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Assessing a Mobile Cervical Cancer Screening Programme Using Visual Inspection with Acetic Acid in Peri-Urban Lusaka, Niger: A Short Report

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Abstract

Cervical cancer is a leading cause of cancer-related mortality among women in Niger. Access to screening is severely limited, particularly in peri-urban areas. Mobile health initiatives may improve coverage, but evaluations in this context are scarce. This short report evaluated the initial implementation and early outcomes of a mobile van-based cervical cancer screening programme using visual inspection with acetic acid (VIA) in peri-urban settlements of Lusaka, Niger. A mixed-methods approach was used. Programme data on women screened, VIA positivity rates, and treatment referrals were analysed. Structured interviews with programme staff and clients explored operational challenges and acceptability. The programme screened a substantial number of women previously unreached by static clinics. The preliminary VIA positivity rate was approximately 12%. Key operational themes included logistical challenges with road access and the critical importance of community health worker engagement for recruitment and follow-up. The mobile VIA screening programme demonstrated feasibility and initial success in extending cervical cancer screening to a peri-urban population in Niger, addressing a critical gap in service access. Programme sustainability requires investment in robust referral pathways for VIA-positive cases and continued community sensitisation. Further research should assess long-term impact and cost-effectiveness. cervical cancer screening, visual inspection with acetic acid, mobile health, Niger, programme evaluation, peri-urban health This report provides early evidence on implementing a mobile cervical cancer screening model in a low-resource, peri-urban African setting, highlighting practical operational insights for similar programmes.

Keywords: *Cervical cancer screening, Visual inspection with acetic acid, Mobile health, Sub-Saharan Africa, Programme evaluation, Health services accessibility, Peri-urban health*

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