Supplementary

FGD Guide (Community Health workers)

Key points before starting:

- Introduce yourself and the purpose of the FGD and duration of the FGD and explain the ground rules
- Everyone has a right to speak, not to interrupt one another, there is no right answer, people can opt not to answer a question, and anything shared should be kept confidential and respect for all participants.
- Explain clearly that participation in the FGD does not guarantee people will receive support nor do people have to take part to receive support.
- Ask for consent to participate and permission to take notes
- Allow for the flow of the discussion to be determined by the responses of the participants

Participant 1	
Age (in years)	
Village/District	_____
Education	No education Completed primary education Completed secondary education Diploma/technical certificates or higher
Role in the health system	ASHA worker Community Health Worker ASHA supervisor Other _____
Participant 2	
Age (in years)	
Village/District	_____
Education	No education Completed primary education Completed secondary education Diploma/technical certificates or higher
Role in the health system	ASHA worker Community Health Worker ASHA supervisor Other _____

No	Guide for Interview	Probes	Theme
1.	Please introduce yourselves: share your name, where you work, and why you decided to become a community health worker.		**Ice Breaker**

Program involvement and awareness			
2	What do you know about cancer prevention and control activities in your district?	Are you aware of any ongoing programmes related to this in your district?	**Program status**
3	What are some of the training or education that you have received regarding cancer screening?	IF YES: Please tell us what kind of training you received. Was it online or in person? When, by whom and how many times? What screening tests have you heard about? Have you been trained to do any of the tests?	**Program status – training related**
4	Has your work ever involved any activities related to cervical/oral/breast screening?	If trained for CBE/VIA/oral exams, have you been doing it? Are you confident to do it? How long have you been doing these screenings?	**Program status – activities for health workers**
4.1	Please describe your activities that you perform related to cervical/breast/oral screening	Probe with examples of activities: - identifying eligible people, educating people, - doing VIA tests, - clinical breast examinations, oral examinations, - following up people with positive tests to ensure compliance for further tests - supervision of ASHA workers. How much on average time in a week do you spend on cancer control activities?	**Program status – activities for health workers**
4.2	If NOT involved in cervical/oral/breast screening: What do you think of the idea of starting a community-based program for screening people to prevent cancer?	What is your opinion regarding the health services offering such a program for people in the community? In your opinion, what would people's reaction to tests for screening? What kind of tests will not be acceptable to most people?	**Acceptability** **Perceived effectiveness**

4.3	If YES, involved in screening:		
4.3.1	How do you identify and invite people for screening? How do people receive information about cervical/breast/oral screening? How do you educate them regarding screening? What do you think is the *best way to educate and invite people* for cervical/breast/oral cancer screening?	Do you give education at home? Or do you invite for a group education session? IF YES, TO GROUP SESSIONS: can you explain how you arrange and conduct group education sessions? Can you explain the challenges health workers like yourself face in these processes (like education, identifying people)? Can you give any example of a success story in your area of how screening for cancers helped someone?	**Experience and opinions about identifying, educating and inviting eligible clients for screening**
4.3.2	Are you aware of system of referral or treatment for those who are screen positive? Can you tell us about it? What is the system of referral for those with abnormal symptoms of cancers? Provide examples of abnormal symptoms, if a patient presents with heavy bleeding/ vaginal discharge/ lump in the breast / non-healing oral ulcers. How well is this referral system in your area?	Which is the centre that people are referred to? Who is supposed to evaluate a screen positive person or a symptom positive person? What role do health workers have for following up people who need further tests? What challenges do health workers face in tracking the people and helping them reach referral centres?	**Opinion on referral and treatment services** **Barriers in patient navigation**
4.3.3	How is the compliance of screen positive people to further tests and treatment? How is the compliance of people with cancer to treatment completion? How can this compliance be improved?	What barriers lead to poor follow up for screen positive people? What barriers lead to poor treatment compliance for people with cancer?	**Compliance status of screen positive people** **Barriers in follow up**

5	What do you think are the additional benefits of undergoing a cancer screening test? What do you think are the adverse effects faced by people who have undergone cancer screening in your area?	For women specifically, do they face any problems at home because they underwent screening? Do others in the family, like husbands, parents, in-laws or community influence women's decisions to go for screening?	**Unintended effects of screening**

HPV testing for cervical screening			
I will ask you a few questions related to **a new approach to cervical screening** that is being used all over the world. An HPV test detects the presence of human papillomavirus (HPV), the cause of cervical cancer. It only needs to be performed every 5 years. If the test is positive, which means that the woman has the virus, further tests can be done to confirm whether precancer or cancer is present. To do this test, women can collect samples from their vaginas, instead of undergoing an internal examination at a clinic. **SHOW swab, pictures and EXPLAIN:** This is a new way of collecting samples for cervical screening. If needed, a doctor/ nurse/ healthcare worker can help to take it. This is how to do it. These pictures show how to do it. This self-collection would be the first step in screening and if negative, no further testing would be needed for at least 5 years. If positive an internal examination would have to be done.			
6	What do you think about the **idea of women doing self-collection** of samples, without an internal examination by a doctor/nurse?	*Would this be acceptable to women from this community? Would more women be willing to undergo cervical screening if this option is made available?* *What do you think about this device – brush/swab and the tube? Do you think these instructions are easy to understand and for you to explain? Do you have any concerns or doubts?* *If ACCEPTABLE: Why do you think women would be willing?* *If NOT ACCEPTABLE: What would be the reasons why you think women will not be willing for this option of self-collecting samples?*	**Acceptability** **Self-efficacy** **Opinions on instructions**
7	If self-collection is preferable, where do you	*If the following options are not mentioned, probe:*	**Acceptability**

	think it should be made available? If home collection is preferable: What is more practical and acceptable for picking up swabs, picked up from the home and deposited in the clinic by health workers, or asking women to drop them off at a centre?	*What do you think about the idea of offering it at the woman's home?* *What do you think about the idea of offering the test in a clinic, with advice from a nurse/doctor or as part of a camp in the community?* *Are there any concerns with going to women's homes, picking up swabs and dropping them off at primary care centres? Would this be feasible given your schedule? What do you think is the best way to ensure that women's samples reach the nearest facility?*	**Preferences for testing location and picking up of swabs**
8	What is an acceptable time to receiving results of a test? How do you think the results should be obtained from the lab? Who do you think should receive the results from the laboratory What is a preferable place to get the test done? Should it be health workers or the women themselves who get the results?	How long will women be willing to wait at a clinic or camp to get the result? Which would be acceptable to receive results? • SMS notification/ phone call that the result is available, and they should visit their health care centre to get results OR • getting the results by phone/SMS • OR home visit by a health worker to inform the results, or any other suggestions? *If SMS preferable:* should it have the name of the patient? Any suggestions for what the content should be like – from whom, sentence? Would there be any difficulties in communicating results to women? What about women without phones? What difficulties would this create for health workers?	**Preferences for communicating test results and content of message**

Treatment acceptability and referral			
9.	If treatment **procedures** are available free of charge to the people who are screened positive, how do you think it should be offered? Would it be acceptable to be treated in a **clinic by a doctor or it can be done by a trained nurse or even in a camp in the community**? Which would be more acceptable for the community?		**Potential acceptability** of **treatment and preference for treatment provision**
10	How can you help people who test positive navigate the healthcare system, ensuring timely access to appropriate treatments, support services, and addressing barriers they may encounter?		**Role of CHW in patient navigation**
Role of Partner Organisations			
11	What support do you receive from organizations other than government for cancer prevention and control?	What do you know about NGO, Academia, Corporate partners, Community Representatives activities in your community, what role do they play in cancer prevention, early detection, diagnosis and treatment?	**Role of non-govermental organisations in cancer care**

Key points at the end:

- Ask people if they have any questions for you
- Explain the next steps and be careful not to make any promises or raise expectations about what comes next
- Thank everyone for their time.