PROVIDER CHARACTERISTICS AND FACILITY BARRIERS TO IMPLEMENTATION OF SINGLE VISIT APPROACH TO CERVICAL CANCER IN KINONDONI

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PROVIDER CHARACTERISTICS AND FACILITY BARRIERS TO IMPLEMENTATION OF SINGLE VISIT APPROACH TO CERVICAL CANCER IN KINONDONI

By

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A Dissertation Submitted in (partial) Fulfillment of the Requirement for the Degree of Master of Public Health of

Muhimbili University of Health and Allied Sciences
October, 2017

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Heath and Allied Sciences a dissertation entitled**:''Provider Characteristics and Facility Barriers to Implementation of Single Visit Approach to Cervical Cancer in Kinondoni'',** in (partial) fulfillment of the requirements for the degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

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Prof. Twalib Ngoma

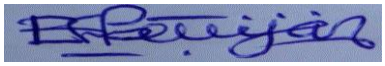
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DEDICATION

This dissertation is dedicated to my wifeJuliana, sons Elvin and Gadiel, daughter Abigail and to all my family. All were together with me provide the support which has made me toaccomplish this work.

ABSTRACT

Background: The MOHCDGEC cervical cancer prevention and treatment policy reccomends VIA combined with immediate treatment of precancerous lesions with cryotherapy in a single visit.The approach is recommended as it reduces chances of clients who are lost to follow-up.The recommendations is screening procedures after every three years following a normal result except HIV positive women who should be screened annually.Following abdomal results and or treatment,the screening should be repeated in one year and if follow-up screening is normal should be screened again after three years.HIV positive women should be screened annually regardless of the results of the treatment.

Objectives: The primary objective of this study was to provide indepth analysis into provider characteristics and facility barriers responsible for poor implementation of single visit approach in Kinondoni Municipal.

Methods: This was exploratory crossectional study design of healthcare providers who were trained to provide cervical cancer screening and treatment services.The study was conducted in one public hospital, one public dispensary and two private dispensaries in Kinondoni Municipal.The selection of facilities and key informants was done purposively considering the availability of VIA and cryotherapy services and trained providers with experience to provide services for at least three months and who were able to narrate their own experiences in service provision.There were nine healthcare providers from all four facilities and all were included in the interview. The study excluded those providers who were still being mentored to build their skills for this service.A total of nine healthcare providers were interviewed from all four facilities.Data collection was done using key informant interview with topic guide.Tape recorders and note books were used to capture the responses and recorded the observations. Data analysis was done through conventional content analysis to group categories into themes.

Results: All informants were aware of SVA policy.Barriers to service provision included: Limited number of trained staff, inadequate supportive supervision, poor supply of equipment and supplies, failure to afford cost of VIA and treatment and poor referral sytem.

Conclusion: Thestudy identifies and analyses several factors responsible for the poor implementation of single visit approach to cervical cancer screening and treatment services.It calls for multisectoral collaboration for planning and allocation of resources and instituting effective mechanisms to monitor policies across all levels.

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LIST OF ABBREVIATIONS

DH1S2	District health information system
DMO	District Medical Officer
DNA	Deoxyribonucleic acid.
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
MUHAS	Muhimbili University of Health and Allied sciences
ORCI	Ocean Road cancer institute
PSI	Population Services International
SDG	Service Delivery Guideline
VIA	Visual Inspection with Acetic acid
WHO	World Health Organization

DEFINITION OF KEY TERMS

Cryotherapy: A procedure that uses an extremely cold instrument or liquid to freeze and eliminate precancerous lesions on the cervix when treatment is indicated. Cryotherapy comprises the "treatment" in screen-and-treat programs.

HPV: A sexually transmitted DNA virus that causes genital warts and cancers of the penis, anus, and uterine cervix. Two HPV types (16 and 18) account for most cases of cervical cancer globally

Single visit approach to cervical cancer: Involves visual inspection of the cervix with acetic acid wash (VIA) and treatment of precancerous lesions with Cryotherapy

Cervix: Narrow, lower end of the uterus forming the opening to the vagina.

Cervical cancer: Is a disease in which the cells of the cervix become abnormal and start to grow uncontrollably, forming tumors.

Cervical cancer screening: An attempt to detect cancer early by routine examination of apparently healthy people

Loop electrosurgical excision procedure: Cone biopsy performed with a wire that is heated by electrical current.

DNA (Abbreviation for deoxyribonucleic acid): A nucleic acid that carries the genetic information in cells and some viruses, consisting of two long chains of nucleotides twisted into a double helix and joined by hydrogen bonds between the complementary bases adenine and thymine or cytosine and guanine

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1. National cervical cancer prevention and control strategic plan 2011-2015
2. Tanzania service delivery guidelinesfor cervical cancer Prevention and control May 2011

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

The MOHCDGEC cervical cancer prevention and treatment policy reccomends VIA combined with immediate treatment of precancerous lesions with cryotherapy in a single visit.This approach is also recommended by WHO as it reduces chances of clients who are lost to follow-up.The recommendations is screening procedures after every three years following a normal result except HIV positive women who should be screened annually.Following abdomal results and or treatment,the screening should be repeated in one year and if follow-up screening is normal should be screened again after three years.HIV positive women should be screened annually regardless of the results of the treatment.The cervical cancer screening program started in Tanzania since 2002 at ORCI which later on expanded the services by training regional hospitals and clinics.The screening sites were established by WHO in Peramiho and KCMC in 2007.Other patners including Jhpiego, PATH and ICAP established screening sites in Morogoro, Geita and kigoma**.**These initiatives were due to and in response of the fact that Tanzania has the highest burden of cervical cancer in East Africa with age-standardized rate of 50.9 cases per 100,000 women and age standardized mortality rate of 37.5 per 100,000 women(1) About 7,304 new cervical cancer cases are diagnosed annually in Tanzania (estimations for 2012) and is the first most common female cancer in women aged 15 to 45 years in Tanzania

In 2009 cervical cancer accounted for 35.3% of all cancer patients seen at the Ocean Road Cancer Institute (ORCI), the only specialized facility for cancer management in the country. Furthermore, 80% of patients diagnosed with cervical cancer die within 5 years of diagnosis. This low survival is mainly due to advanced stage of disease at presentation and limited access to cervical cancer screening, diagnosis and treatment services.

Majority of women do not have access to cervical cancer treatment despite existence of all four levels of prevention from primary to tertiary prevention as proposed by world health organization

Primary prevention includes awareness campaign against high risk behaviors such as discouraging the use of tobacco and discouraging high risk sexual behaviors. Primary prevention is also effective by using HPV vaccine, whichhas been introduced recently in Tanzania.

Early detection and treatment of cervical cancer which is also referred to as secondary prevention is done commonly by using pap smear, HPV DNA testing, visual inspection with acetic acid and lugol's iodine. Treatment for early cervical cancer lesions can be done by using simple procedures such as cryotherapy, cold coagulation and electrosurgical excision procedures depending on the size of the lesion.

Both screening and treatment can be done at a single visit. Any country needs to adopt cost effective model warranting meager resources with wider access. Early detection of precancerous lesions coupled with early treatment of cervical cancer increases chances for complete cure.

1.2 Problem statement

There is low compliance of single visit approach policy as method of cervical cancer prevention and treatment among providers in Tanzania. The approach involves screening and treatment of positive clients at the same time in the same setting (screen and treat approach). The target age group for screening starts from age 30 years, unless the woman is HIV-positive but changes may be made depending on the national data. Only 64% of those clients who tested positive for a screening test using acetic acid(VIA positive clients) were treated with cryotherapy at a single visit from 2012-2016 (Tanzania National DHIS2 report 2016).Report from PSI Tanzania shows that 50%,49% and 67% of VIA positive clients were screened with cryotherapy at a single visit in year 2,year 3 and year 4 of the program (PSI DHIS2 reports 2014-2016).Studies conducted in Malawi, Madagascar, Nigeria, Tanzania, Uganda and Zambia revealed the magnitude to be at 64% (2)This situation leads to low program impact of reducing deaths associated with advanced cases of cervical cancer for women.

Multiple factors are cited to be associated with the problem: These include the need to discuss treatment with their spouses (3, 4-6), limited access to prompt services (7, 8) requirement for husband consent for treatment with cryotherapy (6,9) and delayed treatment due to patient(10,11). These studies did not explore or provide deep insights into provider and facility related factors, which would be responsible for low treatment rates of cervical cancer at a single visit. Therefore, this study will provide in-depth analysis into healthcare providers' characteristics (ability to offer services, awareness and acceptance of the policy) and facility related factors which are responsible for the low implementation of single visit approach to cervical cancer program.

1.3 Study rationale

This study will inform policy makers on issues that needs to be taken into account for effective cervical cancer prevention and treatment programming in Tanzania

1.4 Research question

What are provider characteristics and facility barriers to implementation of single visit approach to cervical cancer?

1.4.1 Specific questions:

What is healthcare providers' awareness of the policy of single visit approach to cervical cancer in Kinondoni?

What is healthcare providers' acceptability of single visit approach to cervical cancer in Kinondoni?

What are the health facility barriers to implementation of single visit approach to cervical cancer in Kinondoni?

What is healthcare providers' view on skills to offer services for a single visit approach to cervical cancer in Kinondoni.

1.5 Objective

To explore healthcare provider characteristics and facility barriers to implementation of single visit approach to cervical cancer

1.5.1 Specific objectives

1. To assess healthcare providers' awareness of the policy of single visit approach to cervical cancer in Kinondoni

2. To explore healthcare providers' acceptability of single visit approach to cervical cancer in kinondoni

3. To identify health facility barriers to implementation of single visit approach to cervical cancer in kinondoni

4. To assess healthcare providers' view on their skills to offer services for a single visit approach to cervical cancer in Kinondoni

1.6 Conceptual Framework

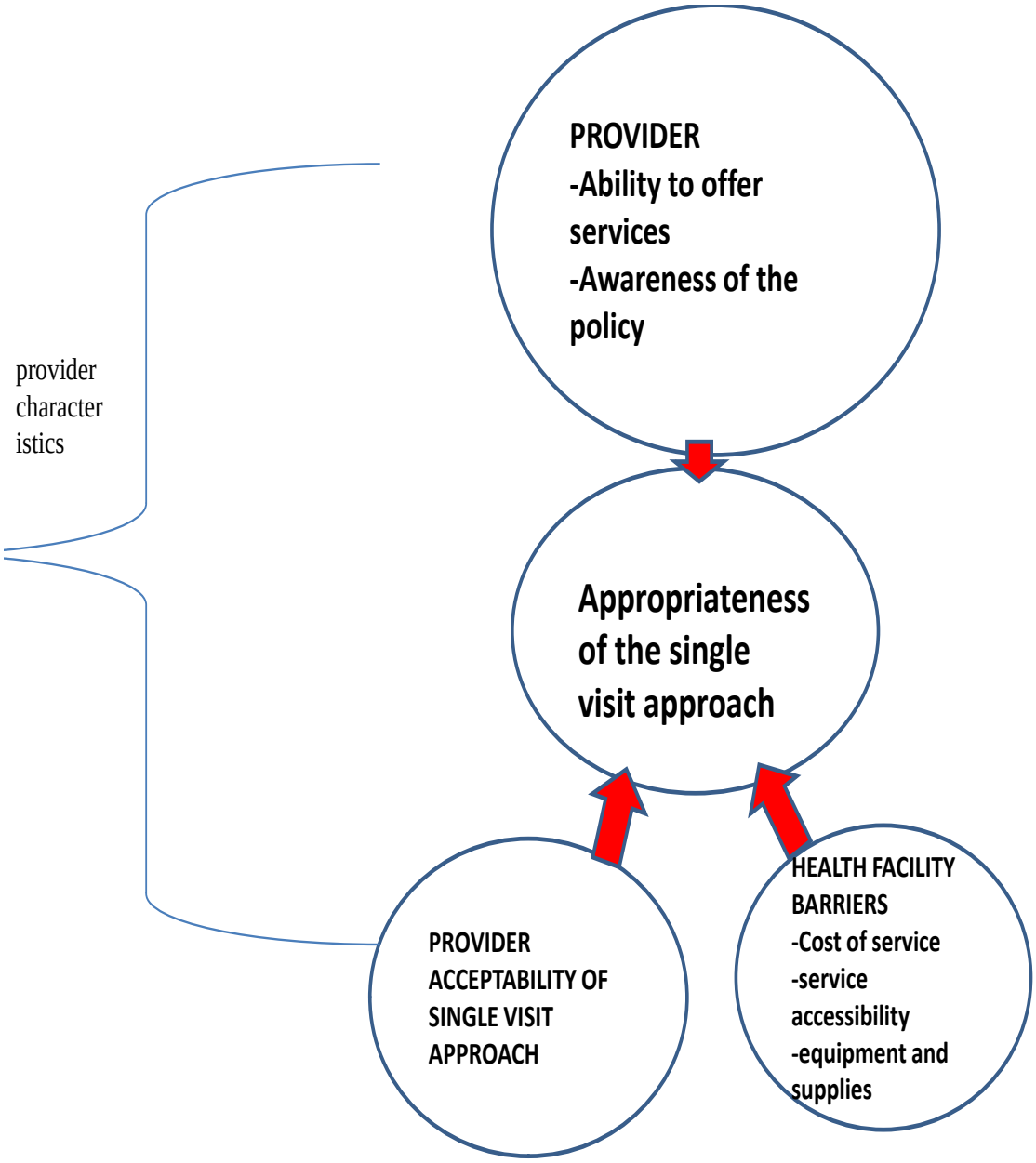


Figure 1: Determinants of the single visit approach

For the single visit approach to work effectively, both facility factors and provider characteristics must be well balanced to positively influence it. Healthcare Providers must be confident to offer services and must be aware of the policy; providers must also accept the policy. These provider characteristics must be supported by facility factors as well. The cost and accessibility of services must be convenient to promote service provision. The facility must also be well equipped to provide such services.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Acceptability of single visit approach to cervical cancer treatment

The cervical cancer Prevention: safety, acceptability and feasibility of a single visit approach in an observational study design concluded that a single-visit approach using VIA and cryotherapy Proved to be safe, acceptable, and feasible in an urban African setting not only to women, but also to their partners and to the project nurses who were the principle service providers. A study conducted in Thailand(12)reports similar finding.

Discussion paper on advancing cervical cancer prevention in India, insights from research and program(13) highlighted reasons for refusal for screening and treatment as lack of symptoms indicating a health problem, fear of the test/pelvic examination, a cancer diagnosis, community gossip and perception, household responsibilities, family problems and illnesses, refusal of husband or other relatives to grant permission, long waiting times and presence of male doctors.

2.2 Facility related factors responsible for the single visit approach to cervical cancer treatment

On the facility related barriers (11,14) cites lack of specialized training as well as the creation of a separate manual for repair and maintenance helped ensure that the cryotherapy units would continue to function in the field.

Related services expenses such as food and drinks is cited to be one of the barriers to access screening services (15).Other barriers includes frequent staff turn over,shortage of essential supplies and rooms that were judged by providers to be too small for service delivery and lack of infrastructure(8,11,16).

Zimbabwean study conducted in urban setting(10) cited that there were adequate supplies of equipment and supplies for perfoming cryotherapy. However, the demonstration project on

screen and treat approach to cervical cancer prevention using VIA and cryotherapy conducted in Other literatures (15,17)reveals that convenient and local access to cervical cancer screening and precancerous treatment was perceived to be of benefit. A study conducted in Karawang district in Indonesia on influencing women's actions on cervical cancer. The single visit approach to cervical cancer which targeted women with HIV in Addis Tesfa project (18) suggests high acceptance rate by clients. The results indicated that 97% of all eligible clients were treated with cryotherapy at a single visit during the study period. Majority of the service providers from 14 sites complained of the workload as they were also assigned to different working unit on the same day. The results of the project highlighted key factors for the success of the project as being the identifying the optimal types of facilities, service providers, and entry points for single-visit approach services must be carefully considered in each country setting. In a study conducted in Bulawayo Zimbabwe(10) the author cited the need for task shifting to junior nurses and nurses for performing screening and treatment was due to lack of human resources for health

The special report on evidence based alternative: volume 35, number 3 (9) reports women satisfaction with see and treat program. The availability of treatment cited one of the motives for the service.

Studies conducted in Peru and Tanzania (7,19) cited multiple barriers to screening, follow-up and treatment a lack of capacity of some facilities, differences in some women to pay, varying levels of training and incentive to accrue overtime.

2.3 Reasons for low cervical cancer treatment at single visit cited by clients

On assessing the extent to which clients accepted the cryotherapy(12), 91.5% of clients reported better experience post treatment than they had actually thought before the procedure. Most clients in this study (97.5%) indicated that they would recommend treatment to their friends and families. Similar results was obtained in a study conducted in Bulawayo Zimbabwe(10) on safety, acceptability and feasibility of single visit approach in which 98.8% of clients accepted to be tested at a single visit. Lack of trust of quality of services,religious and

cultural obligations,gender of healthcare provider,fear of disclosure of results,fear of nosocomial infections,lack of awareness,discrimination at the hospitals and the need for spousal approvaland myths surrounding screening and treatment is cited as barriers to screening and treatment (5,6,15,20-23).

Similar study conducted in Ghana: The safety, acceptability and feasibility of a single visit approach (24)during 18 month recruitment period, providers recommended postponement to 23% of women and the reasons for postponement were mentioned as pregnancy, cervicitis etc. There was no reasons that was concerning with providers' attitude Malfunctioning or missing equipment accounted for only 5.7% of postponements.

Another study conducted in Zimbabwe Bulawayo (10) the author concluded that there was no service postponement due to provider ,clients or facility related reasons. However, a qualitative study conducted in Kumasi Ghana (24) the study which assessed psychological barriers cervical cancer screening among women 26% of women not treated for cervical cancer cited the male gender of the provider as a barrier for them to seek for the cervical cancer screening services

One study conducted in Indonesi(25) points out factors that facilitate treatment including social support from the husband, relatives and friends and the encouragement and the role modeling of health workers.). Karawang study mentions barriers to prompt treatment to be limited access to service and the requirement for husbands consent for cryotherapy, the study however, points out that that the most important barriers to cervical cancer screening were knowledge and perceptions on cervical cancer, women did not know the risks associated with or even being aware that the condition is treatable. This study also mentions that the main encouragers for women screening for cervical cancer were free service, mobile outreach events, promotional and advocacy activities. Other barriers cited by many studies includes cost of accessing services and health service factors (8,26, 27)

One of the recent research conducted in Kenya on factors associated with uptake of visual inspection with acetic acid for cervical cancer screening conducted in western Kenya(28) revealed that clients were able to accept screening due to multiple factors cited as: If they were older patients, those living With HIV, women who do not know bleeding immediately after sex could be a sign of cervical cancer

2.4 Provider awareness of the policy of single visit approach to cervical cancer treatment

Research conducted in Malawi (3) cited that service providers were aware of the single visit approach to cryotherapy but highlighted that shortage of staff, lack of equipment and supplies, lack of supportive supervision and the use of male service providers, lack of awareness about the disease among community members, long distance to health facilities, lack of involvement of husbands and misperception about the disease are bottlenecks to the implementation of the single visit approach.Few studies (4,8) points to lack of proper policies as being one of the factors that could hinder the implementation of the single visit approach.

CHAPTER THREE

3.0 MATERIALS AND METHODS

3.1 Study design

This study was exploratory cross sectional study design.

3.2 Study Area

The study was conducted in Kinondoni Municipal in Dar es Salaam. Kinondoni Municipality (according to 2012 population census) is the northernmost of three municipalities in Dar es Salaam, Tanzania, the others being Temeke (to the far Southeast) and Ilala. To the east is the Indian Ocean, to the north and west is the Pwani Region of Tanzania.Kinondoni municipal was preferred for this study because it was considered to have majority of healthcare facilities that provide services for cervical cancer screening and treatment services. It was also convenient for researcher to conduct this study in Dar es Salaam. The cervical cancer screening and treatment service is intergrated with other services in all levels of heath facilities from dispensary to hospital level. It targets women who attends other services at reproductive and childhealth clinics but also women mobilized from community.Nurses,midwifes,assistant medical officers(AMOs),clinical officers(Cos),medical officers(MOs) eg registrars,residents and specialist prior to being trained and mentored are authorized to offer such services when district mentors decide that they are competent enough to offer such services independently.Normally the service is available for all five days a week but on special occasions, providers team up with other providers to offer services in an outreach setting which can take place nearby to an identified health facility.In such circumstances there is normally public announcement to raise awareness for the services prior to and during the event days.The service offered do not differ by facility level but only that some facilities especially hospital levels could save as internal referral site for an advanced lesions which can not be treated with cryotherapy.The screening services is done by application of acetic acid around the cervix and observing for a white lesion which is taken to be a positive screening test.When a screening test is positive, treatment with cryotherapy is done immediately.Larger or extensive lesions

which extends to the inner cervix are not treated with cryotherapy as well as advanced cancer lesions.These are normally refered to higher levels for advanced diagnosis and treatment.

3.3 Surface area and population

The municipal has 321 square kilometre according to 2012 census, the population was929,681 people whereby478,028 were females and 421,653 were males. The population growth rate is estimated at 5% per annum and the population density is 2896 people per square kilometer according to 2012 population sensusThe projected population density estimated to be 3533 people per square kilometer in 2016.The demand for better health services is increasing as the population is getting more advanced.

3.4 Structure of health services

The municipal mission is to ensure provision of quality and affordable health services at the healthcare facilities. The authority strives to enhance preventive health services at facility and community level. The municipal has a total of 33 public health facilities and 168 private health facilities. It has one municipal public hospital (Mwananyamala) and 2 municipal public health centers namely Magomeni and Sinza. There are a total of 68 healthcare facilities implementing

Cervical cancer screening and treatment program in Dar es Salaam. Kinondoni has a larger share of the number of facilities that is 32 facilities. This includes both public and private health facilities. Majority falls into category of health centers and dispensary, very few are hospitals.

3.5 Study population

The studypopulation was healthcare providers who provide services for cervical cancer screening and treatment program and the healthcare facilities where these providers are working

3.6 Inclusion and exclusion criteria

Inclusion criteria was healthcare providers who have been providing services for at least three months post training and who could articulate their experiences as it relates to service provision. Exclusion was healthcare providers who are still under post training follow-up.

3.7 Sample size and sampling strategies

According to Creswell (1998) who suggested the range of number of respondents for a qualitative method of 5-25, in this study 9 respondents were purposively selected from 4 health facilities. The selection of the facilities was done based on the availability of screening and treatment of cervical cancer services in that facility.We had background information that there were 32 facilities that offer screening and treatment services in Kinondoni.When we visited at DMO office, the actual number was only 22 facilities .We made physical visits to these facilities and revealed that there were only 4 facilities which were offering both screening and treatment services.The rest were only offering screening services.These 4 were the only ones met criteria to be selected to participate in this study as they were offering both screening and treatment services. The providers were selected based on the receipt ofthe training, post training 3 months service provision and who were authorized to offer services as recommended by their supervisors. Availability of cryotherapy machines at these facilities were taken to be a proof that providers were authorized to offer such services.We also got information from incharges of the facilities .All four facilities and all nine providers from these facilities agreed to participate in this study.

Table 1: Facilitiesvisited by facility level and type of Ownership and number of providers interviwed

Facility level	**Ownership**				**Total**	
	Public	Providers	Private	Providers	Facilities	Providers
Hospital	1	4	0	0	1	4
Health center	0	0	0	0	0	0
Dispensary	1	3	2	2	3	5
Total facilities Visited	**2**	**7**	**2**	**2**	**4**	**9**

3.8Field Data collection procedures

The researcher did pilot of the questions with colleague first to test if they would respond in the ways the interview expects. The interview guide was translated into Kiswahili the language which was used for data collection. Two research assistants were trained on how to conduct the research and these together with principal researcher were allocated specified number and names of facilities to be visited in a day. Each was arriving to an assigned facility in the morning with an introductory letter from MUHAS. Courtesy call was made to the owners/facility in charges. When explanation of the visit purpose made and permission granted to continue with interview, the researchers were to ensure privacy for the interviewees to feel comfortable and establish rapport and obtain concent prior the intereview. Interviews were conducted within the facility in a place where the environment is calm with no distractions. Both the interviewee and the interviewer were seated facing each other. The interviews were audio taped with consent from respondents and anonymity was assured during the course of recording.

Semi structured interviews of providers with a topic guide. Contained a list of questions with some useful prompts to encourage the respondents to talk about specific issues if they do not come up spontaneously. Tape recorders were used,but stopedwhen talking about a very

sensitive or delicate issue or context. The researchers explained to respondents that the reason why tape recorders were used is to help ensuring that their views are well captured;they simultaneouslytranscribed verbal responses into written text. The researcher went through the notes they had taken afterwards checking with the recording whether they have forgotten anything. A face to face interview allowed a researcher to observe any non verbal communication and allowed both parties to seek clarification necessary. Participant's response led the direction and length of the interview. To increase trustworthiness of the information, the researcher used different methods of data collection by triangulating with different data sources by deploying additional data collection strategies that is observation of nonverbal clues, the physical environment of the facility, any posters displaying the services and how these services were available, equipment availability and how those equipment were serviced, and other tools or supplies which must be available to offer screening and treatment services. The researchers werenon judgemental as much as possible not to lead participant to a particular answer.

3.9Data analysis

Conventional content analysis /Inductive category Development (Creswell 2007) was used for data analysis, where the researcher carefully and repeatedly read through the transcripts to identify themes ie.Open coding. The conceptual categories where the phenomenon was falling were identified and named. Words, phrases or events that appear to be similar were grouped into the same.

3.10 Data coding

Reserch QN	Meaning Unit	Condensed MU	Code	Category	Theme
Can you talk to me about screening of cervical cancer and treatment at the same time? Probe: Tell me about the strategy of screening and treatment for cervical cancer at the same time	"We as nurses from care and treatment departmentwe do have that procedure, we give them health education to the patient, we tell them also about the primary signs, when they agree we then go for for screening service. And we are doing the screening by investigating her genital partsin order to exactly see the cervix. Then we apply a chemical called Acetic Acid in the cervix.	-Nurses promote screening through healtheducation -Providers obtain consent to screen clients -Providers perfom screening using Acetic acid -Changes are detected after application of Acetic acid to indicate pre cancerious lession -Treatment known as Cryotherapy is provided right at the facility upon detection of Symptoms	-Promote screening -Clients' consent -Use Acetic acid -Detect changes in the cervix -Undergo cyotherapy treatmemt -Instant cryotherap y	Providers are knowledgab le of the policy and procedures	Providers Awareness of the SVA tocervical cancer

	Afterapplication if any changes are detected as we were directed they indicate precancerous lesion we provide primary treatment which is cryotherapy right here in our department"				
How do you feel about providing screening and treatment services for cervical cancer?	"I am becoming free because first am helping my fellow women because cancer is a threat it is a disease which cannot be diagnosed by eyes majority discover about it when already in critical condition,	Feeling free for helping fellow women -Feeling good to help because cancer is threat -Happy to help diagnose cancer before it reaches critical condition - Saving women lives because of training received -Control women from developing cervical cancer -Precancerious lesion cannot be detected by nacked eyes	-Feeling free -Helping fellow women -Contol cervical cancer -Early detection -Capable due to training -Good way to diagnose	Positivity in providing SAV.	Acceptability of SVA by healthcare providers

	after receiving these trainings of detecting early signs you can save a woman from developing cervical cancer"				
Please explain to me a situation where you and a client were ready for screening and treatment services but you could not provide services/ Probe: What were the reasons for that happeni	"My views I only request that the equipment will be made available, because there is a time period when instruments are out of stock, therefore the services becomes unavailable, but if the equipmentswill constantly be made available, I think we will be delivering this service more and we will detect	- We request that equipments will be supplied constantly - Sometimes some instruments are missing - Services become unavailable due to equipments Stockout - With constant supply of equipment more people with precancerious lesion will be identified	-Periodic instruments stock out -Missing service -Provider's concern -Constant supply -More service delivery -More clients identified -Make equipments available	Stock out of equipments and supplies	Facility barrier to Provide SVA

ng?	many with this problem"	- More service delivery will be facilitated with constant supply of equipments			
	"Because I have another department, but because I got training am supposed when I am on duty I have to leave my department and come to this department. That is why I told you I have another department, so if I am having many clients there sometimes I am forced not to come here even though it is my duty"	- I have another department I am working with - I have to come here to provide SVA when it is my duty. - If I am busyI am havingman y clients at my department am forced no to come here even if I am on duty	-One staff multiple department s -Rotation work -Big numer of clients -Few providers -No attending duties -Staff are overwhelm ed	Limited number of trained staff	Facility barrier to Provide SVA
	"Treatment costs, that is a great challenge	- Cost sharing is a challenge - Some client	-Cost is a challenge -Clients complain	Cost of VIA and Cryotherap y treatment	Facility barrier to SVA

	about cost sharing, some clients come andthey will tell you that I do not have that amount of money. But sometimes I communicate with the hospital management and we agree to serve the clients and report back to management. Ussually we are not encouraged to let the clients leave without getting this service, but sometimes one might just leave after she has heard of the payment issue"	will say that I don't have that amont of money - Sometimes I communicate with Hospital management - Some clients leave after they have heard of the cost - We are not encouraged to let clients go because of the issue of money - Report back to the Hospital management after offering service under exemption	of cost -Clients leave without SVA -Exemption -Clients retention -Feedback to management -Clients fear of the cost		
How have you seen your ability to perform	"Honestly speaking at the very beginning,	-Something you have never practiced is difficult	-Difficulties -Various clients	Capacity Changes with practice and	Providers'own views on their capacity to

screening and treatment services	you know something that you have never practiced it is difficult, but as days go you encounter different clients, that means therefore even your capacity improves, You can realize that ok, if I see this it means this sign because at the beginning you find that I was confusing those, but as I continue to practice therefore you find that you can get the correct results. So I am enjoying this procedure, it is good.”	-As day go you encounter a number of clients so your capacity improves -I can realize when I see this sign it means this -At the beginning I was confusing the signs -Enjoying the procedure -Improvement with time -Getting correct results	clients -Correct results -Confidence -Identify signs -Enyoying the procedure -Confusion -Improving -Practice -Begining	time	provide VIA

What has been the comment of supportive supervision on your skills to perform screening and treatment services?	"I see as long as theystill trust me in screening I feel that they consider that I am correct, I have not received any complaints from them, that means I have neither been praised nor corrected because it seems that things are going well I just do the way others do so I cannot be special to may be considered that I need to be praised"	- I see as long asthey trust me in screening - I feel they consider that I am correct - I have not received any complain from them - I have neither been praised - It seems things are going well - I am not so special to be considered to be praised. - I just do the way others do	-Trust -Correct -Complains -Screening -Corrections -Praise -Special - Do ike others	Trusted by supervisors	Supervisos' feedback to providers
Are there areas on technical skills that you need be refreshed on?	"I would like much about cryotherapy treatment because already we were provided with mentorship	-I woul like much about Cryotherapy - We were provided with mentoship -If I would attend the training calss and learn exactly it is supposed to be	-Mentorship -Training -Class -Learn -Cryotherapy -	Providers need of capacity building	Technical skills support needed to healthcare providers

	you know, but may be if I would attend the training class and learn exactly it is suppose to be done one two three, that means more training would increase self confidence.”	one, two, three -More training would increase confidence	Confidence		

3.10 Ethical considerations

The permission to conduct the study was sought from MUHAS ethical review board. Informed consent sheets were signed by respondents for their voluntary participation after being explained about the study purpose, rationale and indirect benefits. No payment was made to respondents. Data collected were stored in a secured place and information was used for the intended purposes only. To maintain confidentiality, participant's names did not appear on any of the data collection tools.

CHAPTER FOUR

4.0 FINDINGS

4.1 Providers' awareness of the policy of single visit approach to cervical cancer in Kinondoni

Providers' knowledge/awareness of the single visit and treatment policy is crucial in the effectiveness of cervical cancer screening and treatment service provision. Based on the WHO guideline for screening and treatment of cervical cancer the procedures are screen/test, if positive lesion is detected then cryotherapy treatment has to be done instantly and finally follow up must be in place.

Among other objectives of the study, Assessing healthcare providers' awareness of the policy of single visit approach to cervical cancer screening and treatment in Kinondoni was one of the objectives. A question was asked to the respondents of the study, if they could talk about screening of cervical cancer and treatment at the same time. The findings of this study revealed that all the respondents were aware of the policy of Single visit approach for cervical cancer screening and treatment. There was no variability between facility type of ownership and levels. Respondent number 2 had the following to say about their awareness of this policy

"Sisi kama wauguzi wa hii department ya care and treatment tuna huo utaratibu tunawapa elimu wateja wetu kuhusiana na hili tatizo la saratani ya shingo ya kizazi tunawambia na dalili zao za awali anapokubaliana na sisi mteja basi tunaenda kumfanyia hicho kipimo na tunafanya kipimo kwakuangalia sehemu zake za siri ili tuweze kuona ule mlango wa kizazi wenyewe asilia. Tukishapata kuna dawa tunapaka tunadawa inaitwa acetic acid tunaipaka pale kwenye ule mlango tukishapaka kama kutakua na mabadiliko ambayo tumeelekezwa yanaonesha kwamba ana viashiria vile vya sratani basi tunampatia matibabu ya awali ambayo ni tiba mgando ambayo tunaifanyia hapahapa kwenye hii department yetu."

"We as nurses from care and treatment department we do have that procedure, we give them health education to the patient, we tell them also about the primary signs, when they agree we then go for for screening service. And we are doing the screening by investigating her genital partsin order to exactly see the cervix. Then we apply a chemical called Acetic Acid in the cervix. After application if any changes are detected as we were directed they indicate precancerous lesion we provide primary treatment which is cryotherapy right here in our department"

Another respondent also added this

"Mi naelewa kwa Yule ambaye tunampima mgonjwa au hata sio mgonjwa tunampima tukiona kama ana dalili za awali za saratani ya shingo ya kizazi huwa tunamtibu kwa matibabu yanayoyitwa cryotherapy ambayo ni tiba mgando"

"I understand for the one that we are screening wheather is sick or not, we screen her and if we see like she has cervical precancerious lesion we treat her with treatment which is refered to as cryotherapy"

4.2 Acceptability of SVA by the healthcare providers

Thespecific objective 2 of this study explores healthcare providers' acceptability of single visit approach to cervical cancer in Kinondoni. A questionwas asked to the providers on howthey feelabout providing screening and treatment services for cervical cancer. Of all the interviewed healthcare providers from both Public and Private at all facility levels admitted that they were happy and comfortable to provide VIA and treatment services, saving lives of women being the most frequently mentioned reason for the comfort ability of rendering the services. One healthcare provider said.

"*Nakuwa huru Kwa sababu kwanza nawasaidia wanawake wenzangu kwasababu saratani Ni tishio Ni ugonjwa ambao mtu huwezi kuuona Kwa macho wengi wanagundua tayari hali ilishakua mbaya, baada ya kupata mafunzo haya kugundua dalili za awali unaweza kumokoa mama asiende kupata saratani ya mlango wa kizazi."*

"I am becoming free because first am helping my fellow women because cancer is a threat it is a disease which cannot be diagnosed by eyes majority discover about it when already in critical condition, after receiving these trainings of detecting early signs you can save a woman from developing cervical cancer"

This signifies that there is acceptability of SVA among service providers in Kinondoni and this has a significant influence in VIA and cryotherapy services delivery in the Municipal. So improving all other factors will guarantee better services resulted from the positive response of the providers.

4.3Health facility barriers to implementation of single visit approach to cervical cancer in Kinondoni

Foreffective delivery of VIA and treatment services, the environment within health facilities where heathcare providers are working must be supportive in addition to providers' characteristics. One of the objectives of this study was to identify health facility barriers to implementation of single visit approach to cervical cancer in Kinondoni. To assess this barrier a question was asked to all 9 healthcare providers from 4 health facilities visited in Kinondoni Municipal. In careful investigation of the facility based barrier to provide VIA and cryotherapy this study uncovered

4.3.1 Stock out of equipment

The study realized that there has been occasional shortage of equipment for both Public and Private health facilities which caused the services to be unavailable .This was identified at dispensary level, no any stock out noted in at Hospiyital levels. The stock out of equipment phenomenon is supported with the the evidence example cited from some of the respondents. Respondent 3 pointed out this,

"*Mimi maoni yangu naomba tu vifaa viwepo kwa sababu kuna kipindi vifaa vinakua hamna kwa hiyo huduma inakua haipatikani lakini vifaa vikiwapo kila siku nafikiri hii huduma tutaitoa kwa wingi zaidi na tutawagundua wengi wenye hii shida,*

"*My views I only request that the equipment will be made available, because there is a time period when instruments are out of stock, therefore the services becomes unavailable, but if the equipments will constantly be made available, I think we will be delivering this service more and we will detect many with this problem"*

Another example is cited from respondent number 9 who mentioned about shortage of equipments. These were his words,

"*Kwa upande wa vifaa kuna vifaa vingine vinamis ila tunaomba tuongezewe specullum hizi zikishakuja kwa wingi mambo yatenda na nitaweza kuhamasisha na wenzangu kwa pomoja tuweze kufanya zoezi hili ili kusudi tuweze kutoa huduma iliyo salama na sahihi."*

"For the case of equipmentthere are some which are missing, we are requesting to be provided with more speculum.Things will go smoothly and I will be able to motivate my colleagues to deliver safe and appropriate services"

This implies that there is variation in supply of equipments with facility levels in Kinondoni, where Hospital level facilities might be receiving much attention compared to their counterpart dispensary level, could be either due to the expected number of clients the hospital is expected to serve against the number the dispensaries are expected to serve or any issue to do with supply chain.

4.3.2Limited number of trained Staff

Shortage of skilled staff to perform the VIA and Crytherapy was also identified as a barrier in service delivery, This barrier sound higher in public facilities both at Hospital and Dispensary levels as compared to private facilities of the same. The responses from among the respondents provide evidence supporting the phenomenon Provider number 4 own words are cited below

"*Maoni yangu ni kwamba kwa sisi hapa yaani tunakua na shortage ya staff tuongezewe staff na kama kuna kua na training tuendelee kufundishwa kwasababu kwa hapa inaonekana waliofundishwa ni wachache kwa hiyo changamoto kama hizo*."

"My opinion is that for us here we are having a shortage of staff, let the number of staffs be increased and if the training is held let us continue to get it, because it seems those who received training are few, so the challenges like those."

The respondent's words also were cited from the respondent number 2 who said that sometimes she fails to deliver VIA because she finds herself with other duties in her department, because they use to perform VIA services by rotation.

"Kwa sababu mimi nina kitengo kingine lakini kwa sababu mimi nimesomea hii inabidi yaani siku ikiwa zamu yangu niache kule nije nifanye kazi huku. Ndio maana mimi nimekuambia nina kitengo kingine kwahiyo kama nitakua na wateja wengine kule saa ingine yabidi nisijehuku ikiwa zamu yangu"

"Because I have another department, but because I got training am supposed when I am on duty I have to leave my department and come to this department. That is why I told you I have another department, so if I am having many clients there sometimes I am forced not to come here even though it is my duty"

Through bobservation, the study discovered that shortage of trained staff is a key barrier to service provision. For example when the team visited one of the private dispensary The trained healthcare provider who is the only person in the facility with the capacity to provide VIA and cryotherapy services was in his annual leave and there was no one to perform VIA and treatment. she was even called from home to come for the interview. This meant that for the whole month no any screening and treatment of cervical cancer was taking place.

The results under this phenomenon have the following implication. The shortage of trained staff in the public facilities is attributed with the volume of clients who receive services rather than small number of trained staff compared to the private facilities; this is evidenced with the observations made by the researcher during field data collection where all the bublic facilities visited both at hospital and dispensary levels had more than two trained staff that could perfom VIA. Despite their significant number still shortage was felt following the large volume of clients attended in these facilities. On the other hand shortage of staff in private facilities is

attributed with small number of trained staff rather than high number of clients served in the facilities. For example all private facilities visited had only one trained staff, despite the fact that they were serving low volume of the population still there was a challenge which could hinder service provision, a good example has been cited above where the study observed the case in which a trained healthcare provider was on leave for almost a month and she was the only person in the facility who could offer the VIA services. This means for a whole month there was no VIA services in place at that particular facility.

4.3.3 Cost of VIA and Cryotherapy treatment

During interviewit was revealed that the cost of VIA and treatment services to be a setback in SVA. This was common phenomenon in all private facilities interviewed where it was realized that some of the clients after they received health education and consented to be screened they were inevitably postponing the services because they did not prapered for the services and as a result they had no cash to pay on spot for the same. On the other hand some other clients were complaining that they were not able to afford the cost of VIA and treatment after they have spent the money they had in other services and therefore they opted not to get the service. However in some circumstances the provders were consulting the facility management and provide VIA and treatment where the clients were to pay for the services later. These were the respondent's (respondent 9) words.

"Gharama za matibabu hiyo ni changamoto kubwa sana kuhusu kuchangia, Kuna wengine wanakuja na anakwambia kwamba mimi fedha hiyo sina. Lakini wakati mwingine nawasiliana na na uongozi na tunakubaliana namtibu halafu namripoti kwa uongozi. Mara nyingi haturuhusiwi kuwaacha hata kama hana fedha lakini kuna mwingine anaweza kuondoka anaposikia tu suala la kuchangia"

"Treatment costs, that is a great challenge about cost sharing, some clients come and they will tell you that I do not have that amount of money. But sometimes I communicate with the hospital management and we agree to serve the clients and report back to management. Ussually we are not encouraged to let the clients leave without getting this service, but sometimes one might just leave after she has heard of the payment issue"

4.4Providers'view on their skills to offer services for a single visit approach to cervical cancer in Kinondoni

Consistently with the main objective of this study, a specific objective was developedto assess healthcare providers' views on their skills to offer services for a single visit approach to cervical cancer in Kinondoni. All the respondentswere asked a set of three questions including:

4.4.1 Providers' own views on their capacity to provide VIA.

All the respondentsfrom Private and Public at all levels had a feeling that they are good in delivering services. None admitted to be incapable of performing the services. Majority of the healthcare providers acknowledged that they had low capacity immediately after the training but their capacity has been increasing with time as they continue to deliver the services. However the healthcare providers from Public facilities both at hospital and dispensary levels had the room to practice more as they serve a larger volume of clients as compared to their counterpartproviders from private facilities. This may influence their levels of experiences in service provision in comparison to one another.

A healthcare provider number 2 had the following to say

"Kusema ule ukweli mara ya kwanza kabisa unajua kitu ambacho hujawahi kukipractice unaona ni ngumu lakini kwajinsi siku zinavozidi kwenda unakutana na wateja tofauti tofauti kwa hiyo ina maaana hata ile uwezo wako unazidi kuongezeka unaweza kungundua kwamba ok kumbe inatakiwa nikiona hivi ndio inakua ni dalili hii nikiona hivi kwa sababu mwanzoni unakuta unamislead zile lakini jinsi ninavyozidi kuendelea kupractice kwahiyo unakuta unapata zile correct results kwahiyo ninaifurahia hii procedures ni nzuri."

"Honestly speaking at the very beginning, you know something that you have never practiced it is difficult, but as days go you encounter different clients, that means therefore even your capacity improves, You can realize that ok, if I see this it means this sign because at the beginning you find that I was confusing those, but as I continue to practice therefore you find that you can get the correct results. So I am enjoying this procedure, it is good."

It was revealed that the private facilities providers felt that they wanted more practice. An example cited from provider number 8 responses

"Eeh!kwa sababu elimu yetu unatakiwa kila siku uendelee kusoma na huwa napenda kurudia zoezi la kufanya tiba mgandisho kwasababu najua unapofanya uchunguzi hutapata wakina mama` wengi kwa wakati mmoja hapa kituoni lakini unapokwenda event mbalimbali ambazo zinakua zina watu wengi unaweza ukafanya ile kazi kwa watu wengi kwa hiyo icho ni kipengele ningependa kukirudia mara kwa mara"

"Eeh! Because our education has to be continued you need to learn everyday, and I like to repeat this cryotherapy treatment because, I know when you do screening, you will not be able to get many women at a time here in the facility, But when you go for various outreach events which have a lot of people you can perfom that task to many people. So that section I would like to do it regularly."

Therefore the confidence of service provision was revealed to be higher among the public facilities providers across all levels compared to the providers from private facilities. This was attributed by the fact that public facilities serve high volume of clients compared to the private facilities.The results implication under the category is the more providers get an opportunity to perfom the procedure the more competent they become and hence confident in providing services.

4.4.2 Supervisor's feedback to providers

The National SDG clearly stipulates the Supportive supervision usefulness to help healthcare providers and facilities to improve VIA and Cryotherapy service delivery through identifying and overcoming barriers to service delivery. This study enquired respondents about theirsupervisors' comments on their performance in VIA services delivery. The study reveled that there were two main ways that the healthcare providers were getting feedback. Number one is when they have submitted their reports and the supervisors did not correct them in anything. They then assumed that they performed well as long as their reports were accepted.

There are no differences between facilities ownership and levels in this phenomenonthisis evidenced by the response from participant number 4 cited as an example.

"Wanaridhika na huduma tunayoitoa wanaikubali hatujawahi kuambiwa kuwa huduma zenu haziendi inavyotakiwa kwa sababu si wanakuja kuchukua ripoti na ripoti ikishafika mwisho wa mwezi tunapeleka idadi tuliyowahudumia mwezi mzima ili na kule waunganishe pamoja kwahiyo hata na vitabu pia wanakuja kukagua ujazaji wako kwahiyo wanaridhika na huduma tunazotoa zipo vizuri tu hazina shida."

"They are satisfied with the services we are delivering they accept it we have never been told that our services are not going appropriately, because they come and receive the reports and at the end of month we submit our reports we submit the number we have served in the whole month so that they will compile together so they even come to check the way we are filling in the registers, so they are satisfied with the services we offer which are quite good."

Another healthcare provider(respondent number 7) responded this

"Mimi naona kwa sababu bado wananiamini katika upimaji naonekana kwamba wameniona niko sahihi sijapata malalamiko kutoka kwao yaani sijasifiwa wala sijaambiwa kujirekebisha kwasababu inaonekana kwamba mambo yanakwenda tu sahihi nafanya kama wanavyofanya wengine kwa hiyo huwezi kuwa special yakusema labda nisifiwe."

"I see as long as they still trust mein screening I feel that they consider that I am correct, I have not received any complaints from them, that means I have neither been praised nor corrected because it seems that things are going well I just do the way others do so I cannot be special to may be considered that I need to be praised"

Another way of getting feedback from the supervisor was through observing the providers while performing the VIA and treatment and correct them where they were not doing well. The evidence is cited from the response of a healthcare provider fromOne dispensary this was her words

“Huwa wanakuja kwa ajili ya supervision wanatuangalia lazima kwenye utendaji kazi makosa hayakosekani kwenye makosa wanaturekebisha na pia kwenye kutusifia pia wanatusifia.”

“They do come for supervision and observing us in performance mistakes may not lack, where we make mistakes they correct us and in praising us they do praise as well”

The results may signify that there is lack of sufficient supportive supervision to assure quality VIA and treatment services provided to the customers across all the types of facilities ownership and levels as reveled in this study.

4.4.3Technical skills support needed to healthcare providers

In this study also the respondents were asked to mention the areas of technical skills they feel that they need more support. The results indicate that almost all of the respondents, from both Private and public facilities at all levels needed support on the use and maintenance of cryotherapy machine. Only few respondents indicated the need for refresher courses on the screening and filling in the client registers some responses from providers are cited example from a healthcare provider from Mwananyamala Hospital.

“Nigependa zaidi kuhusu nanihii cryotherapy zaidi matibabu zaidi kwasababu tu tumeshafanyiwa mentorship you know lakini labda ningeenda darasani nikasoma exactly inatakiwa ifanyike moja mbili tatu na I know how to do lakini yaani kufundishwa zaidi nafikiri inaongeza kujiamini zaidi.”

“I would like much about cryotherapy treatment because already we were provided with mentorship you know, but may be if I would attend the training class and learn exactly it is suppose to be done one two three, that means more training would increase self confidence.”

This implies that majority of the healthcare providers are not so sure whethere they comply with the standars of services provision or not, this is something that may hinder quality standard in service provision.

4.5 Observation

A facility checklist tool was used to cross check the interview findings in the area of availability of trained staff and equipment and supplies for SVA. The tool was administered in 1 public hospital, 1 public diepensary and 2 private dispensaries.

All facilities visited were found to have at least one staff trained on SVA. For equipment and supplies both public and private dispensaries visited were missing at least an item in the checklist of essential requirements for perfoming VIA on the day of visit. Only one facility (Public Hospital) was found to have all items listed in the checklist at a visit. This signifies that shortage of equipments and supplies in the facilities hinders performance of VIA services.

CHAPTER FIVE

5.0 DISCUSSION

The rearch findings indicates that there is inadequate sytems for supervising health services at facility level as evidenced by the fact that a good number of healthcare facilities are not abiding to the single visit approach for cervical cancer screening and treatment services.Most facilities are only offering screening services and refer clients to where they could get treatment services violating the policy of single visit approachThese facilities in turn send reports to the district authorities.This indicates the mechanism to institunalize SVA is inadequate.The finding suggests why the majority of positive clients are left untreated.

Those facilities which has adopted SVA there is a tendency for clients to be refered to other facilities when providers have taken leave and there is no one at the facility who can offer such services(9)cited availability of treatment services as one of the motives for clients to seek services.Therefore inadequate number of trained providers to offer services is a huge barrier to the SVA uptake.There could be a need to institionalize cascade training at the facilities ie those who are competent should train other providers at the facilities like the way they do for other services

Both cost of the services and stock out of equipment are cited as barriers to service uptake, this could have an effect in the way clients access health services.This finding is consistent with some other researches which assesed services accessibility factors from clients perspective (9,15)

Inadequate supportive supervision provided to these facilities could impact the way providers build their skills in service delivery. This is more displayed where the providers felt that they were correct based on the acceptance of their reports, rather than feedback received from their supervisors, something which might not reflect the truth.Timely feedback to providers would be much helpful in improving healthcare providers' skills in delivering VIA and Cryotherapy services.All providers from private facilities cited cost of cryotherapy treatment as occasional barrier to clients not being able to get access to treatment services.In view of the fact that

public healthcare facilities provide this service for free, may create the situation of clients preferring to be attended at public facilities .This could lead to providers from public facilities to be exposed to more clients and being able to practice more.Providers have seen themselves buiding confidence as they attended more clients.

All providers accepted the single visit approach and they were comfortable offering such services. This finding is similar to a sudy done to assess acceptability of single visit approach from clients perpective(29) which also cited that providers were aware and knowledgeable on the single visit approach.

The fact that it was not possible to conduct some documents review is one of the limitation of this study as facility incharges denied access to patients records and certificates of competence were either not available onsite or providers denied access.Further, we could not review the reports of the supervisory visits as planned due to the fact that facility incharges claimed that it was unethical to reveal such information to the third part individuals.In addition this research was done in the urban part of Tanzania the results can not be generalized to reflect the situation for the rural parts of Tanzania.The low sample size of providers and facilities included in this study is due to the fact that those were the only healthcare facilities which were providing both cervical cancer screening and treatment services at the time of the study.We could establish that majority of facilities were only providing screening services alone.These were not targeted facilities to be included in this study.The low number of facilities that were offering both services that is screening and treatment services could have been aggrevated following division Kinondoni into two administrative territories that is Ubungo and Kinondoni.In addition to the above limitations, the purpose sampling techniques was done in a way as to ensure only providers who were trained to offer services for the screening and treatment services and who had experience of three months post-training were included in the study.This led to some biased results especially for objective 1 and 2.We put in place some mechanisms for mitigations which included increasing number of respondents in the existing facilities and ensuring that we interviewed all respondents from the existing facilities.

The plan was to include all levels of facilities from dispensary to hospital to maintain maximum variation but there was no health center that provided screening and treatment services.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study identifies and analysed several factors responsible for the poor implementation of single visit approach to cervical cancer screening and treatment services from the providers and the facilities where these providers are working in Kinondoni.

Facility barriers includes:Limited number of trained staff, cost of services, occasional stock out of equipment and poor referral linkages across facilities.Awareness and acceptance of the policy do not seem to be an issue with SVA from all respondents of this study.Skills and confidence to deliver the services seems to be lacking as evidenced by the feelings reveled by almost all the respondents about the need for more training on the use and maintenance of the cryotherapy machine.These findings calls for multisectoral collaboration to improve services delivery and institutional capacity building for planning and allocation of resources.The policy makers must be able to formulate the policies, translate the policies and disseminate the policies to the lower levels.There must be a mechanism to execute and monitor the policies and even make policy ammendments when required.

6.2 Recommendations

The researcher recommends both government and non-governmental actors in Kinondoni Municipalto join hands in the following:

- Increasing number of trained staff and scalling up the supply of equipment at all levels.
- Insurance actors need to be promoted to start low cost insurance services that cover VIA and cryotherapy services among others and make them available especially to low income earners so as to enhance uptake of services in the private health facilities. This will ensure sustainability of the program.
- Strengtherning of supportive supervision system to enhance quality services provision.
- There must be a mechanism to ensure policies are formulated, translated and disseminated for execution.
- Futurestudies should determine whether cost of the services has an influence to the uptake ofcervical cancer screening and treatment services.

REFERENCES

1. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. Int J Cancer. 2010;127(12):2893–917.

2. Research WA for HP and S, Kwefie, Path, African Population and Health Research Center, International Agency for Research on Cancer WHO, Varkevisser CM, Pathmanathan I, et al. Prevention of cervical cancer through screening using visual inspection with acetic acid (VIA) and treatment with cryotherapy. Outlook [Internet]. 2003;II(1):33.

3. Munthali A, Ngwira B, Taulo F. Exploring barriers to the delivery of cervical cancer screening and early treatment services in Malawi: some views from service providers [Internet]. Vol. 9, Patient Preference and Adherence. 2015. p. 501.

4. Mwaka AD, Wabinga HR, Mayanja-Kizza H. Mind the gaps: a qualitative study of perceptions of healthcare professionals on challenges and proposed remedies for cervical cancer help-seeking in post conflict northern Uganda. BMC Fam Pract. 2013;14(1).

5. Isa Modibbo F, Dareng E, Bamisaye P, Jedy-Agba E, Adewole A, Oyeneyin L, et al. Qualitative study of barriers to cervical cancer screening among Nigerian women. BMJ Open. 2016;6(1).

6. Mutyaba T, Faxelid E, Mirembe F, Weiderpass E. Influences on uptake of reproductive health services in Nsangi community of Uganda and their implications for cervical cancer screening. Reprod Health. 2007;4(1).

7. McCree R, Giattas MR, Sahasrabuddhe V V, Jolly PE, Martin MY, Usdan SL, et al. Expanding Cervical Cancer Screening and Treatment in Tanzania: Stakeholders' Perceptions of Structural Influences on Scale-Up. Oncologist [Internet]. 2015;20(6):621–6.

8. Busolo DS, Woodgate RL. Cancer prevention in Africa: a review of the literature. Glob Health Promot. 2015;22(2).

9. Sherris J, Wittet S, Kleine A, Sellors J, Luciani S, Sankaranarayanan R, et al. Evidence-based, alternative cervical cancer screening approaches in low-resource settings. Int Perspect Sex Reprod Health. 2009;35(3):147–52.

10. Fallala MS, Mash R. Cervical cancer screening: Safety, acceptability, and feasibility of a single-visit approach in Bulawayo, Zimbabwe. African J Prim Heal Care Fam Med. 2015;

11. Kivuti-Bitok LW, Pokhariyal GP, Abdul R, McDonnell G. An exploration of opportunities and challenges facing cervical cancer managers in Kenya. BMC Res Notes. 2013;6(1).

12. Gaffikin L, Blumenthal PD, Emerson M, Limpaphayom K. Safety, acceptability, and feasibility of a single-visit approach to cervical-cancer prevention in rural Thailand: A demonstration project. Lancet. 2003;361(9360):814–20.

13. Krishnan S, Madsen E, Porterfield D, Varghese B. Advancing cervical cancer prevention in India: implementation science priorities. Oncologist [Internet]. 2013;18(October 2013):1285–97.

14. Blumenthal PD, Gaffikin L, Deganus S, Lewis R, Emerson M, Adadevoh S. Cervical cancer prevention: safety, acceptability, and feasibility of a single-visit approach in Accra, Ghana. Am J Obstet Gynecol. 2007;196(4).

15. Paul P, Winkler JL, Bartolini RM, Penny ME, Huong TT, Nga LT, et al. Screen-and-treat approach to cervical cancer prevention using visual inspection with acetic acid and cryotherapy: experiences, perceptions, and beliefs from demonstration projects in Peru, Uganda, and Vietnam. Oncologist [Internet]. 2013;18(12):1278–84.

16. Shiferaw N, Salvador-Davila G, Kassahun K, Brooks MI, Weldegebreal T, Tilahun Y, et al. The Single-Visit Approach as a Cervical Cancer Prevention Strategy Among Women With HIV in Ethiopia: Successes and Lessons Learned. Glob Heal Sci Pract.

2016;

17. Ndikom CM, Ofi BA. Awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria: a qualitative study. Reprod Health [Internet]. 2012;9(1):11.

18. K. K, N. S, T. T, Y. B, K. L, T. W. Cervical cancer prevention using the single-visit approach in low-resource settings: Experience from pathfinder international's Addis Tesfa project in Ethiopia. International Journal of Gynecology and Obstetrics. 2015.

19. Paz-Soldán VA, Bayer AM, Nussbaum L, Cabrera L. Structural barriers to screening for and treatment of cervical cancer in Peru. Reprod Health Matters. 2012;20(40):49–58.

20. Vahabi M, Lofters A. Muslim immigrant women's views on cervical cancer screening and HPV self-sampling in Ontario, Canada. BMC Public Health. 2016;16(1).

21. Ebu NI, Mupepi SC, Siakwa MP, Sampselle CM. Knowledge, practice, and barriers toward cervical cancer screening in Elmina, Southern Ghana. Int J Womens Health. 2014;7.

22. Rosser JI, Zakaras JM, Hamisi S, Huchko MJ. Men's knowledge and attitudes about cervical cancer screening in Kenya. BMC Womens Health. 2014;14(1).

23. Ndejjo R, Mukama T, Musabyimana A, Musoke D. Uptake of cervical cancer screening and associated factors among women in rural Uganda: A cross sectional study. PLoS One. 2016;11(2).

24. Williams MS, Amoateng P. Knowledge and beliefs about cervical cancer screening among men in Kumasi, Ghana. Ghana Med J [Internet]. 2012;46(3):147–51.

25. Kim YM, Ati A, Kols A, Lambe FM, Soetikno D, Wysong M, et al. Influencing women's actions on cervical cancer screening and treatment in Karawang district, Indonesia. Asian Pacific J Cancer Prev. 2012;13(6):2913–21.

26. Lim JNW, Ojo AA. Barriers to utilisation of cervical cancer screening in Sub Sahara Africa: a systematic review. Eur J Cancer Care (Engl). 2017;26(1).

27. Ice UV. Knowledge, attitudes, and beliefs regarding cervical cancer and screening and perceived barriers to cervical cancer screening programs among Thai immigrant women living in Germany. [Internet]. Knowledge, Attitudes & Beliefs Regarding Cervical Cancer & Screening & Perceived Barriers to Cervical Cancer Screening Programs Among Thai Immigrant Women Living in Germany. 2012.

28. Orang'O EO, Wachira J, Asirwa FC, Busakhala N, Naanyu V, Kisuya J, et al. Factors associated with uptake of visual inspection with acetic acid (VIA) for cervical cancer screening in western Kenya. PLoS One. 2016;11(6).

29. Blumenthal PD, Gaffikin L, Deganus S, Lewis R, Emerson M, Adadevoh S. Cervical cancer prevention: safety, acceptability, and feasibility of a single-visit approach in Accra, Ghana. Am J Obstet Gynecol. 2007;

APPENDICES

Appendix I: Interview Guide (English Version)

A: Time of the interview

B Date……

C. Place…….

D Interview…….

E. Interviewee……

F. Position of the interviewee…….

Instructions:

Before starting the interview, read the informed consent from appendix 2 below and check to make sure that the interview has fully understood the contents. When it's beyond doubt that the contents are clear and understood, let him/her sign the certificate of consent from appendix part three below. Request for a place within the premise where you can comfortably conduct the interview, ideally the place which is free from distraction and view from other people and where privacy is assured.

1. Can you talk to me about screening of cervical cancer and treatment at the same time? Probe: Tell me about the strategy of screening and treatment for cervical cancer at the same time.
2. How do you feel about providing screening and treatment services for cervical cancer? Probe: What is your view regarding screening and treatment services at the same timeProbe: Do you feel comfortable about providing such services?

3. Please explain to me a situation where you and a client were ready for screening and treatment services but you could not provide services/ Probe: What were the reasons for that happening?
4. How have you seen your ability to perform screening and treatment services?

   Probe: What has been the comment of supportive supervision on your skills to perform screening and treatment services

   Probe: Are there areas on technical skills that you need be refreshed on?

Appendix II: Interview Guide- Kiswahili Version

1. Unaweza kunieleza kuhusu kutambua na kutibu kwa wakati mmoja viashiria vya saratani ya mlango wa shingo ya kizazi? Nieleze kuhusu utaratibu uliowekwa wa kutamabua viashiria vya saratani ya mlango wa shingo ya kizazi na kutoa tiba kwa wakati huohuo.?
2. Unajisikiaje unapotoa huduma za kutambua na kutibu saratani ya mlango wa shingo ya kizazi kwa wakati mmoja? Nini maoni yako kuhusu kutambua na kutibu viashiria vya saratani ya mlango wa shingo ya kizazi kwa wakati mmoja .unajisikia sawa/huru kutoa huduma za kutambua na kutibu viashiria kwa wakati mmoja?
3. Tafadhali nieleze mazingira ambayo wewe na mteja mlikuwa tayari kwa huduma za uchunguzi na matibabu ya saratani ya mlango wa kizazi lakini hukuweza kutoa huduma.Je, ni sababu zipi zilipelekea usiweze kutoa huduma hizo
4. Unaonaje uwezo wako wa kutoa huduma za uchunguzi na matibabu ya saratani ya mlango wa shingo ya kizazi.Unaweza kunieleza maoni ya wasimamizi kuhusu ujuzi wako wa kutoa huduma hizi za kansa ya mlango wa shingo ya kizazi kwa wanawake? Kuna maeneo yoyote ungependa kukumbushwa Zaidi jinsi ya kutoa huduma hizi za kutambua viashiria na kutoa tiba kwa wakati huohuo?

Appendix III: Health Facility Assessment Tool

Health Facility X Date: / /

Assessor's Name:

Human Resources

- ☐ A certified staff in VIA and cryotherapy

Infrastructure

- ☐ Designated area for patient waiting and /or group education
- ☐ An area for supplies and files storage and/or group education
- ☐ Separate examination and procedure rooms or a large room with privacy screens/curtains
- ☐ A bathroom for clients
- ☐ A sink with tap/running/rain water

Equipment

- ☐ One carbon dioxide tank
- ☐ Speculum (10)
- ☐ One cryotherapy unit
- ☐ Small basins for instruments/supplies
- ☐ Sponge forceps
- ☐ One autoclave or other sterilization
- ☐ Instrument trolley equipment
- ☐ Adjustable spanner
- ☐ Torch light or halogen lamp
- ☐ One gynecological examination couch with stirrups
- ☐ Large plastic buckets for decontamination of specula/instruments

- [ ] Large plastic buckets for decontamination of specula/instruments
- [ ] Trash bin with plastic bag for non- contaminated materials
- [ ] One stool with wheels or chair
- [ ] Shelf for supplies/drugs

Personal protective equipment

- [ ] Non-sterile gloves (appropriate size for providers)
- [ ] Utility gloves for handling decontaminated instruments

Stationaries

- [ ] IEC materials
- [ ] Register
- [ ] Monthly summary forms
- [ ] Client's card
- [ ] Post-cryotherapy instruction forms
- [ ] Referral forms

Medications

- [ ] Panadol, ibuprofen; medications for cervicitis treatment

Solutions

- [ ] Chlorine solution 0.5%
- [ ] Alcohol-based hand sanitizer or soap
- [ ] Cidex (2-4% glutaraldehyde)
- [ ] Isopropyl alcohol 60-90%
- [ ] Acetic acid (3-5%)
- [ ] Salvon

Others

- ☐ Specimen cups with lids
- ☐ Tape/labels
- ☐ Timer/watch
- ☐ K-Y jelly/lubrication
- ☐ Wooden spatulas or condoms
- ☐ Drapes/sheets
- ☐ Large cotton-cotton swabs/cotton balls/gauze cut in small pieces
- ☐ Small cotton swabs
- ☐ Towels or paper towel

Appendix IV: Informed Consent Form (English Version)

ID No……

To the Healthcare worker ……..

Greetings, my name is ….....from Muhimbili University of Health and Allied Sciences, Dar es Salaam. I'm conducting a research on provider characteristics and facility barriers to implementation of single visit approach in Kinondoni Municipal, Dar es salaam

Purpose of the study

The study has a broad objective of exploring provider characteristics and facility barriers to implementation of single visit approach to cervical cancer.

What participation involved

If you agree to participate in this study, you will be required to answer series of questions that have been prepared for the study through interviewing in order to obtain the intended information regarding the provider characteristics and facility related factors that hinder the implementation of single visit approach in Kinondoni Municipal Council in Dar es salaam, Tanzania.

Confidentiality

I assure you that all the information collected from you will be kept confidential. Only people working in this research will have access to the information. We will be compiling a report which will contain responses from several health care workers without any reference to any individual. We will not put your name or other identifying information on the records of the information you provide.

Risks

You will be asked questions about factors that are associated with low implementation of single visit approach to cervical cancer. Some questions could potentially make you feel

uncomfortable. You may refuse to answer any particular question and stop the interview at any time. We do not expect any harm to happen to you because of participation in this study.

Right to withdraw

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

The information you provide will help to increase our understanding on the factors that contributes to low implementation of single visit approach to cervical cancer in Kinondoni Municipal Council and communicate the findings to policy makers in the council and ministry for improvement of cervical cancer screening and treatment program in Tanzania

Who to contact

If you have questions about this study, please don't hesitate to contact:
Dr. Edgar Lusaya, Principal Investigator, MUHAS (Tel. no. 0766-252948).
Dr. Joyce Masalu, Chairman of Senate Research and Publications, MUHAS (Tel: 2151489.
Prof Twalib Ngoma Supervisor of this study (Tel. no. 0784-783178).

Signature

Do you agree?

Participant agrees…… Participant does not agree……..
I ……. have read the content in this form, my questions have been answered, I agree to participate in this study
Signature of Participant…….……
Signature of Research assistant……Date…….

Appendix V: Informed Consent Form (Swahili Version)

Fomu Namba……..

Kwa Mtoa huduma ya Afya …….

Habari, Ninaitwa…….. Ninafanya kazi ya utafiti wa sababu zinazopelekea watoa huduma wa afya kupelekea kushindwa kutekeleza kikamilifu sera ya kutambua viashiria vya dalili za awali za saratani ya mlango wa shingo ya kizazi kwa wanawake na kutoa tiba kwa wakati huohuo.

Malengo mahususi ya utafiti:

Malengo mahususi ya utafiti huu ni kuelewa kwa kina sababu zinazopelekea watoa huduma wa afya kutotekeleza kikamilifu sera ya kutambua viashiria vya saratani ya mlango wa shingo ya kizazi kwa wanawake na kutoa tiba kwa wakati huohuo.

Nini kinahitajika ili kushiriki

Ili kushiriki katika utafiti huu inabidi kukubali na kujiunga kwa kujibu maswali yaliyoandaliwa yatakayopelekea kutambua kwa kina sababu zinazopelekea watoa huduma kushindwa kutekeleza kikamilifu sera ya kutambua na kutibu dalili za awali za saratani ya mlango wa shingo ya kizazi kwa wakati huohuo mteja anapokuja kupata huduma.

Usiri

Ninakuhakikishia kuwa taarifa zitakazokusanywa kutoka kwako kupitia dodoso hili zitakua siri na hakuna mtu yeyote ambaye hafanyikazi kwenye utafiti huu atakayeambiwa ulichosema. Itaandaliwa taarifa ya utafiti huu ambao hautamtaja mshiriki yeyote. Jina lako wala utambulisho mwingine wowote hautawekwa kwenye taarifa unazozitoa.

Hatari

Hakuna hatari yeyote itakayotokea kwako kutokana na ushiriki wako kwenye utafiti huu. Baadhi ya maswali yanaweza kukufanya usijisikie vizuri. Unaruhusiwa kukataa kujibu maswali na kukatisha utafiti huu.

Haki ya kujitoa au vinginevyo

Ushiriki katika utafiti huu ni hiari. Kutokushiriki au kujitoa kutoka kwenye utafiti hakutakua na adhabu yeyote na hutapoteza stahili zako endapo utaona ni vema kufanya hivyo.

Faida

Taarifa utakazotoa zitawezesha kutoa mwanga wa jinsi gani waandaji na wasimamizi wa sera watakavyoboresha huduma za kutibu na kutambua dalili za awali za saratani ya mlango wa shingo ya kizazi kwa kwa wanawake.

Nani wa kuwasiliana naye

Kama kuna swali kuhusiana na utafiti huu itakubidi kuwasiliana na:

Dkt Edgar Lusaya wa Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili, (Simu: 0766-252948) ambaye ni Mtafiti mkuu.

Dr. Joyce Masalu, Mkurugenzi wa Kamati ya Utafiti na Uchapishaji, Chuo Kikuu cha Muhimbili (Simu: 2151489)

Prof Twalib Ngoma ambaye ni msimamizi wa utafiti huu. (Simu: 0784-783178)

Je, Umekubali?

Mshiriki amekubali…… Mshiriki hajakubali……

Mimi……...nimesoma maelezo ya fomu hii, maswali yangu yamejibiwa na nimeridhika. Nakubali kushiriki katika utafiti huu.

Sahihi ya Mshiriki……

Sahihi ya mtafiti msaidizi……Tarehe ya kutia Sahahi……

Appedix VI: Study Permit and clearance

KINONDONI MUNICIPAL COUNCIL
28 FEB 2017
RECEIVED

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. MU/ PGS/SAEC/Vol. XVI/

20th April, 2017

Dr. Edgar Lusaya
Master of Public Health
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "PROVIDER CHARACTERISTICS AND FACILITY BARRIERS TO IMPLEMENTATION OF SINGLE VIST APPROACH TO CERVICAL CANCER IN KINONDONI MUNICIPALITY, DAR ES SALAAM"

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 20th April, 2017 to 19th April, 2018. In case you do not complete data analysis and dissertation report writing by 19th April, 2018, you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. E. Balandya
DEPUTY DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences

KINONDONI MUNICIPAL COUNCIL

ALL CORRESPONDENCED TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 2171022
Fax: 2172951

Unapojibu tafadhali taja :

Kumb. Na. PF/K/14.Vol.VI/

MUNICIPAL MEDICAL OFFICER OF HEALTH,
KINONDONI MUNICIPAL COUNCIL
P. O. BOX. 61665,
DAR ES SALAAM.

Date: 11/5/2017

Health Facility I/C.

MWANANYAMALA HOSPITAL, TANDALE H/C
Kinondoni Municipal.

REF: RESEARCH WORK PERMIT.

Refer to the above heading.

DMO office is pleased to inform you health facility that Dr. Edgar Lusaya which is/from MUHAS has been given a permit to perform the research work in your facility stating from 11/5/2017 to 19/6/2017 the research is Titled.

PROVIDER CHARACTERISTICS AND FACILITY BARRIERS TO IMPLEMENTATION OF SINGLE VISIT APPROACH TO CERVICAL CANCER IN KINONDONI MUNICIPAL

Kindly receive & provide the necessary assistance in order to enable the student/organization to fulfill the activities comfortably.

Best wishes.

Jiny: MGANGA MKUU WA ...
WILAYA YA MANISPAA ...

RESEARCH COORDINATOR
KINONDONI MUNICIPAL COUNCIL

N:B Please share research report with MMOH Office at the end of your study.

BAADHI YA VITUO VYA AFYA - KINONDONI 11/05/20

1. MAGOMENI HOSPITAL
2. JS BAR
3. ZAHANATI YA KIJITONYAMA
4. MAKONGO JUU
5. ST. BRENDAN HOSPITAL
6. HANANASIF
7. UNUNIO
8. MARIE STOPES HOSPITAL (MWENGE)
9. KUNDUCHI
10. TEGETA
11. LUGALO HOSPITAL
12. BUNJU
13. SISA COMMUNITY HEALTH CENTRE
14. ZAHANATI YA MWENGE
15. KAWE
16. MADALE
17. KAMBANGWA
18. SANITAS HOSPITAL (MIKOCHENI)
19. PK
20. NDUMBWI
21. SHAMBA (KAWE)
22. RABININSIA MEMORIAL HOSPITAL

Faculty Industries

BODI YA BIGANGA MKUU WA MAENDELEO YA MANISPAA YA