HIVAIDS prevalence rates in the world with about 10.6% of the adult population of the country. Women affected with cervical cancer rarely survive beyond 5years. A number of efforts and approaches have been put in place however, individual and societal attitudes play a significant negative role for women and adolescent girl's rights. There is very little knowledge and awareness of cervical cancer and cervical cancer screening in Malawi. It should be understood that high stigma associated with cervical cancer diagnosis, fear of the screening procedure and treatment are some of the major factors that impede screening on a large scale. The negative inclination has been worsened by COVID-19 which has greatly affected efforts to fight cervical cancer and reduced access for women and adolescent girls. The element of misinformation surrounding COVID-19 has also severely affected access to essential health services.

In view of the above WOCACA is intending to implement a 12 month project in Karonga rural areas whose aim is to improve access to information on cervical cancer services among others by;

- Enhancing capacity of duty bearers to advocate for better and quality Cervical cancer services

- Increasing access to quality cervical cancer screening and treatment SRH services and rights in the wake of COVI-19.

1.2 Baseline objectives

The project goal was to support Malawi national objectives to build capacity for community awareness and mobilization in order to create demand for cervical cancer prevention and control services. Specifically, the baseline survey aimed to find out whether;

a. Effective advocacy and communication campaigns, including through media engagement, to help communities to safely access essential health services related to cervical cancer such as vaccinations and screening during the COVID-19 pandemic campaign had been taking place.
b. There had been the provision of support to women and adolescent girls by mobilizing communities to ensure women, children and adolescents are continuing to demand and use essential services during the COVID-19 pandemic.
c. Monitoring of services in health facilities had been taking place to ensure availability of and access to high-quality RMNCAH+N information, supplies and services in light of the pandemic.

1.3 Scope of work

The baseline study was conducted in Mpata and Kasoba catchment areas in Karonga district both catchment areas are under Paramount Chief Kyungu's jurisdiction. The district is located in the northern region of Malawi. The two locations have a population of 33,052 and 23,693 respectively. However the target population aged 16 years above is 28,422 (i.e. 17,183 in Kasoba and 11,235 in Mpata). The boundaries of the study were based on the M&E plan of the project. These determined the survey approaches which gave direction on the development, pre-testing and actual discharge of the survey tools (i.e. questionnaires, checklists and FGD guidelines). The orientation and training of the data collectors was also included in the plan. In this regard some of the areas the study focused on are as following:

- Knowledge of SRH services and rights.
- Knowledge of cervical cancer.
- Risk factors of cervical cancer.
- Prevention of cervical cancer.
- Cervical cancer Screening.
- Treatment of cervical cancer.
- Attitudes towards cervical cancer.

1.4 Approach

The study used the socio-ecological concept to SRHR programming as a guide. This was based on the belief that increasing access to SRHR services and root causes requires approach all levels in the society because each has some remarkable influence in different capacities. This can be used in program planning to devise intervention activities in order to enhance the achievement of the desired specific objectives.

1.5 Methodology

Both qualitative and quantitative data was collected from respondents after some literature review. In short the procedure was as follows:

a. Some selected documents on cervical cancer were reviewed to understand, identify key issues and triangulated the information regarding the disease.
b. Secondly 254 questionnaires (out of 300 previously planned) were administered to respondents both male and female segregated by sex aged 16 and above in the two catchment areas.
c. And finally 2 focus group discussions were conducted per catchment area (male and female separately). That was in addition to 5 key informant interviews with stakeholders at district and community levels.

1.6 Cervical cancer

Is cancer that is found anywhere in the cervix and is a serious condition in female. Limited and unbalanced efforts in different ways are being carried to combat the situation by various stakeholders. The effect of the disease is worsening.

Therefore this baseline study brings to light levels of awareness and comprehensive knowledge of cervical cancer and SRHR services by community members. It also brings in the open various challenges being experienced by the target population in the two communities, service providers, healthy facilities i.e. KDH, Kasoba and Mpata (inclusive of 10 health centers in the two catchment areas). After a careful tabulation and analysis of the collected data through questionnaires, FGDs, interviews and live observation of the situation on the ground recommendations which serve as solutions to problem have been hatched which shall need further implementation without delay in order to lessen the negative effects of the diseases in the two catchment areas.

1.7 The Limitations to the Baseline Study

There were some limitations and constraints that the study team encountered during the survey:

- Participatory approaches bring to light some of the complexities and nuances of cervical cancer and SRHR and is also a learning process for the project participants; it is difficult to reach consensus and quantify the results.
- Both in Kasoba and Mpata targeted catchment areas, there were a few places which were extremely hard to reach. There was need to use other mode of transport like hired motorbikes. Therefore, some of these places were reached on foot hence were not sampled in full. Two villages, one in each catchment area were left out.
- Communication to the communities raised expectations from the community: While the survey team was expected to randomly sample the respondents from their households, at times community members could gather (inclusive of interviewees) expecting free distribution of items.

Regardless of the above limitations, to a larger extent, the study is very instrumental in solving and reducing the current situation on the ground as survey coverage was more than 80%

CHAPTER TWO

THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The chapter covers key socio-demographic characteristics of the respondents including individual and household characteristics in Kasoba and Mpata catchment areas.

2.1 Sample and response distribution by the catchment area

The sample was distributed proportionately based on the population aged 16 and above and corresponding to the 2018 Population and Housing Survey data as shown in ***table 2*** below;

Table 2: Sample Size Distribution by the catchment area

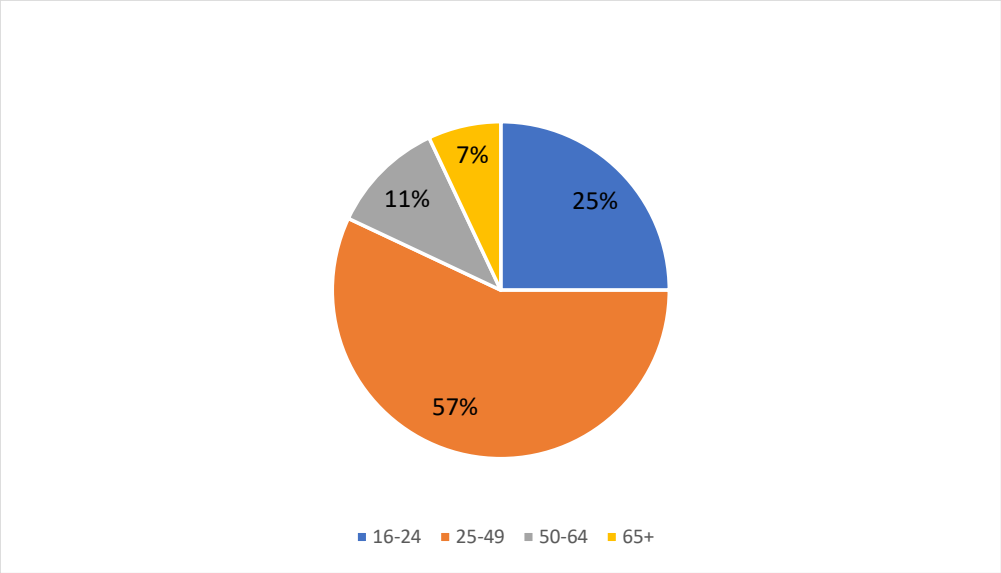
Catchment area	TOTAL (16yrs and above)	PROPORTION	SAMPLE SIZE	RESPONDENTS (N)	% RESPONSE RATE
Kasoba	17187	0.61	183	134	73%
Mpata	11235	0.39	117	120	102%
TOTAL	**28422**	1.00	300	254	85%

From the table above, out of 300 respondents initially taken as a minimum sample size, 254 respondents participated in the survey, making 85% baseline coverage. As per the catchment area, Mpata had the highest baseline coverage of 102 % as compared to 73% for Kasoba.

2.2. Description of Respondents

The study considered a number of demographic variables as they are of paramount importance as regards to access to cervical cancer and SRHR services. In terms of sex, 75% of the respondents were females as compared to 25% who were males. In terms of age, a majority of the respondents were aged 25-49 years (the child bearing age group) followed by 16 -24 age group as shown in figure 2 below.

Figure 1: Distribution of Respondents by Age Group



Other respondent characteristics which the survey was interested in were academic qualifications, marital status and religion as shown in the ***Table 3*** below;

Table 3: Distribution of Respondents by Other Characteristics

		Frequency	Percent (%)
Education Level	Primary	133	52%
	Secondary	74	29%
	Degree and above	0	0%
	Adult Literacy	1	0%
	None	46	18%
Marital Status	Married/cohabitating	154	60%
	Single	47	19%
	Divorced/separated	35	14%
	Widowed	18	7%
Religion	Anglican	1	0%
	Catholic	67	26%
	CCAP	28	11%
	Islam	3	1%
	No religion	97	38%
	Pentecostal	11	4%
	Seventh Day Adventist/	3	1%
	Other	44	17%

On the **educational level,** the table shows that most respondents end school at primary school, few proceed to secondary education and non to the tertiary level. This may have a negative effect on the awareness campaigns, knowledge comprehension on SRH and attitudes in the communities. When planning awareness campaigns there is a need to consider the level of understanding of the general population in the two catchment areas for positive impact. Girls and boys should be encouraged to remain in school and proceed to the tertiary level.

CHAPTER THREE

KNOWLEDGE OF COVID-19 AND SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

This chapter discusses the key findings on knowledge of COVID-19 and sexual reproductive health and rights. The study chose this dimension as cervical cancer is under the sub-theme of SRHR even during this time of COVID-19 pandemic.

2.1 The Outcome Indicators.

The study assessed four outcome indicators as follows:

- Percentage (%) of respondents (segregated by sex) aware of sexual and reproductive health rights and services.
- Percentage (%) % of respondents (segregated by sex) with comprehensive knowledge of SRH rights.
- Percentage (%) of respondents (segregated by sex) aware of COVID-19 rights and services.
- Percentage (%) of respondents (segregated by sex) with comprehensive knowledge of COVID-19 health rights.

The outcomes were important as they would give a picture as to whether both SRHR and COVID-19 issues were concurrently being addressed.

Table 4: SRHR Outcome Indicators

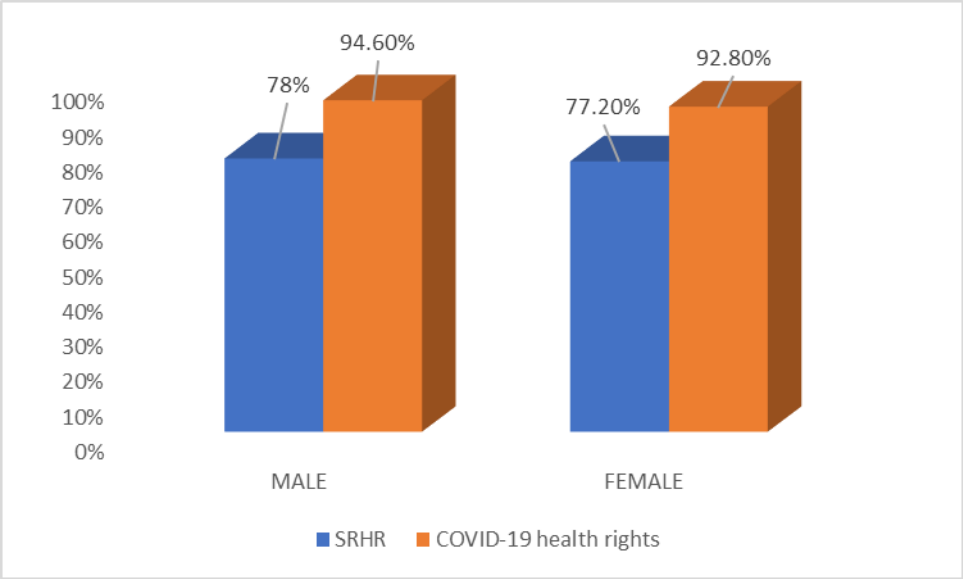
Indicator	Overall	Male	Female
% of respondents who are aware of sexual and reproductive rights and services	77.6%	78%	77.2%
% of respondents with comprehensive knowledge of SRH rights	20.3%	17.7%	22.9%

Table 5: COVID-19 Outcome Indicators

Indicator	Overall	Male	Female
% of respondents who are aware of COVID-19 rights and services	93.7%	94.6%	92.8%
% of respondents with comprehensive knowledge of COVID-19 health rights	29.3%	30.4%	28.2%

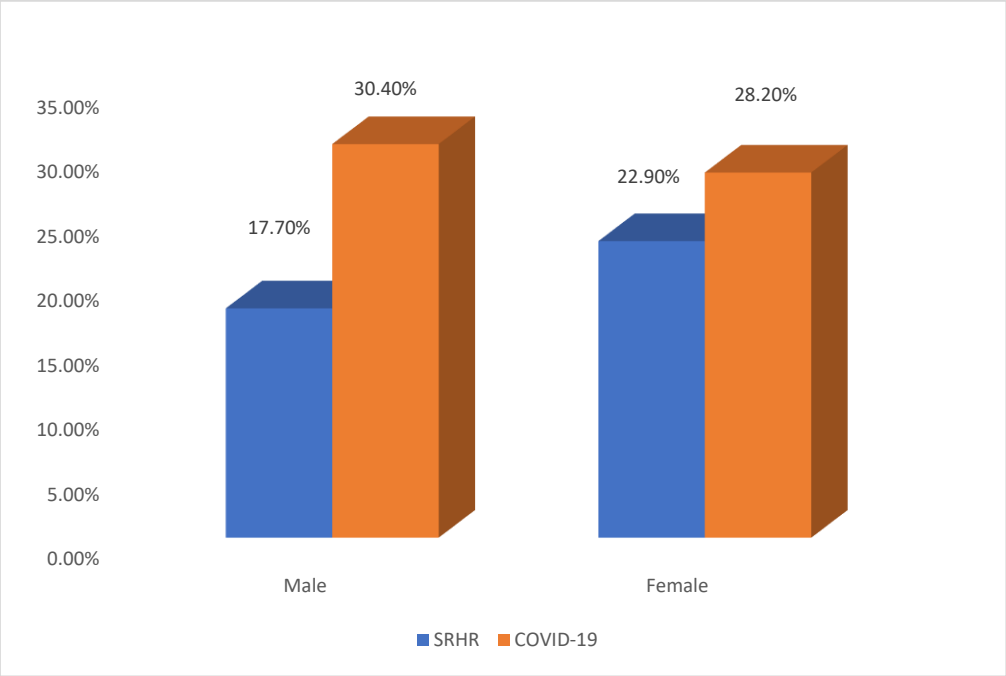
For more accurate and meaningful comparison between the two, the information in the tables above has been displayed graphically in ***figures 3 and 4*** below.

Figure 2: Comparison between Sexual Reproductive and COVID-19 Health rights awareness



As can be observed in the graph above, respondents were more aware of COVID-19 than Sexual health and reproductive health rights. The same applies with the respondents' respective comprehensive knowledge of the two rights **(SRHR and COVID-19)** as shown in figure 4 below.

Figure 3: Comparison of Knowledge between SR and COVID-19 Health rights

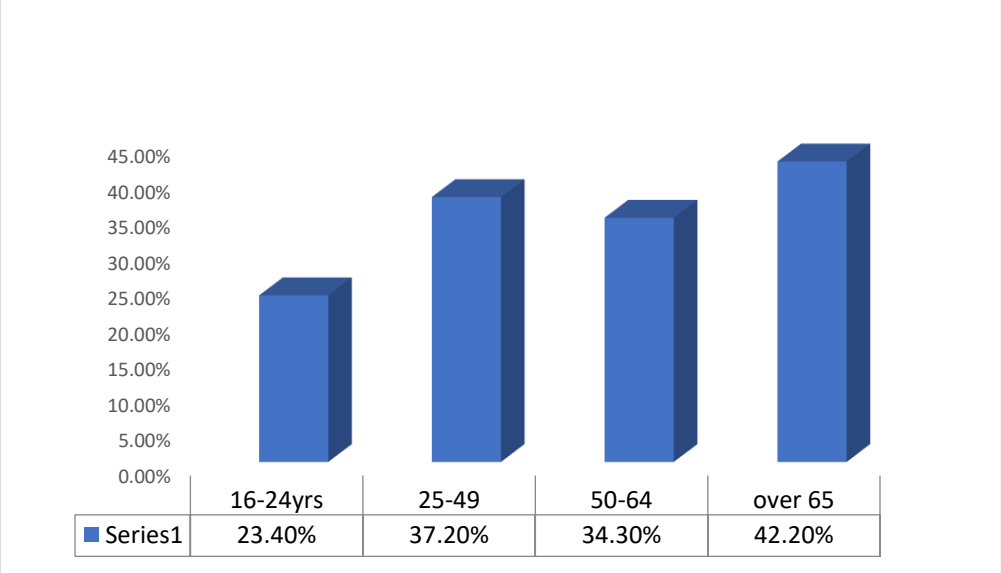


From the two monitoring and indicators above it can be drawn that respondents were more aware and more knowledgeable with COVID-19 issues than SRHRs. This suggests that during COVID-19 pandemic duty bearers only paid much attention on COVID-19-related information dissemination with limited awareness campaigns on SRHR related issues. This should serve as an eye opener that COVID-19 and SRHR related services should be discharged concurrently in communities.

2.2 Respondents' awareness of SRHR and COVID-19 services

This was meant to identify which age group(s) was more aware and which ones needed more attention by different stakeholders. The results have been displayed in the graph below.

Figure 4: Respondents aware of SRHR and services



The ratings in the graph above are very low and alarming. In terms of sex, 78% of males as compared to 77.2% of females indicated that they knew or heard about SRHR though their comprehensive knowledge on the same was very low. A majority of them indicated the radio as their main source of information. It was expected more women to register higher ratings than men because they are the ones who frequently patronize healthy facilities during antenatal and under-five clinic visits during which SRHR talks are held with the health personnel. They are also the ones who suffer from the diseases. These findings can be attributed to the following:

i. Survey behavior of respondents.
ii. Limited access to information on the part of women.

In Malawi, generally, women have limited information about their health. They are starved with information due to various reasons. Women's access to information is largely affected by gendered norms and gender inequality. Mostly men are the 'household heads' and community

leaders have control and better access to information. This is further compounded by a lack of access to ICT. According to NSO report based on PHC of 2018 at the household level access to ICT is as follows:

- 51.7% have a mobile phone.
- 33.6% own a radio.
- 11.8% have a television.
- 16.4 % have an access to the Internet.

As a result of intra household power dynamics, women`s access to these household communication sources is limited. A higher proportion of males own radio and a phone compared to females.

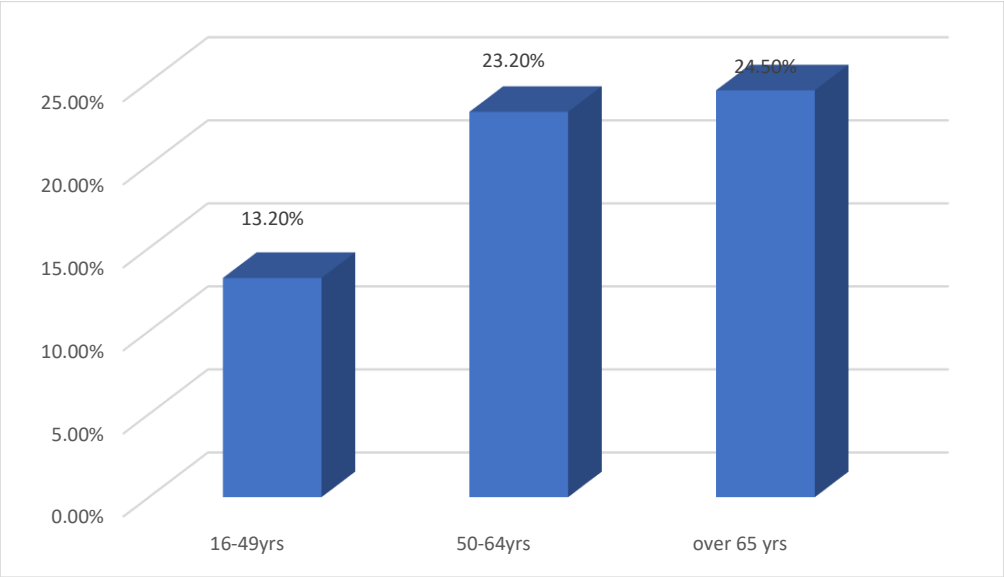
There is need of a strategy to empower women to have to access information and all age groups should be targeted for awareness campaigns.

2.2 Comprehensive knowledge of SRH Rights

On comprehensive knowledge, the study defined comprehensive knowledge as having knowledge of at least 50% of the SRH rights. The outcomes showed that 37.6% of the respondents had comprehensive knowledge about SRH rights. Of these, 26.2% were males and 48.9% were females.

As shown in ***figure 6*** below, the level of knowledge comprehensiveness for respondents aged 65+ was higher at 41.3% compared to 38.1% for those aged below 50 years and 33.2% for those aged 50-64.

Figure 5: Proportion of Respondents with Comprehensive SRHR Knowledge by Age Group



In terms of catchment areas,21.5% of the respondents from Mpata had more comprehensive knowledge compared to 19.1% from Kasoba. About specific rights, the most mentioned rights were as follows;

- Right to choose any method of contraceptive (53%).
- Right to decide whether to have children, the number of children and spacing of the children (42%).
- Right to control one's fertility (39%).

Respondents on other SRHR were almost silent hence a call for civic education.

Table 6: Proportion of Respondents on their Knowledge of SRH Rights by Sex and catchment area

Type of right	Overall	Male	Female	Kasoba	Mpata
Right to control one's fertility	39%	40%	38%	41%	37%
Right to decide whether to have children, the number of children and spacing of the children	42%	43%	41%	38%	46%
Right to choose any method of contraceptives	53%	57%	49%	51%	55%
Right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS	12%	13%	11%	9%	15%
Right to be informed on one's health status and on the health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS	13%	14%	12%	12%	14%
Right to have family planning education	13%	15%	11%	16%	10%
Right not to be discriminated against when accessing reproductive health services	5%	6%	4%	6%	4%
Right to legal and safe abortion	3%	1%	5%	4%	2%
Freedom from harmful practices such as early marriages and negative sexual practices	6%	7%	7%	7%	5%
Other	7%	9%	5%	6%	8%

As reflected in ***Table 6*** above, there are differences in knowledge of SRH rights between males and females and also between the two catchment areas. It can be observed from the table that males had more knowledge of SRH rights as compared to females. In terms of residence, those in Mpata were slightly more knowledgeable (average 20%) than those in Kasoba (average 19%). Even though the knowledge levels are on the lower side.

CHAPTER FOUR: CERVICAL CANCER

This chapter discusses key findings on cervical cancer. It focuses on causes, prevention, treatment and attitudes.

4.1 Outcome Indicators.

The study assessed two outcome indicators namely; % of respondents (segregated by sex) aware of sexual and reproductive health rights and services and % of respondents (segregated by sex) with comprehensive knowledge of SRH rights.

Table 7: Cervical Cancer Indicator Key Findings

Indicator	Overall	Male	Female
% of respondents who are aware of cervical cancer	94%	95.2%	92.8%
% of respondents with comprehensive knowledge of cervical cancer risk factors	19.9%	21.2%	18.6%
% of respondents with comprehensive knowledge of cervical cancer prevention methods	8.4%	9.4%	7.4%
% of respondents with comprehensive knowledge of cervical cancer treatment	5.9%	7%	4.8%
% of female respondents ever gone for cervical cancer screening	33.3%	0%	33.3%
% of female respondents who made their own decision on cervical cancer screening	12.6%	0%	12.6%
The proportion of respondents with negative attitudes towards cervical cancer and cervical cancer screening	39.4%	34.5%	44.3%

4.2 The following can be observed from the above results:

A large proportion of the respondents are aware of cervical cancer (94% overall,95.2 male and 92.8) however, most of them do not have much compressive knowledge on a number of important aspects for example; cervical cancer risk factors (19.9% overall,21.2% male and 18.8% female) , cervical cancer prevention methods (8.4% overall,9.4% males and 7.4% females) , cervical cancer treatment methods(5.9% overall with 7% males and 4.8% females).

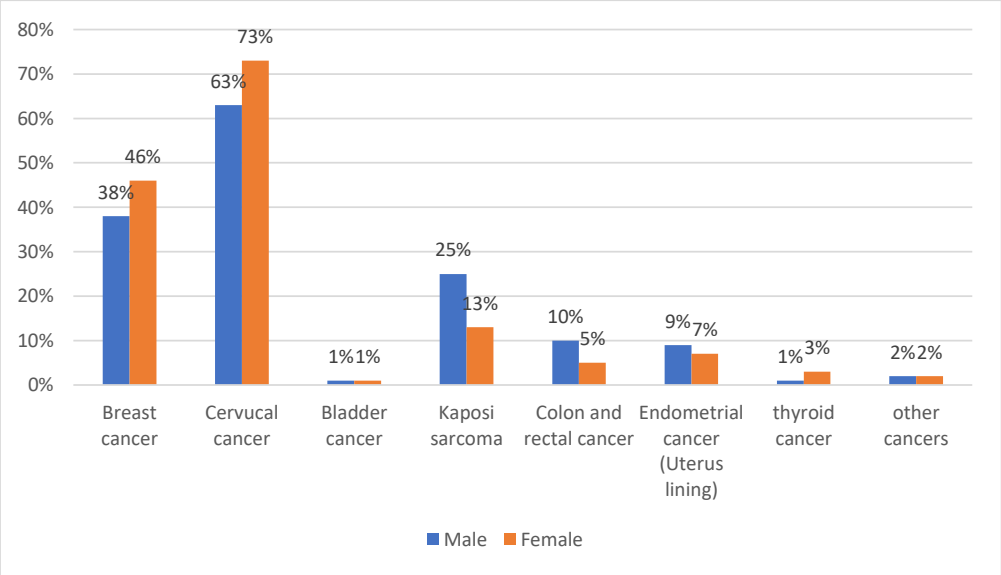
A very small proportion of women made their own decision to go for cervical cancer screening, 12.6% this was largely due to the fact that men are taken as household heads and decision makers. A significant 39.4 % showed to have a negative attitude towards cervical screening

(39.5% overall with34.5% men and 44.3% women). This shows that a large proportion of the community members is not empowered with vital information like treatment, risk factors, prevention among others about cervical cancer.

4.3 Knowledge of Cervical Cancer.

Knowledge of respondents on cervical is important in the study because it gives a picture of the extent to which they know types of cancer in turn it sheds light on whether they know the causes, symptoms, prevention and treatment services. This would assist relevant intervention planners and duty bearers to devise suitable strategies to combat the diseases. Below are finding on the respondent's knowledge on types of cancer.

Figure 6: Proportion of Respondents with knowledge of different types of cancers

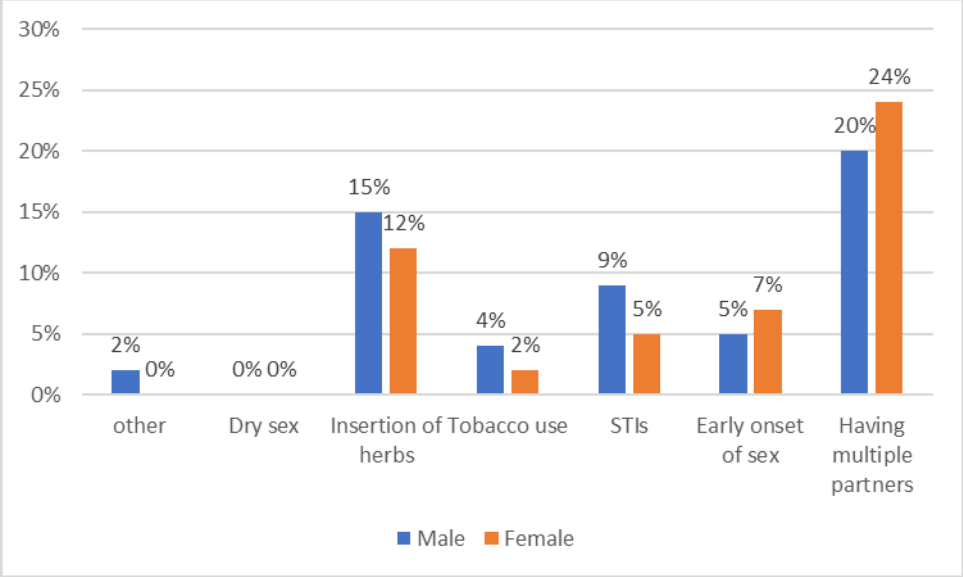


Basing on the figure above, cervical cancer was the most known type of cancer to both respondent males and females followed by breast cancer and Kaposi sarcoma. While the rest were least known. It is for this reason that it should be born in mind that while strategizing to come up with mechanisms to fight cervical cancer by various means, the same strategies should as well be blended with knowledge of other least known types of cancer. This would equip community members aware of other types of cancer and hence would seek necessary services from service providers when needed.

4.4 **Risk Factors of Cervical Cancer**

It is very important to measure the respondent's level of knowledge associated with risk behaviors that would escalate the contraction and spread of cervical cancer. Based on their level of knowledge it would help intervention planners determine whether and how to incorporate appropriately in intervention measures. When the root causes of the spread of the diseases are known then community members can be empowered to abandon their inappropriate conduct. Below is a graph depicting respondents' awareness of risk factors for cervical cancer.

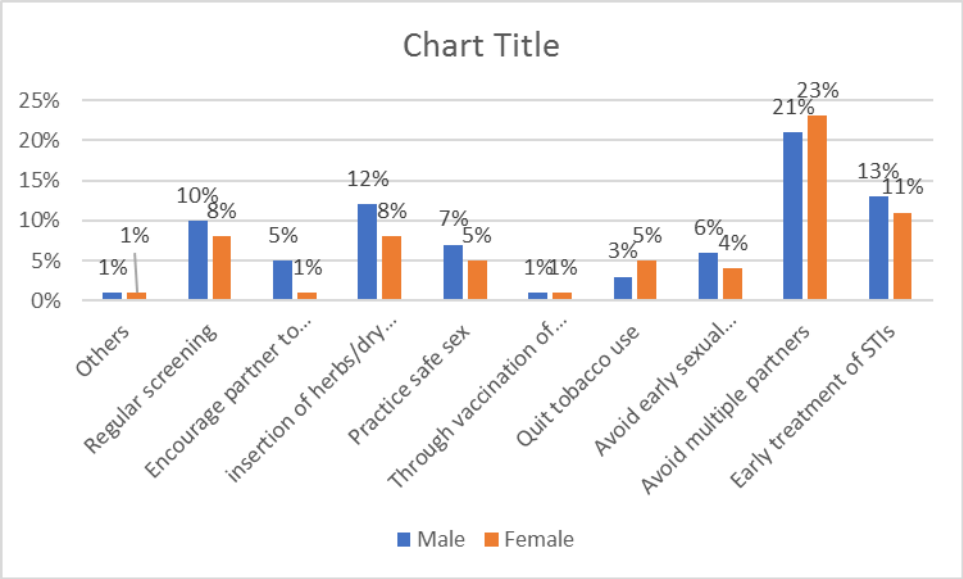
Figure 7: Proportion of respondents with knowledge of cervical cancer risk factors by sex



4.5 **Prevention**

It was also essential to get hold of the respondent's level of knowledge befitting prevention of the disease as that would be very useful in program intervention planning methods. That would significantly reduce the spread of the disease among the people in the communities as most of the community members would be directly get involved in employing the prevention measures. The graph below shows the respondent's level of knowledge appropriate to prevent the spread of cervical cancer.

Figure 8: Proportion of Respondents with Knowledge of Cervical Cancer Prevention Methods

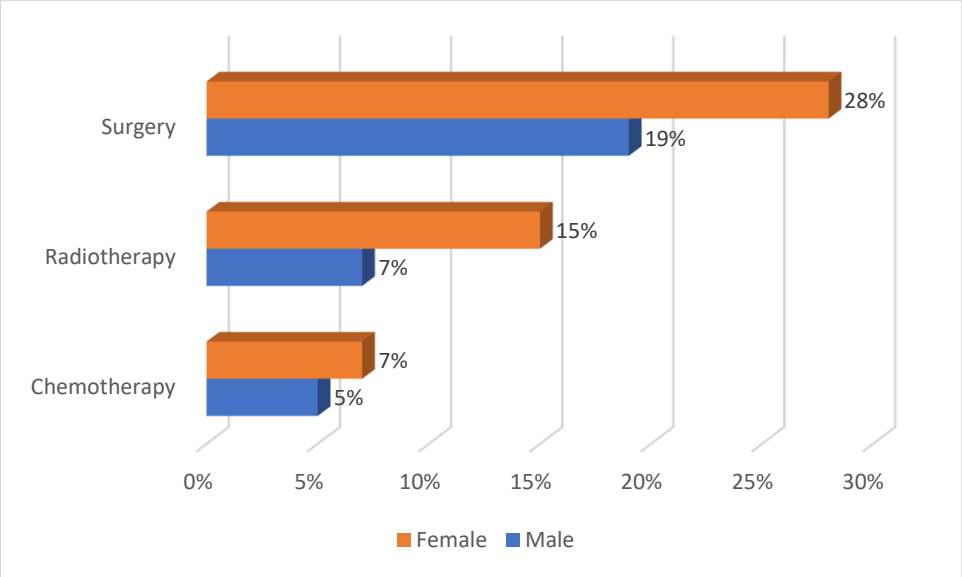


From the graph, it can be noted that a very large proportion of respondents are unaware of cervical cancer prevention methods. This can be a possible risk factor for disease incidence

4.6 **Treatment**

It was important to find out whether respondents were aware of the different methods for treating cervical cancer. The results were important to know whether community members were aware that the disease was treatable in health facilities. The data was relevant for inclusion in awareness campaigns. Below is a graph that shows the proportion of respondents with knowledge of cervical cancer treatment methods.

Figure 9: Proportion of Respondents with Knowledge of Cervical Cancer Treatment Methods

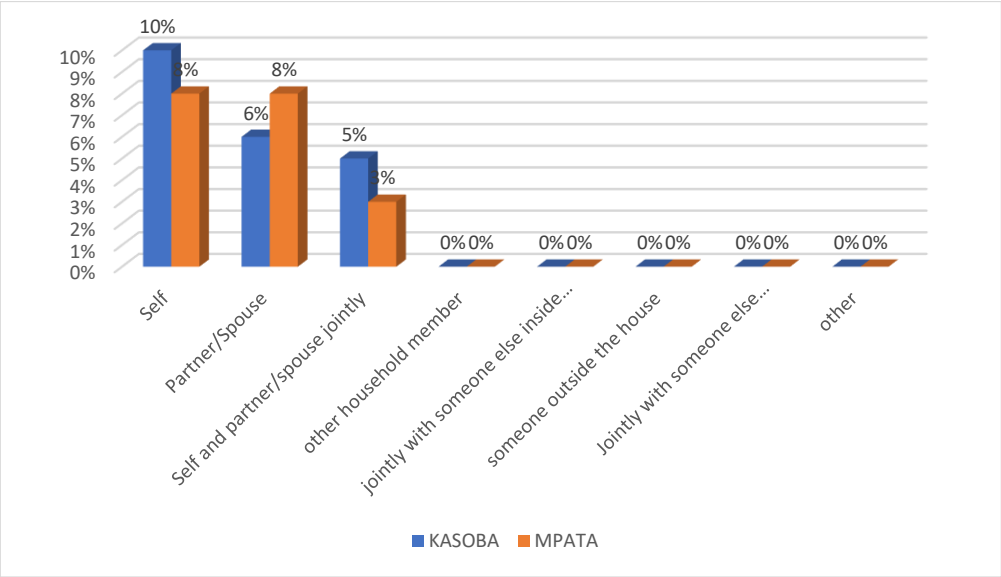


It can be seen from the graph that knowledge of chemotherapy and radiotherapy as cervical cancer treatment methods is low amongst both males and females. This shows that community members have very little knowledge about cervical cancer treatment methods hence the common belief that the disease is un-treatable.

4.7 Access to Cervical Cancer Screening

The graph below shows very low percentages of respondents who made the decision to go for cervical cancer screening in both catchment areas. These low % outcomes are for those who made decisions by themselves, their spouse or jointly themselves and spouse. This suggests that there is a need to conduct massive campaigns in the two catchment areas targeting both males and females to jointly be making decisions for women to be going for screening.

Figure 10: Proportion of Respondents who made the decision to go for cervical cancer screening by type of decision segregated by catchment area



Qualitative data revealed a number of important factors influencing poor participation rate for screening. These include a lack of comprehensive knowledge about cervical cancer among the vast population as discussed above. The study learned that cancer screening awareness messages are broadcast through the radio. The most common source where they get information on cervical cancer is the radio but there is a challenge as can be noted from the following interview data:

> ‘’Women here have difficulties in accessing cervical cancer services. There is minimal knowledge about the disease among men and women in our area because we don’t have reliable sources of information on cervical cancer. All that we know was heard from the radio, not every person owns a radio. Screening is done at KDH which is at a long distance and is a barrier to the women in the community accessing cervical cancer services. (KII religious leader, GVH Mwenenguwe, Mpata, Karonga:26/11/2021)

Some participants also pointed ‘fear’ which was based on negative information acquired from community members and also anxiety about the possibility of being diagnosed with cervical cancer.

> "Tukhumbayayi kukapimisha kansa ya njira yobabila chifukwa cha wofi; bamama banyake abo bakapimisha kumanyuma bakati chinthu bonjigya ku njira yobabila chupweteka chupotokola matumbo,nicho tikopha.…" ['Fear is the reason we do not go for cancer screening, people who got screened before tell us that they insert you an object that rings your intestines and that it is painful. Because of this, we don't go for screening…"] (Female FGD participant, Burton Village, Kasoba, Karonga:27/11/2021)

The study also revealed that cervical cancer screening and treatment is done mostly at Karonga District Hospital (KDH). Kasoba is establishing a cervical cancer screening clinic which will be operational once the health provider who is currently undergoing VIA training is back. No cervical cancer screening and treatment is being carried out at Mpata Health Centers due to lack of trained experts, space and resources.

> "Lack of trained personnel in cervical cancer services, materials and shelter for privacy are some of the challenges faced if we are to organize cancer outreach screening service to communities…we need tents and other materials." (Clinical Officer, Mr. Kamanga, KDH: 01/12/2021). This was also in echoed by Mrs. Banda (10/12/2021) community nurse, during health facility assessment at Mpata health center.

However, lack of transportation was also cited as a major factor impeding women's engagement in cervical cancer screening at KDH and Kasoba health facilities. A large portion of Kasoba and Mpata areas are hard to reach. Both catchment areas (Kasoba and Mpata) utilize KDH as their main screening and treatment center. This is despite the overwhelmingly high demand for cervical cancer screening in the visited areas. There is no transport arrangement to ferry women to KDH for cervical cancer screening..

> ''Ulonda popimisha tulonda loli kutali fiyo kuchipatala, ukwendela tutamiwa tukatala.… (There are a lot of people in our community that seek cervical cancer service but our main challenge is transport to the health facility [Female FGD participant, Chibaya Village, Mpata, Karonga:26/11/2021.]

FGD participants also observed that one of the barriers is the limited capacity of the health facilities due to limited treatment, testing materials refer to annexes 8.0.

> "Banyake bamama bolutanga kukapimisha kwene bowela waka chifukwa ba dokotala bakuti zipangizo palije…. "Some return without being screened due to lack of testing kits …")
> [Religious leader, Mbemba village, Kasoba, Karonga:27/11/2021.]

On the capacity of the health facilities to provide cervical cancer services, the study conducted a rapid assessment of the facilities. The study observed that the health facilities have very limited space and minimal basic resources for VIA screening. Once high demand is created through awareness campaigns there will be a high influx of women accessing cervical cancer services which could present challenges. It is for this reason HPV testing as an accurate screening method and more VIA resources are highly recommended; **refer to Annexes 8.0**.

In Mpata catchment area no services are being offered due to a number of factors as indicated in the annexes and recommendations.

4.7. Attitudes towards cervical cancer

It was imperative to collect and analyze data on community members' attitudes towards cervical cancer. The community harbors both positive and negative attitudes towards the disease. To bring positive changes in different communities for meaningful development there is great need first to de-campaign against and eliminate or reduce negative attitudes. This creates an entry point that would create space for acceptance to various new positive campaign awareness messages. The table below shows the results of the respondent's attitudes toward cervical cancer.

Table 8: Attitudes towards cervical cancer

Key Myths/Belief	Response	Male	Female	Overall
Any adult woman including me/your spouse/partner can develop cervical cancer.	Strongly agree	35%	47%	44%
	Agree	32%	31%	31%
	Neutral	6%	2%	3%
	Disagree	9%	7%	8%
	Strongly disagree	17%	13%	14%
Cervical cancer is a disease for prostitutes.	Strongly agree	5%	7%	7%
	Agree	8%	10%	10%
	Neutral	3%	2%	2%
	Disagree	39%	36%	37%
	Strongly disagree	46%	44%	45%
Cervical cancer is disease for the elderly women.	Strongly agree	2%	5%	4%
	Agree	5%	7%	3%
	Neutral	5%	2%	3%
	Disagree	48%	45%	46%
	Strongly disagree	42%	41%	41%
I would rather not know if I/my partner/spouse/female relative have cervical cancer.	Strongly agree	17%	16%	17%
	Agree	9%	3%	4%
	Neutral	3%	3%	3%
	Disagree	42%	41%	41%
	Strongly disagree	29%	37%	35%
Getting cervical cancer is a death sentence.	Strongly agree	8%	10%	9%
	Agree	19%	12%	14%
	Neutral	14%	16%	16%
	Disagree	28%	24%	25%
	Strongly disagree	32%	38%	36%
There is not much that can be done when someone has cervical cancer.	Strongly agree	9%	8%	8%
	Agree	15%	14%	14%
	Neutral	11%	11%	11%

	Disagree	29%	25%	26%
	Strongly disagree	35%	43%	41%
Talking to members about cervical cancer is embarrassing.	Strongly agree	0%	0%	0%
	Agree	11%	10%	10%
	Neutral	9%	2%	4%
	Disagree	37%	38%	37%
	Strongly disagree	43%	51%	49%

Several observations on attitudes can be drawn from the table above. The following can be deduced:

a. Some of the respondents did not believe that any adult woman can develop cervical cancer (22% overall and 26% for males and 20% for females);
b. others suggested that cervical cancer is a disease for prostitutes (17% overall and 13% for males and 17% for females)
c. while a few of them hold the belief that cervical cancer is a disease for elderly women (7% overall and 7% for males and 12% for females;
d. some said they would not bother to know if one of their family members has cervical cancer (21% overall and 26% for males and 19% for females);
e. others think that being diagnosed with cervical cancer is a death sentence (23% overall and 27% for males and 22% for females)
f. still others think that there is not much that can be done when someone has been diagnosed with cervical cancer (22% overall and 24% for males and 22% for females)
g. Another proportion of respondents finds it embarrassing to talk about cervical cancer to other members of the family (10% overall and 24% for males and 10% for females).

The results above show that there is a great need to tackle the aforementioned negative community attitudes towards the diseases in awareness messages.

Qualitative data revealed that a small proportion of the respondents expressed a positive attitude towards issues to do cervical cancer. Both women and men acknowledged the need of women to have adequate knowledge about cervical cancer and the need to go for screening as a way of being informed about their health and making informed decisions in their life.

> ‘’Kupimisha kansa ya njila yopapila kununu pakuti bama bomanya linga balinayo kansa pamobatanayo ,mukasi wangu apimishemo kabili... (“Cervical cancer screening is very important because women know thier status. My wife got tested two times and there is nothing to be scared about it”) - [Male FGD participant, Mwankenja II Village, Mpata, Kronga:25/11/2021.]

> ‘’Nkhuweme chomene kumanya bulwale bwa Kansa,chifukwa kunga chepesa kufala nthenda chomene …” (“It is important for a person to know about cervical cancer because having many people that know about the disease can help us mitigate its further spread”) - [Female FGD participant, Chipake Village, Kasoba, Karonga’’:27/11/2021.]

Despite the above positive attitude, there were also groups of respondents who expressed negative attitudes towards cervical cancer and the screening process.

> “Banyitu botubweshela kunyuma. Nyengo yimo nanyamwike pobuka popimisha kuchipatala, loli banyangu batile linga bakwagha nayo Kansa upakufwa basi nabwelenkhenye nongwa ya bogha…” (Our friends discourage us. Sometime back I decided to go for cervical cancer screening at the hospital but my friends on the way explained to me that if tested positive I would definitely die, so I got scared and turned back …”) [Female FGD participant, Wiscot Village, Mpata, Karonga:25/112021]

CHAPTER FIVE

CIVIC ENGAGEMENT/SOCIAL ACTIVISM

5.1 Introduction.

The chapter attempts to measure the level at which respondents engage themselves in discussions with their partners, family members and community members and how frequent. The results would show the extent to which respondents involve themselves and try to make a positive difference in the civic life in their communities. In short, this involves self-driven desire to bring change in one's life by developing a combination of knowledge, skills, values in relation to cervical cancer and SRHR services.

5.2 Level of Civic Engagement by Gender

The table shows the outcomes depicting the extent and frequency to which respondents are involved in discussions with the spouse, family members and community members.

Table 9: Level of Civic Engagement by Gender

Key Action Description	Response	Overall	Male	Female
Ever discussed general cancer issues with a partner or spouse in the last three months.	Did	24%	33%	15%
	Can do	58%	59%	57%
	Can never do	18%	15%	21%
Ever discussed cervical cancer issues with a partner or spouse in the last three months.	Did	24%	27%	21%
	Can do	55%	61%	49%
	Can never do	21%	19%	23%
Ever discussed cervical cancer related issues other with family members	Did	22%	18%	26%
	Can do	63%	64%	62%
	Can never do	15%	16%	14%
Ever discussed cervical cancer related issues with other community members.	Did	20%	17%	23%
	Can do	62%	75%	49%
	Can never do	18%	19%	17%

The results from the table above show that the respondent's active self-engagement is on the lower side, however, a larger proportion is eager to be involved in cervical cancer and SRHR-related issues. On the other hand, a significant proportion expressed great unwillingness to ever discuss issues related to cervical cancer and SRHR.

Due to the above findings, it is imperative to come up with a relevant project packaged with information that would bring change in the people's mindset for all to be discussing such issues openly. This would greatly reduce stigma and patients and the affected would never be suffering in silence. Widespread myths and misconceptions of the of cervical cancer would also be minimized and women would develop health seeking behavior pertaining the disease.

5.3. Social Activism/Political Voice

The results in the table show the level to which respondents work with other groups of people, institutions, stakeholders or the social media to bring about change in their communities to bring positive change to issues regarding cervical cancer and SRHRs. From these results, a number of negative aspects were drawn.

Table 10: Proportion of Respondents on social activism initiatives by sex

Key Action Description	Response	Overall	Male	Female
Engaging a duty bearer to take action on cervical cancer.	Did	8%	6%	9%
	Can do	51%	65%	37%
	Can never do	41%	27%	55%
Making a phone call to a radio or Tv station to express my views on cervical cancer issues.	Did	0%	0%	0%
	Can do	70%	79%	61%
	Can never do	30%	17%	43%
Expressing your views on cervical cancer issues on whatsapp, Facebook and other social media.	Did	0%	0%	0%
	Can do	75%	61%	81%
	Can never do	25%	27%	23%
Signing to a petition on cervical cancer related issues.	Did	0%	0%	0%
	Can do	75%	85%	65%
	Can never do	25%	33%	17%

The outcomes tell us that very low percentages have ever engaged a duty bearer to take action on cervical cancer however a larger proportion is willing to engage the duty bearers. Still another significant proportion expressed never to engage a duty bearer.

On the extreme non have ever made phone calls to a radio or TV station or expressed views on cervical cancer and SRHRs on any form of social media platform like WhatsApp, and Facebook. A larger section of the respondents was more than willing to engage themselves in such positive activism. About 25% of the respondents expressed never engaging in such endeavors. The

foregoing can also be observed in the aspect of signing a petition on cervical cancer and SRHRs and services.

From the foregoing observations, it can be put forward that these negative perceptions as expressed by the respondents need to be eradicated by means of massive campaigns for positive attitude change. It is this positive change that would minimize the devastating impact of the disease on females.

CHAPTER SIX
CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion.

The overall objective of this study was to generate baseline information on COVID-19, SRH and cervical cancer issues in the health system and community during the COVID-19 pandemic for males and females in Paramount Chief Kyungu in Kasoba and Mpata areas in Karonga District. The information generated from the study would inform, equip and inspire WOCACA and other stakeholders in the community strategies better in providing relevant interventions like awareness, screening campaigns and promotion of other relevant services. In relation to the objective of the study, the following are the key findings from the study:

6.1.1 Situation on COVID-19 issues in the health system and community

Despite relatively high community awareness on COVID-19, comprehensive knowledge is very low on COVID-19 health rights and services. There were limited awareness campaigns by the Ministry of health on COVID-19; the messages were not blended with cervical cancer and SRH issues. Which means nothing was being done alongside. COVID-19 posters, hand washing materials i.e. soap, alcohol, face masks and vaccination were visible during the survey both in Mpata and Kasoba. But people were rarely seen with masks, hand sanitizing or social distancing showing that they do not fully understand the transmission and prevention of COVID-19.

6.1.2 Situation on SRH issues in the health system and community

Knowledge on SRH issues in the two communities is also very minimal, limited and misguiding acquired mostly from the under-five health facilities, schools and friends or peers. In health facilities, the focus is mostly on STI/HIV and contraceptives not much is done on issues to do with abstinence, menstruation and puberty education, HPV vaccine and others, mostly due to limited resources.

6.1.3 Situation of cervical cancer in the health system and community

Awareness on cervical cancer is very minimal in the communities mostly due to the nonexistence of awareness campaigns, services, resources/materials and trained staff. The main source of information was the under-five at the health facilities and radio. The community members showed a high degree of negative attitudes and limited information that would promote the spread of the disease.

Kasoba has just started offering VIA services however the resources were insufficient compared to the population of the area, refer to **Annex 8.0.** The VIA provider had just come back from training; previously the VIA community members could only access services at KDH which is a very long distance.

In Mpata area, there was literally nothing happening on the ground on issues to do with cervical cancer in terms of both awareness campaigns and SRH services (Mr. Spain Chimaliro, Karonga District Patron and cervical cancer control program coordinator, KDH) and Florence Banda (Community nurse, Mpata Health Center).

6.2. Recommendations

In reference to key results of the study, the following recommendations have been formulated:

Community Level

- ***Strengthen health education*** through the packaging of messages targeting the wider society using different delivery channels such as community campaigns media engagement, sports events and health workers.
- Building capacity of influential leaders for instance, traditional and faith leaders as well as cultural practices so that they mobilize people using "institutions of trust" on cervical cancer and SRH information.

Programming Level

- Addressing issues of cervical cancer requires an integrated approach that addresses the individual, relational, community and structural issues.
  - At the individual level, the project should empower women, men, boys and girls with cervical cancer knowledge and skills
  - At the level of the relationship, the project should aim at building relationships that support and reinforce support towards cervical cancer at the household level. This among others should include interventions that engage with close relationships which influence the gendered behaviors and experiences on cervical cancer.
  - At the community level, the project should target broader community members and institutions outside the family, for instance, schools and social gatherings, other service providers and other people of high social standing in society.
  - At the structural level, initiatives should aim at addressing the formal and informal rules, policies and procedures that reinforce negative perceptions on cervical cancer in the communities.
- ***Support mobile cervical cancer screening services***-the study found out that access to the health facilities is a challenge and that coupled with the limited capacity of the facility discourages women from being screened for cervical cancer. The project should explore taking the service to the people to minimize infections in this time of COVID-19 when traveling long distances. . There is a need to carry out community awareness and mobilization campaigns and conduct outreach screening and treatment clinics to minimize COVID-19 infections.
- ***Male Engagement Initiatives:*** Should be in three strands namely;
  - **Men as equal partners**- this includes addressing gender inequality and unfair gender roles, openness on issues of sexuality and tackling negative features of masculinity. (Example "men as equal partners": A man shares child care and housework with his partner; he is not afraid to talk about his fears and insecurities with his partner; and he openly discusses her SRH concerns with her , supports the decisions she makes for her own SRH, including issues surrounding contraceptives and abortion).
  - **Men as clients**- this includes increasing men's utilization of relevant SRH services.

- **Men as agents of change**- A man is actively involved in community forums, community radio talks, and workshops promoting gender equality and the delivery of SRH services.

Men should be involved as users of health services, actors in cervical cancer screening promotion and service delivery, understand the critical importance of men taking responsibility on cervical cancer, and have an understanding of SRHR and cervical cancer.

- Advocate for the effective implementation of SRHR related policies and increased budgetary allocation towards women's access to cervical cancer services.

Health Facility Level

- ***More health personnel*** should be on the job trained/mentored to offer cervical cancer services to address the shortage of qualified VIA service providers
- There is a need for a sustainability plan to urgently train at least one of the health providers for continuity of services even after the end of the project. This means that services will still be needed even after the tenure of the project.
- ***Thermo-coagulators*** are urgently needed to promote "Point of Care Treatment" in health facilities and reduce delay in the treatment of precancerous lesions which can result to progressive cancer, congestion in referral hospitals, and the burden of out-of-pocket expenses , .
- Resources are needed for medical equipment and supplies to be made available in most health facilities. More cervical cancer diagnostic and treatment materials should be made available in health facilities refer to **annex 8.0.**
- In the two catchment areas it was observed that the school dropout rate is very high, refer to **table 3** above, and this affects COVID-19 , cervical cancer and SRHR awareness campaigns because of low level of comprehension and knowledge among community members; very few proceed with education to Secondary and Tertiary level hence a deliberate project/program should be put in place to encourage girls and boys remain in school. Education plays a vital role in the elimination of deep rooted myths and negative attitudes. Educated community members can easily comprehend the disseminated cervical cancer and SRHR messages. They can as well be agents for positive change.

- ***Provision of proper infrastructure*** with enough space for women undergoing VIA screening and treatment as well as women undergoing further investigation or treatment it is required in the health facilities whereby privacy should be a priority.
- There is a need to provide adequate resources for constant monitoring and evaluation of cervical cancer services for quality assurance and sustainability.

7.0. REFERENCES

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Assessment of Health facilities

8.0. ANNEXES

#	Information source	Health Facility	Resources available	Resources Unavailable
1	**Mrs. Ruth Ngwalo** (Senior Health Community Nurse) **Mr. Kepson Kamanga** (Clinical Officer, KDH) Date:01/12/2021 **Mr. Spain Chimaliro** (Karonga District Patron and Cervical Cancer Control Program Coordinator) Date: 10/12/2021	**KDH** --Total population 82,000 --Target population for Cervical Cancer & SRHR services **18,860 women.** --Offers services but has shortage of medical supplies and trained staff, more need to be trained. --Need resources to conduct outreach services. --space need to be renovated	**-Thermocoagulation** and others but in very small in quantities, need restocking. -One big non-functional toilet room need to be renovated into VIA room, Space not enough.	Cidex, VIA couches, Tents, VIA sets, over head lamps, Gallipot, Vinegar Dish, Wall clock, Basins, Macintosh, Sponge holding forceps, lamp, Sterilizing drum, soap, tap buckets and finances.
2	**Mr. Bright Simwanza** --Mentored service provider but he needs refresher training. Date: 10/12/2021	**Kasoba Health Center**. --Total population 33,052 --Target population for Cervical Cancer & SRHR services **7,084 women**. --Offers services but has shortage of medical supplies. --Only one services provider. --need resources, upkeep and transport to conduct cervical cancer outreach services in hard to reach areas.	**Almost Non** --Via room available.	Cidex, VIA couches, Tents, VIA sets, over head lamps, Gallipot, Vinegar Dish, Wall clock, Basins, Macintosh, Sponge holding forceps, lamp, Sterilizing drum, tap buckets, thermocoagulation, and finances.

		--Have space, but need resources		
3	**Miss Florence Banda. (Community Midwife Assistant)** Date: 10/12/2021	**Mpata Health Cente**r. --Total population 23,693. --Target population for Cervical Cancer & SRHR services **5,450 women.** --No trained service provider. --Need space renovation -- Need all resources	**Non** -A small non-functional toilet room need to be turned into VIA room. No space available. --Tents can be used as a short-term solution.	Cidex, VIA couches, Tents, VIA sets, over head lamps, Gallipot, Vinegar Dish, Wall clock, Basins, Macintosh, Sponge holding forceps, lamp, Sterilizing drum, tap buckets, thermocoagulator, and finances.

8.2. Data Collection Tools

8.2.1. Population Based survey Tool

CERVICAL CANCER BASELINE SURVEY

To be administered to all respondents aged 25 years and above. Fill one form for each respondent			
TA		VILLAGE	
Day/Month/Year of interview:	……../11/2021	Researcher Initials	

INFORMED CONSENT

Hello. My name is …… and I am working with WOCACA. WOCACA is conducting a study on people's access to cancer services in your area. You have been randomly selected out of all the people in this area to be asked questions in the study. We would very much appreciate your participation in the study. I would like to ask you about your knowledge of reproductive cancer and access to cancer services in your area. The information you give us will help WOCACA and government to plan and improve access to cancer services. The study will not take much of your time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Your participation in this study is voluntary and you can choose not to answer any individual question or all of the questions or stop the interview. However, we hope that you will participate since your views are important.

Do you have any questions on what I have said?

May I begin the interview now? Agrees …… 1 Disagrees ……. 2

SECTION ONE: RESPODENTS BIO DATA

I would like to know more about you before I ask you about access to SRHR services

RB 1	Sex of Respondent	Male …… 1 Female ……. 2
RB2	How old are you?	25-29 …… 1. 30-34……2 35-39…….. 3. 40-44……. 4 45-49…….. 5 50-54……..6 55-59…….7. 60-64……..8 65 and Above……. 9

RB3	Have you ever attended school	Yes …….1 No …… 2 …….. Go to RB5
RB4	What is the highest level of school you attended	Primary …….1 Secondary …….2 Diploma ……3 Degree and above……4 Adult Literacy ……..5
RB5	What is the highest (class/form/year) you completed at that level	Class/Year/Form …….1 UN/DK …… 98
RB6	What is your marital status	Single……..1 Married/cohabiting……. 2 Divorced/separated…… 3 Widowed…….4 Never married……..5
RB7	What is your religion?	Catholic ……1 CCAP ……..2 Anglican ……3 Seventy Day Adventist/Baptist …4 Pentecostal……5 Islam ……6 No Religion……..7 Other (specify)……..96
RB8	What is your tribe or ethnic group	Chewa ……. 1 Tumbuka ……. 2 Lomwe …… 3 Tonga ……. 4 Yao …….. 5 Sena ……. 6 Nkhonde …….. 7 Ngoni ……. 8

		Other ……. 96 (specify)
SECTION II: KNOWLEDGE ON COVID-19 *Now I would like to ask about your knowledge on COVID-19*		
KC191	Do you know anything about COVID-19	Yes …… 1 No …….2 Go to KC192 UN/DK ……. 98
KC192	Where did you learn about COVID-19?	Friends/peers……1 School … 2 Peer Educator …. 3 Health Facility…..... 4 Parents ……5 Media …… 6 Other (specify) ……..96
KC193	Do you know where you can get information about COVID-19?	Yes ……1 No …….2 Go to KC194 UN/DK ……. 98
KC194	From where?	Friends/peers…….1 School ……..2 Peer Educator ……..3 Health Facility….. 4 Parents ……5 Media …… 6 Other (specify) …….96
KC195	What kind of information?	Vaccination ……. 1 Wearing masks …….... 2 Washing hands with soap …… 3 Alcohol hand sanitizing ……4 Social distancing ……. 5

		Highly contagious diseases ……..6 Highly killer diseases…..7Limiting travel…..8 Banning public gatherings ……..9 Force on people failing to self-isolate…….10 Other (specify)……. 96
KC196	Do you know where you can get services about COVID-19?	Yes ……1 No …….2Go to KC197 UN/DK ……. 98
KC197	From where?	School … 1 Peer Educator …. 2 Health Facility…...3 Community based provider……4 Other (specify) …….96
KC198	What kind of services?	COVID-19 Counselling services …….1 COVID-19 Prevention…….2 COVID-19 Sensitisation ……3 COVID -19 Education ……. 4 COVID-19 Vaccination ……...5 COVID screening ……6 COVID-19 Treatment……7
KC199	Do you know any method of preventing COVID-19?	Yes ……1 No ……...2 UN/DK ……. 98
KC1910	What are the methods	Maintain a safe distance from others ……..1 Wear a mask …….2 Choose open, well-ventilated spaces over …3 Wash your hands with soap …….4 Sanitise your hands with an alcohol-based sanitiser …….5 Get vaccinated……6

		Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze……7 Stay home if you feel unwell…...8 Other (specify) ……96
KC1911	Do you know your COVID-19 health rights?	Yes ……1 No …….2Go to RC1 UN/DK ……. 98
KC1912	Which rights do you know? (Probe for multiple responses)	Right to COVID-19 preventive measures ……...1 Right to work …….2 Right to social security……3 Right to housing…….4 Right to food ……...5 Right to water……..6 Right to life ……..7 Right to education …….8 Right to travel……..9 Right to public gatherings …….10 Other (specify)…….96
SECTION III: KNOWLEDGE ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR) *Now I would like to ask about your knowledge on SRHR*		
KS1	Do you know anything about sexual and reproductive health rights?	Yes ……1 No …….2 Go to KS3 UN/DK ……. 98
KS2	Where did you learn about SRHR?	Friends/peers……1 School … 2 Peer Educator …. 3 Health Facility…... 4 Parents ……5 Media …… 6 Other (specify) ……...96
KS3	Do you know where you can get information about SRHR?	Yes ……1 No …….2 Go to KS6

		UN/DK ……. 98
KS4	From where?	Friends/peers……1 School … 2 Peer Educator …. 3 Health Facility….. 4 Parents ……5 Media …… 6 Other (specify) ……..96
KS5	What kind of information?	Abstinence ……. 1 STI/HIV prevention…….. 2 Menstruation and puberty education…… 3 Contraceptives……4 Abortion and Post-abortal……. 5 Under-five clinic……6 HPV Vaccine ……. 7 Other (specify)……. 96
KS6	Do you know where you can get services about SRHR?	Yes ……1 No …….2 Go to KS9 UN/DK ……. 98
KS7	From where?	School … 1 Peer Educator …. 2 Health Facility…..3 Community based provider……4 Other (specify) ……..96
KS8	What kind of services?	Counselling services …….1 Contraceptives…….2 Antenatal care……3 Postnatal care……4

		Under five clinic……5 Abortion ……6 Post-abortal……. 7 STI Management …….8 HIV Testing ……..9 HPV Vaccination……..10 Cancer screening ……11 ART…….12 Pregnancy Testing……13 Safe Delivery……..14 Other (specify)……. 96
KS9	Do you know your SRH rights?	Yes ……1 No …….2 Go to KS10 UN/DK ……. 98
KS10	Which rights do you know? (Probe for multiple responses)	Right to control one's fertility……..1 Right to decide whether to have children, the number of children and spacing of the children…….2 Right to choose any method of contraceptives……3 Right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS…….4 Right to be informed on one's health status and on the health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS……..5 Right to have family planning education……..6 Right not to be discriminated against when accessing reproductive health services ….. 7 Right to legal and safe abortion……8 Freedom from harmful practise such as early marriages and negative sexual practices……..9 Other (specify)…….96
SECTION IV: ACCESS TO REPRODUCTIVE CANCER SERVICES		

Now I would like to ask you accessing Reproductive Cancer Services		
RC1	Have you heard of any Cancers	Yes …… 1 No ……. 2 UN/DK ……. …. 98
RC2	Where did you learn about Reproductive Cancers	Health Facility ……... 1 Peers …….. 2 Private H/Facility ……. 3 Family member …… 4 Media……. 5 Other (specify) ……... 96
RC3	What type of cancer do you know?	Breast Cancer……..1 Cervical Cancer …….. 2 Bladder Cancer……3 Kaposi sarcoma ……4 Colon and Rectal Cancer …….5 Endometrial Cancer (Uterus lining) …….6 Thyroid Cancer ……..7 Other……..
RC4	Do you know symptoms of cervical cancer	Yes ……1 No ……..2 UN/DK ……. 98
RC5	What symptoms do you know	Vaginal bleeding……..1 Vaginal foul-smelling discharges ……2 Back ache……..3 Pain during and after sex…….4 Other……..96
RC6	Do you know risk factors of cervical cancer	Yes ……1 No ……..2 UN/DK ……. 98
RC7	What are the risk factors?	Having multiple partners……..1 Early onset of sex ……2 STIs……..3

		Tobacco use…….4 Insertion of herbs……..5 Dry sex…….6 Other……..96
RC8	Do you know any method of preventing cervical cancer	Yes ……1 No ……..2 UN/DK ……. 98
RC9	What are the methods	Early treatment of STIs……..1 Avoid multiple sexual partners…….2 Avoid early sexual intercourse……3 Quit Tobacco use…….4 Through vaccination of HPV vaccine…….5 Practice safe sex……6 Avoid insertion of herbs/dry sex……7 Encourage partner to go for male circumcision…..8 Regular screening…….9 Other……..96
RC10	Where do people go for cervical cancer in your areas?	Health Facility …….. …1 City heath facility ……..2 Traditional Healer ……..3 TBA ……...….4 Private H/Facility …….5 Other (specify) ……..96
RC11	Have you/your spouse/your female partner or your relative ever gone for cervical cancer screening?	Yes ……1 No ……..2 UN/DK ……. 98
RC12	Where did you go or they go?	Health Facility …….. …1

		City heath facility ……..2 Traditional Healer ……..3 TBA ……4 Private H/Facility ……. 5 Other (specify) ……...96
RC 13	When did you go or they go ?	Last week……1 Last Month…….2 Last 3 months……..3 Last 6 Months……4 Last 12 Months…….5 Last 2 years…….6 More than 3 years ago……..7
RC14	Who made a decision for them to go for cervical cancer screening?	Self……..1 Partner/spouse……..2 Self and partner /spouse jointly ……3 Other household member……..……4 Jointly with someone else inside the household……5 Someone outside the house …….. 6 Jointly with someone else outside the household……7 Other (specify)…….96
RC15	Why didn't you or they not go for a cervical cancer screening	Spouse refused……1 Not interested……..…..2 Don't know about cervical cancer…….3

		Religious restrictions……4 Other ……..96
ATTITUDES AND PERCEPTIONS ON REPRODUCTIVE CANCERS **Now I would like to ask you about more about reproductive cancers**		
AP 1	Now I would like to ask you if you agree or disagree with the following statements	
	Any adult woman including me/your spouse/partner can develop cervical	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5
	Cervical cancer is a disease for prostitutes	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5
	Cervical cancer are diseases for the elderly women	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5
	I would rather not know if I/my partner/spouse/female relative have cervical cancer	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5
	Getting cervical cancer is a death sentence	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5
	There is not much that can be done when someone has cervical cancer	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5
	Talking to members about cervical cancers is embarrassing	Strong agree …..1 Agree……2 Neutral 3….. Disagree……4 Strongly disagree….5

AP2	I want to know if you have ever done, can do or will never do the following;	
	Ever discussed general cancer issues with a partner or spouse in the last three months	Did……1 Can do…2 Cant do……3
	Ever discussed cervical cancer issues with a partner or spouse in the last three months	Did……1 Can do…2 Cant do……3
	Ever discussed cervical cancer related issues other with family members	Did……1 Can do…2 Cant do……3
	Ever discussed cervical cancer related issues with other community members	Did……1 Can do…2 Cant do……3
	Engaging a duty bearer to take action on cervical cancer	Did……1 Can do…2 Cant do……3
	Making a phone call to a radio or Tv station to express my views on cervical cancer issues	Did……1 Can do…2 Cant do……3
	Expressing your views on cervical cancer issues on WhatsApp, Facebook and other social media	Did……1 Can do…2 Cant do……3
	Signing to a petition on cervical cancer related issues	Did……1 Can do…2 Cant do……3
SECTION V: ACCESS TO SRH SUPPLIES & SERVICES, CERVICAL CANCER SERVICES DURING THE ***COVID-19 PANDEMIC***		

Now I would like to ask you accessing Reproductive Cancer Services		
AC1	Were you able to access SRH and cervical services during the COVID-19 pandemic	Yes …… 1 No …….2 Go to AC UN/DK ……. 98
AC2	Which of the services were you able to access despite the Covid-19 pandemic?	Counselling services …….1 Contraceptives…….2 Antenatal care……3 Postnatal care……4 Under five clinic……5 Abortion ……6 Post-abortal……. 7 STI Management …….8 HIV Testing ……..9 HPV Vaccination……..10 Cancer screening ……11 ART…….12 Pregnancy Testing……13 Safe Delivery……..14 Other (specify)……. 96
AC3	With the knowledge you now have on methods of preventing COVID-19 are you or will you be able to access RMNCAH+N information, supplies and services	Yes …… 1 No …….2 Go to AC4 UN/DK ……. 98
AC4	Which of the services would you like to access during the Covid-19 pandemic?	Counselling services …….1 Contraceptives…….2 Antenatal care……3 Postnatal care……4 Under five clinic……5 Abortion ……6 Post-abortal……. 7

		STI Management …….8 HIV Testing ……..9 HPV Vaccination……..10 Cancer screening ……11 ART…….12 Pregnancy Testing……13 Safe Delivery……..14 COVID-19 Vaccination…….15 Other (specify)……. 96

END OF QUESTIONNAIRE

Qualitative Research Tools

FGD TOOL FOR WOMEN -

STEP 1: INTRODUCTION

Conduct formal introductory activities.

Explain that in this exercise, we are going to talk about all the key cervical cancer related resources and services which women access.

STEP 2: DRAWING THE SOCIAL MAP

Ask participants about the key cervical related services, resources and service providers which they can find in the community. Remember to probe on;

- ***Sources of Cervical cancer information***
- ***Cervical cancer service providers***

After they have listed, ask them to draw a map of the village with key features like roads, community meeting places, and the key resources and services they have identified above. As they are labelling the map, ask participants;

- ***why the service or resource is important;***
- ***what function do they play/what services do they provide***

STEP 3: ACCESSIBILITY OF THE INSTITUTIONS

Using a marker of any kind, ask participants on how easy it is for women to access this service, service provider and resources.

- The ones she access most easily/frequently should be marked differently from the ones she accesses least frequently/with greater difficulty would go farther away on the page

STEP 4: KEY DISCUSSION POINTS .

- What kind of cervical cancer services do women access?
- What challenges do they face to access the services? ***Probe on household, community and facility level challenges?***
- Are there any negative perceptions or attitudes associated with women with cervical cancer? What do people say about them?

STEP 5: CHANGES

- What changes would you like to see, that would enable women to access cervical cancer services
- What could make these changes happen?

Key Informants Interview Guide for stakeholders

Section A: Cervical Cancer information and services in the community

1. What are the main sources of information on cervical cancer in this area?
    - What strategies are used to create awareness?
    - Who are the major players in information dissemination?

2. What cervical cancer services exist in the district/community (government, NGO, community) (Probe: since when, where/how work, target group, what services provide, etc.)
    - How effective do you think these services have been?
    - Are these services mostly responsive-Probe on prevention and treatment

3. What are the key challenges for women to access cervical cancer information and services-Probe on household, community and facility related challenges.