

STRENGTHENING HIV AND CERVICAL CANCER PREVENTION THROUGH COMMUNITY ENGAGEMENT IN TANZANIA

Community-Led Monitoring (CLM) as mechanism to understand gender inequality and address barriers that women face in accessing comprehensive healthcare

Author:

León Cáceres, Ángela

Co - Authors:

Amimi, Alia; Joan Chamungu

KEYWORDS



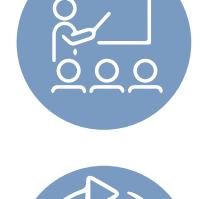
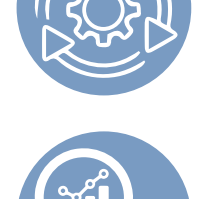
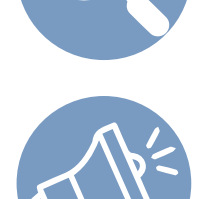
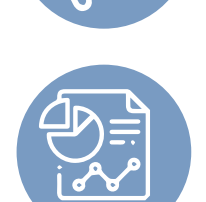

Community Engagement, Women Living with HIV, HIV Prevention, Community-Led Monitoring, Gender-Based Interventions, Barriers, Lessons Learned.

BACKGROUND

Worldwide, women living with HIV are six times more likely to develop cervical cancer than women who are not living with HIV. In Tanzania, HIV and cervical cancer disproportionately affect women due to the lack of access to screening and treatment. We outline the findings from a CLM initiative conducted in Bahi and Kongwa districts, focused on cervical cancer prevention, screening and treatment services for women living with HIV. This women-led process aimed to highlight how community engagement participates in shaping effective prevention strategies.

METHODS

We implemented our CLM and feedback Accountability Toolkit in Tanzania in 7 stages

-  **1 Reflection and Engagement Assessment**
-  **2 Inception and Planning**
-  **3 Workshop Training**
-  **4 CLM Implementation**
-  **5 Data Analysis**
-  **6 Findings into advocacy**
-  **7 Outcome sharing and continuous monitoring**

Data collection includes KIIs(N=188) with 59% of WLHIV, FGDs (N=5) comprising 12 members each, and IDIs (4) with community advocates and healthcare providers.

Data analysis on the availability, accessibility, affordability, acceptability, and quality of cervical cancer services provided within Global Fund HIV programmes were conducted; exploring four approaches to measuring results: Formal-quantitative, Participatory quantitative, Formal-qualitative, and Participatory-qualitative.

A total of four health facilities were chosen, based on the fact that there is a high level of loss to follow-up and lack of adherence to Antiretrovirals, worsened by challenges connected to high unemployment rates (66.7%).



RESULTS



16% of women were found with different stages of cervical cancer, **80%** were women living with HIV.



Of the **188**, only **18.1%** confirmed using contraceptives and seeking family planning services at healthcare facilities, underlying high risk of transmission of HIV and other STIs.



12.2% of women who tested VIA positive in screenings experienced Gender-Based Violence, resulting in immediate divorce, emotional distress, and physical abuse.



Only **36.3%** of these cases received support.

Among the major barriers in accessing healthcare, distance from healthcare facilities was predominant.

The affordability of HIV and cervical cancer services, such as screening, poses a significant challenge for women residing in remote areas, typically located further 20km from healthcare facilities.

Shortage of acetic acid and lack of skilled staff to professionally operate equipment, were among the most prevalent impediments to quality services.

CONCLUSION

CLM underscores the role of community engagement and women-led responses, in comprehensive HIV and cervical cancer services. While women-led work has effectively raised awareness and addressed stigma, the persistent challenge of GBV, mental health issues, discrimination, and lack of skilled professionals and supplies; highlight the urgent need for collaborative actions between the government, Civil Society Organisations, healthcare providers, and communities to ensure comprehensive, effective, and gender transformative HIV responses. Monitoring HIV comprehensive services and producing evidence-based information around women's healthcare needs, enhance the integration of cervical cancer services within existing HIV programs to reach and support women living with HIV effectively. Women-led CLM demonstrates to foster discussion platforms and involve women in all their diversity, living with HIV and at most risk of, ensuring their integration, inclusion, and meaningful engagement in key decision-making spaces.