

Supplementary Table II. Perceptions of stakeholders (state nodal officer, medical officers, community health workers) on registering cancer cases at the primary care level.

Themes	Categories	Codes
Strength	Beneficial at the PHC level	<ul style="list-style-type: none"> Gets an overview of cancer cases in our area
	Outreach activities to identify cancer cases	<ul style="list-style-type: none"> Associated NCD screening, Enumeration and regular field visits, Other surveys
	The rapport between healthcare workers and the community	<ul style="list-style-type: none"> Information of cancer patients from neighbors & Anganwadi workers
	Provision of counseling, motivation, & psychological support to cancer patients through HCWs	<ul style="list-style-type: none"> HWs visiting suspected cases at their home Guidance for visiting the higher facility for confirmation of suspected cancer Motivate the patient to avail of treatment for cancer Help cancer patients come out of fear and stigma Patients' satisfaction while HW visiting their home in terms of psychological support
	Opportunity to follow up with the cancer patients at PHC	<ul style="list-style-type: none"> Tracking the cancer patient's status Monitoring treatment and follow up Identifying the total and types of cancer cases within the service area
Challenges	Difficulties in verifying the identification details of cancer patients	<ul style="list-style-type: none"> Wrong address details Changing location, unavailable at home House locked Using neighbor's addresses for hospital visits
	Difficulties in engaging with cancer patients	<ul style="list-style-type: none"> Lack of cooperation among cancer patients, like talking harshly and arguing with health workers while enquiring about their cancer status Identified cancer patients not going for treatment Not cooperating with screening activities Patients do not return to PHC after being suspected of cancer
	Healthcare provider Workload	<ul style="list-style-type: none"> ASHAs and Anganwadi workers are overloaded with work* Health workers are overburdened with other programme activities All the program activities are done through ASHA/ANM
	Inadequate manpower & logistics	<ul style="list-style-type: none"> Lack of equipment for screening cancers at the field level There is no proper place for screening for cervical cancer Lack of facilities (like table, speculum, manpower) for screening in PHCs, Anganwadi
	Lack of supportive care at PHCs for cancer patients	<ul style="list-style-type: none"> PHCs are not giving treatment for cancer In follow up, only giving suggestions to patients, not on treatment
	Health workers' knowledge gap about cancer	<ul style="list-style-type: none"> CHWs have little knowledge about the signs and symptoms of cancer* (few ASHA workers) Lack of knowledge about various other types of cancer, various treatments of cancer
	Stigma and fear of revealing the cancer status	<ul style="list-style-type: none"> Hesitant to reveal cancer status Told to keep it a secret Females are shy to reveal symptoms of private parts (breast and cervix)* Unwillingness, shyness, for screening; fear of getting diagnosed with cancer during screening
	Privacy issues related to screening	<ul style="list-style-type: none"> Patients facing a lot of privacy issues in Anganwadi, PHCs Patients demanding privacy, better places for screening
Opportunity	Door-to-door COVID-19 vaccination campaigns	<ul style="list-style-type: none"> Self-reporting of cancer cases during COVID-19 vaccination campaigns Queries regarding cancer patients while taking the COVID-19 vaccine

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Threat	COVID-19 pandemic	<ul style="list-style-type: none"> Field activities became difficult during COVID-19 Field activities, screening for cancer, & camps got stuck due to COVID-19
Suggestions	Manpower support	<ul style="list-style-type: none"> Providing volunteers to help in cancer registration as felt by HWs Shortage of manpower for screening when staff goes on maternity leave or other leave
	Supply of adequate equipment and infrastructure to health care facility	<ul style="list-style-type: none"> Supply of necessary equipment for screening at Anganwadi, SC, PHCs
	Health education and promotion outreach	<ul style="list-style-type: none"> IEC supplies pamphlets to the community Putting banners in weekly/monthly meetings at SC
	Frequent health worker training for screening cancers and palliative care	<ul style="list-style-type: none"> HW wants to gain knowledge about various types of cancer, symptoms, & diet of cancer patients HW needs training to provide cancer patients in the community Yearly training should be given to HWs
	Cash assistance to health workers	<ul style="list-style-type: none"> Incentives for ASHA for follow up Incentives give motivation to HW
	Incorporating best practices from other programmes to support the patients	<ul style="list-style-type: none"> Centralized registration and unique ID of cancer cases as a portal in the Ni-KSHAY TB programme Inter-State and district sharing of information for optimal cancer care registration Financial & nutrition assistance to cancer patients, like the TB programme
<p><i>In vivo</i> coding. PHC, primary health centre; NCD, non-communicable diseases; HWs, health workers; HCWs, health care workers; ASHA, accredited social health activist; ANM; auxillary nurse and midwives; SC, sub-centre; Ni-KSHAY, Ni=end, kshay=TB; TB, tuberculosis</p>		