

Final Report of CENSUDI’s Pilot Cervical and Breast Cancer Prevention Screening Activities in Ghana- February 2026

1 Introduction

In 2022, breast and cervical cancers were the number one and two killing cancers of women in Ghana according to local registry dataⁱ also supported by the Global Cancer Observatory (GLOBOCAN) estimatesⁱⁱ. To promote early detection and prevent needless deaths from these two cancers in the Upper East Region of Ghana¹, the Centre for Sustainable Development Initiatives (CENSUDI) collaborated with the Cancer Screening Unit of the Bolgatanga Hospital and a district directorate of the Ghana Health Service (GHS), to organize outreach screening services at two community-based health planning and services (CHPS) compounds in the Nabdram District i.e.; at the Nyogbare CHPS compound on 18th February 2026 and at the Kontintabig CHPS compound on 20th February 2026.

These screening exercises were particularly important for this district, which along with four other rural districts in the Upper East Region had failed to reach the World Health Organization’s (WHO) recommendation for countries to strive to exceed 90% coverage during their HPV vaccination drives targeting adolescent girls aged nine to thirteen (9 -13) years old. The other four rural districts that also failed to exceed 90% targets during Ghana’s October 2025 HPV drive were Talensi, Bawku West, Kasena-Nankana West and Builsa North².

Unlike other cancers, cervical cancer is almost 100% preventable by ensuring that young girls are vaccinated with the human papillomavirus (HPV) vaccine and women receive quality periodic screening and quick treatment of precancerous lesions. The World Health Organization (WHO) recommends “90-70-90” targets as a global strategy to eliminate cervical cancer by 2030; requiring countries to achieve 90% HPV vaccination for girls by age fifteen (15) before they are sexually active, 70% screening coverage for women with high-performance tests by ages thirty-five (35) and forty-five (45), and 90% treatment for identified cervical disease, reducing incidence below four (4) per one hundred thousand (100,000) womenⁱⁱⁱ.

2 Our Objectives for this pilot

2.1 To raise awareness about the importance of regular cancer screening and encourage many women to show up to be screened on the appointed dates. Before the screening therefore, extensive community mobilization and sensitization activities were conducted. The Nabdram District Officer and his team of officers from the National Commission for Civic Education (NCCE) along with the respective elected Assemblymembers as well as other community level health workers from these two communities were engaged to encourage participation from all women in these two communities.

2.2 Another major objective was to “screen and treat” all women who showed up on those days using the highly effective VIA method (visual inspection with acetic acid). This is because CENSUDI had been advised in our prior discussions that the Bolgatanga hospital unit is equipped with a thermal coagulator to do so³.

¹ **Appendix 1** is a map of Ghana showing the Upper East Region in red occupying the topmost eastern corner of the map. **Appendix 2** is a map of the Upper East Region showing her administrative districts **with the Nabdram** district in light green color in the center of the map. Nyogbare and Kontintabig are Nabdram communities where CENSUDI chose to pilot our cervical and breast screening activities in February 2026.

² **Appendix 3:** Provides detailed data for the Upper East Region’s October 2025 HPV vaccine rollout’s cumulative performance by district. Performances <90% are highlighted in red.

³ **Appendix 4:** Main nuggets from all preparatory meetings

2.3 Our final objective was to collaborate closely with the screening unit at the Bolgatanga Hospital to ensure speedy onward referrals of those identified with more serious abnormalities to the cancer centers at Tamale, Kumasi and perhaps Accra if needed. Currently, cancer in Ghana is properly identified and treated at major referral centers attached to various government teaching hospitals in the big cities of Accra, Kumasi and more recently Tamale and Cape Coast. Most or all of the expertise in diagnosing and treating cancer resides in these facilities and referral hospitals. The Bolgatanga regional hospital's cancer screening team is headed by a nurse specialist in oncology trained at the Komfo Anokye Teaching Hospital's Cancer Center in Kumasi and assisted by a Public Health Nurse trained at the Battor Catholic Hospital's Cervical Cancer Prevention and Training Centre in Ghana's Volta Region. The team members are sufficiently trained in basic cervical and clinical breast screening. To facilitate their work, to identify and treat simple cervical dysplasia, they have been equipped with a colposcope and a thermal coagulator, courtesy the Rotary Club of Ghana. This is great yet they still have insufficient to zero expertise to recognize and refer serious suspected cancer patients. Whilst they can conduct a pap smear, the region has no laboratory equipped to read, microscopically examine it to produce a cytology report. This still needs to be sent to Tamale or even Kumasi to generate this report.

3. Our Results and Outputs

Nyogbare is 43 km (26 miles) from Bolgatanga, the Regional Capital and 19.3 km (12.0miles) from Nangodi, the District capital

3.1 Summary to Nyogbare Findings

Franciska and the Bolga Hospital's Cancer Screening Team arrived at the Nyogbare CHPS compound at approximately 10:30 am. Two (2) Nangodi district health promotion officers preceded us to keep women, who had already shown up as early as 9 am, engaged with fun and active health education exercises.

Within 30 minutes of our arrival, we were able to set up three (3) cervical and two (2) breast screening stations in the rooms available in this CHPS compound at Nyogbare. Also, after our vehicle parked in a conspicuous location, more community members started coming and soon, we had a full CHPS compound, about ninety (90) women at this time. Our leader, Mr. Roger Tandanbil then led the plenary brief in local dialect at about 11am, providing basic information on what was going to happen during the screening in the private rooms. He reassured, drove out fears and encouraged willing participation. Robert Apambilla, one of the Nabdam district health promotion officers, went around showing fully blown cervical and breast cancer pictures on his data enabled tablet as the briefing progressed. Whilst this was an ad hoc addition to the presentation, it nonetheless helped, visibly heightening interest in the desire of women present to be screened. At the end, people present asked questions for further clarification, then the screening started.

Soon after we started screening around 12 noon, about forty-five (45) adolescent girls arrived from the senior high school to be screened, bringing our number of women to one hundred and thirty-five (135). These high school girls aged above fifteen (15+) years, are those outside the nine (9) to thirteen (13) years old bracket that were targeted for the HPV vaccination drive in October 2025. They came in the company of a teacher who explained that they needed to be back at school within a certain time limit. This threw an extra spanner in the works as the school was expecting us to screen these girls ahead of all the women who had already been waiting so long.

Screening that just began was slow, at a snail's pace, because the registration was extra thorough, to collect all required data. Franciska started discussions with the leader of the screening team to figure out a way to speed this up without losing vital data while not also discouraging women who had been waiting so long.

Almost simultaneously, we also excitedly noticed several vendors of commercial food including spiced millet and rice porridge, fried bean cake (ko-ose'), millet patties (ma'asa), wheat dough cake (puff-puff), rice and beans medley (popularly called wache'), kenkey (steamed fermented corn dumplings wrapped in banana leaf) usually served with either soup or fried fish with fresh pepper sauce/salsa, had now moved to this area to attract sales and also to be screened. At least another fifteen (15) micro businesswomen showed up with their food items to be screened whilst selling as well! Great!

3.2 Data from Nyogbare CHPS screening on 18th February 2026

SCREENING FOCUS	NUMBER SHOWED UP	NUMBER SCREENED	NUMBER NOT SCREENED	PERCENT OF TOTAL SCREENED	NO SCREENED WITH ABNORMALITIES
Breast	165	85	80	52%	2
Cervical	165	85	80	52%	7

Kontintabig is 41 km (25 miles) from Bolgatanga 16.1km (10 miles) to Nangodi

3.3 Summary of the Kontintabig Findings

We were a bit more prepared for our visit to Kontintabig arriving much earlier at 9.30 am and this time with two (2) local CENSUDI staff associates, i.e. Mr. Simon Mbayel Morimi and Ms. Beatrice Issaka. Just as in Nyogbare two days earlier, two Nangodi district health promotion officers preceded us and were the ground animating and educating women who had already shown up early for the screening exercise. Unlike at Nyogbare, the CHPS compound here is much smaller the team could only set up three (3) cervical and one (1) breast screening stations with great difficulty.

Hon. Joseph Yenpusak, the Assemblyman of this area, was present when we arrived. He warmly welcomed us as he continued to phone mobilize his female constituents, so the CHPS compound continued to fill up very quickly even as we struggled to find ways to set up screening stations. As in Nyogbare, the presence of the vehicle continued to draw more participants so that at around 10.00 am. the release of about another seventy-five female students from the high school filled the entire CHPS compound beyond its bounds –about one hundred and fifty (150) people by now less a few men. Some of the people I interacted with were men who came with their kids for regular health consultations and treatments. I was happy to see men bringing their ill children for treatment to health centers. How times have changed that in such a remote location in this part of Ghana, a man agrees to come with his kid to the hospital, not his wife for whatever reason! Wow!

The basic briefing to the women gathered on what was going to happen during the screening started led by our public health nurse Gifty Chigayefin Damsongor in English and translated into Nabt by Mr. James Somtim one of the Nabdham district health promotion officers. Guided by what we learnt from Nyogbare, this session ensured coordination with Mr. Robert Apambilla this time showing his cervical/breast cancer pictures concurrently as Gifty mentioned them and not in ad hoc fashion. Thus, the session as always sensitized, educated, reassured community members and as much as possible dispelled any fears, preempting any false rumors and encouraged heavy participation.

3.4 Data from Kontintabig CHPS screening on 20th February 2026

SCREENING FOCUS	NUMBER SHOWED UP	NUMBER SCREENED	NUMBER NOT SCREENED	PERCENT OF TOTAL SCREENED	NO SCREENED WITH ABNORMALITIES
Breast	180	167	13	93%	5
Cervical	180	168	12	93%	14

a. Details of abnormalities detected associated with Breast Screening at Kontintabig

KIND	NUMBER	REMARKS
Lump	1	It made sense to screen breast as well when I got to Ghana. This was not budgeted for before I left.
Discharge	1	So, I am mobilizing additional resources
Breast Pain	2	To handle these and other abnormalities
Keloid	1	Including surgeries to address hemorrhoids and prolapsed uteri

b. Details of abnormalities detected associated with Cervical Screening at Kontintabig

KIND	NUMBER	REMARKS
Uterine prolapse	2	Have since been addressed through surgery. CENSUDI is raising some to assist them pay back their loans
Anal hemorrhoids	2	No follow-up yet. Will require some financial assistance for surgery which CENSUDI is still raising
Lesions	9	Have all been treated since 6 th march
cervical atrophy	1	The professionals are following up delicately with advice and talks. Also addressing with low dose vaginal estrogen therapy in several direct and indirect ways.

3.5 SUMMARY OF TOTALS AT BOTH COMMUNITIES

SCREENING FOCUS	NUMBER SCREENED	ABNORMALITIES DETECTED	ABNORMALITIES PERCENT OF TOTAL
Breast	252	7	3%
Cervical	253	16	6%

4. APPRECIATION

The screening exercise would not have been successful without the support and collaboration of several stakeholders. CENSUDI is grateful:

- To all our donors and supporters who funded this entire exercise. Special mention to Mr. Kenneth and Mrs. Carol Stecher for funding Franciska's travel expenses so that all of the money raised, three thousand, three hundred and sixty USA dollars and seventy cents (\$3360.70), went directly into screening beneficiaries and related costs.
- Another special mention goes to Franciska's dearest niece Mrs. Zeinabu Mohammed-Ayariga, who moved all stops in less than twenty-four hours to find her accommodation, closest to the Bolgatanga Hospital to facilitate her interactions with CENSUDI'S main collaborating partners, no words of gratitude are enough for you in this report.
- To Professor Samuel Alnaa, vice chancellor of the Bolgatanga Technical University, you immediately understood Franciska's need and through Zeinabu answered this call to house her at your Student Demonstration Center for twenty-one days at a twenty percent (20%) discount. This mark down was so critical to the success of CENSUDI's pilot Cervical Screening work in Ghana, the main reason Franciska Issaka came back home after her fifteen (15) year sojourn in the USA. CENSUDI chose Franciska so we could cut down on costs because she could either stay in her own house or with some of her family members. However, after she arrived in Bolgatanga, she soon discovered that all places she could live for free were quite a distance away from the offices of CENSUDI'S main collaborating partners, so she got to work trying to correct this by asking Zeinabu's assistance. Additionally, CENSUDI hadn't included any budgetary provision to accommodate her in Bolgatanga, so your concession enabled us to address this in our final budgetary accounts. WE ARE DEEPLY GRATEFUL!
- To Mrs. Rosemary Atiah-Walker, Franciska's niece, for making your Toyota Yaris one hundred percent (100%) available to Franciska during her twenty-two (22) day stay in the Upper East Region from 5th to 26th February 2026! This vehicle provided total mobility, flexibility and logistical support for CENSUDI's work and more, easing Franciska's daily movement between meetings and events at all locations, making life much easier for her to implement numerous activities concurrently and worry-free. It was another game changer that allowed Franciska and CENSUDI achieve so much in three (3) weeks on our shoestring budget. Thank you Rosemary. Even though no one discussed a fee at the beginning and you did this sincerely, we owe you more than money will ever repay you- a truly big one! Also, a big thank you to Mr. Kadri Abdoulay for driving Franciska around safely in Rosemary's Toyota Yaris. Allah bless you both abundantly!
- To the medical director of the Bolga hospital, Dr. Joseph Tambil, the hospital's head of general administration Mr. Samuel Atuba and the deputy chief nursing officer Ms. Catherine Ayoka; thank you for listening attentively to Franciska in the company of your hospital's cancer screening team members; following which you supported our pilot cervical health initiative with a fifteen (15) seater bus which conveyed us on 18th and 20th February 2026 to the Nabdram district for the screening exercises. Thank you for "*walking your talk*" and being present!
- To Mr. Roger Tandanbil, nurse specialist in oncology and head of the Bolgatanga Hospital's Cancer Screening Unit who believed in Franciska the minute she called a couple of years ago and shared her vision as a two-time cancer survivor, to fight this deadly disease with you in a simple phone conversation. Thank you for believing in her and tirelessly encouraging her that finally got her to travel back to Ghana with a project! Franciska and CENSUDI are deeply grateful and pray that we can continue in ways that benefit the people of the Upper East Region and Ghana further.
- To Gifty, Clara, Sophia, and all the other smart, hardworking team members of the cancer screening team of the Bolgatanga Hospital that Franciska was privileged to work alongside this

past February, CENSUDI appreciates you beyond what words can express here. “Ya tuma, tuma, tuma”

- To the Hon. Francis Tobig, Nabdam District’s chief executive officer, for warmly welcoming Franciska/CENSUDI into your area, assigning your presiding member in your absence then joining us to screen in Kontintabig! We are also grateful that you generously provided for us to refresh the teaming women who showed up to be screened along with all technical team members doing the screening. CENSUDI learnt from your actions that day to include in future budgets for outreach screening activities, a line item for refreshments for all. Ghana is hot at this time of the year and while it is important to remember to feed/refresh screening team members, it is equally important to make some kind of refreshments arrangement for all community members who will be walking some distances in the heat to these CHPS compounds and spending considerable time there because of the processes involved. We could work with the District Assemblies and/or business partners to fund this expenditure. This was an important lesson I learnt being present. Thank you!
- To Hon. Bruce Bugri Bugroug, the presiding member of the Nabdam District Assembly, for effectively guiding our planning efforts when your district’s chief executive was in Accra representing your district at an official event between 6th and 17th February 2026.
- To Madam Sadia Salifu, the Nabdam District Director of Health Services and her deeply knowledgeable supportive staff members. Madam Salifu chaired a pivotal planning meeting that usefully redirected our course of action. She also graciously loaned two of her district’s health promotion Officers, Messrs. Robert Apambila and James Sontim, who played pivotal roles in the success of the pilot screening activities. Thank you for being available to visit us at Nyogbare and lifting morale for the women and your CHW with a much-needed pep talk.
- To Mr. Joachim Elbazar, Director of National Commission on Civic Education (NCCE) for the Nabdam District, without you, I could not have made it to Nangodi to meet Madam Sadia Salifu and her team on 11th February 2026; without you driving me out there at short notice. Thank you for going out to the communities with CENSUDI Associate, Simon Morimi Mbayel to inform and prepare communities for the screening exercises. CENSUDI is deeply grateful that you committed hundred percent (100%) of your time to our assignment. God bless you abundantly!
- To Hon. James Bingo – Nyogbare Assemblymember and Hon. Joseph Yenpusak- Kontintabig Assemblymember -You are true representatives of your people. You immediately dropped everything on your plates and participated in planning meetings I invited you to, contributing great insights. We are grateful that two of your communities are great pilots from which the rest of the region and the country should learn a lot.
- To Mr. Simon Mbayel Morimi, son of Sekoti-Nyogbare, Pelungu as well, importantly Franciska’s loving, devoted grandson and a CENSUDI staff associate who pulled all stops to be present for all stages of this exercise in spite of the demands of your full-time duties as an immigration officer stationed at Kulungugu. Words will never say what our hearts feel deeply and pray silently to God almighty for you. Thank YOU!
- To Ms. Beatrice Issaka – Franciska’s wise and immediate older sister, retired high school teacher and also a CENSUDI staff Associate- thank you for accompanying her throughout the Upper East Regional leg of this trip and now continuing to carry on the torch in Ghana. God bless you!
- Deepest gratitude to all community volunteers and health Workers at the Nyogbare and Kontintabig CHPS Compounds and Electoral Areas.
- A big “thank you” to nonprofit executive, Ms. Charity Bukari, for willingly and generously sharing your years of valuable experience, knowledge and insights with Franciska at short notice when your paths crossed while she was visiting the NCCE offices in Nangodi on 11th February 2026.

- Our deep gratitude to all our mothers, sisters, aunties, sisters daughters nieces, granddaughters, grandmothers, women and girls of Nyogbare and Kontintabig who willingly came out in your numbers to be screened and in a special way to those who had to share their deep personal information including cell phone numbers with the medical team to ensure proper follow up as well as necessary referrals to better equipped cancer centers in Tamale, Kumasi and Accra if need be.
- It was exciting for Franciska to see everyone (women included) in these remote locations own cell phones and also that these remote locations have clear cell phone receptions. Franciska recalls that this was not the case sixteen plus (16+) years ago when she still lived in Ghana. She lived in Kantia over sixteen years ago then and recalls having to sometimes walk a few yards away from her house to get a better reception on one of her cell phones or even drive away from her house to Bolgatanga to make certain calls. She tells us at CENSUDI here in the USA that she had three cell phones for each of the phone networks to ensure that she could receive most of her important calls yet didn't receive calls inside her house sometimes on any of them. Franciska shares how far she thought Ghana has come in the 15 years she has been gone, more so for women in these remote villages! Clean drinking water was the next thing Franciska was gratefully surprised to find being produced/sold in these remote locations. We bought water from the market community called Pelungu 33km (20.1 miles) from Bolga on our way to the communities where we were going to do the screening. This was intended to refresh screeners and team supporters as they worked so we got frozen pouches of water from the freezer compartment at a shop in this market. We were happy that twenty-four (24) hour electricity was available this far in the hinterland for CENSUDI to empower the local economy with this purchase.
- To the women with prolapsed uteri, our heartfelt gratitude and respect. A prolapsed uterus occurs when the pelvic floor muscles and ligaments weaken, causing the uterus to descend into the vaginal vault. Symptoms include a feeling of pressure, pelvic pain or a tissue bulge often worsening with straining or standing. Common causes are childbirth, aging and chronic straining/pushing. A special salute to the two of you from Kontintabig who have since undergone surgeries to correct this painful condition by borrowing. CENSUDI is working assiduously to raise funds to reimburse the debts.
- To Dr. Clement Akulaa of Obstetrics and Gynecological Department of the Bolgatanga Hospital for promptly collaborating with Mr. Roger Tandanbil, head of the Cancer Screening Unit, to surgically and completely treat the women diagnosed of uterine prolapse.

The commitment and support of everyone acknowledged here contributed significantly to the success of these exercises.

5. CHALLENGES

- We planned and budgeted for this exercise on the assumption that the screening unit of the Bolgatanga Hospital is equipped with a colposcope and a thermal coagulator to enable us to "screen and treat" women on the spot at the rural locations. However, both instruments broke down a few days before we left for these pilot screening activities. Fortunately, they have now successfully been repaired by technicians at the Cervical Cancer Training Center at Battor in the Volta Region nearly 750 kilometers away from Bolgatanga even though it took six (6) weeks to accomplish. Working closely with one of the cancer screening team members, we were able to get the repaired machines transported back to Bolgatanga by 6th March 2026. Then working closely with the CHWs in the two communities, all the women with abnormal cervical cell lesions have now come back to Bolga hospital and been treated. It cost us more money for transport fares and telephone calls, but we are happy this has been done and well within the WHO standard.

- Another recommendation during our preparatory meetings was to use CHPS compounds. This is still a great idea even though not all CHPS compounds are of same size and design. The two that CENSUDI used in this pilot are different in size and design and this is probably true of all CHPS compounds, so we recommend highly that as part of planning, it is very important to physically check on the size, design and other considerations so that if there is a need to make extra provisions like taking extra materials along to add on more private screening areas and treating rooms during future outreach screening activities.
- Another challenge we faced on the 18th of February at Nyogbare was the incredibly slow registration process. Our inflexibility to address this matter quickly and the insufficient school/community coordination at the time functioned as an added structural barrier when the high school girls arrived, and we tried to screen them ahead of the women who had been waiting all morning. In the process, we angered some of the women who started leaving and then after that we also lost some of the girls who were surprised at the reaction of some their “mothers”. These challenges highlight the need for improved, targeted mobilization strategies, strengthened school/community coordination in future.
- To date, all women who assessed positive on the clinical breast examination and require further, more detailed diagnostic imaging (like mammograms) have so far not followed up for further management due to ignorance or fear of what that may cost. Breast cancer screening was an 11th hour addition to this program so CENSUDI is busy raising the additional resources to fund these referral steps and activities for these women. In the meantime, we continue consulting with the CHWS and the elected leaders to assure these women of our continued commitment to walk with them throughout their entire journey in the hope this will bring them back.
- No woman with disabilities showed up in any of these rural communities to be screened. They remained excluded, facing greater physical and systemic barriers to accessing our effort. We will discuss this further with the local elected officials and medical personnel

6. SUMMARY OF TREATMENTS AND REFERRALS

SCREENING FOCUS	ABNORMALITIES DETECTED	NUMBER RETURNED	REMARKS
Breast	7	0	None yet. Need some follow up some assurance and some financial assistance
Cervical	16 1	16	Delayed because Coagulator damage. All have been treated since 6 th March 2026 So, we have met the WHO requirement to quickly treat people with precancerous lesions
Uterine Prolapse	2	2	Fully treated and going on with their normal lives. Need some assistance to pay for their bills now
Annal hemorrhoids	2	0	None treated yet.

APPENDIX 1: GHANA'S 16 POLITICAL REGIONS: UPPER EAST

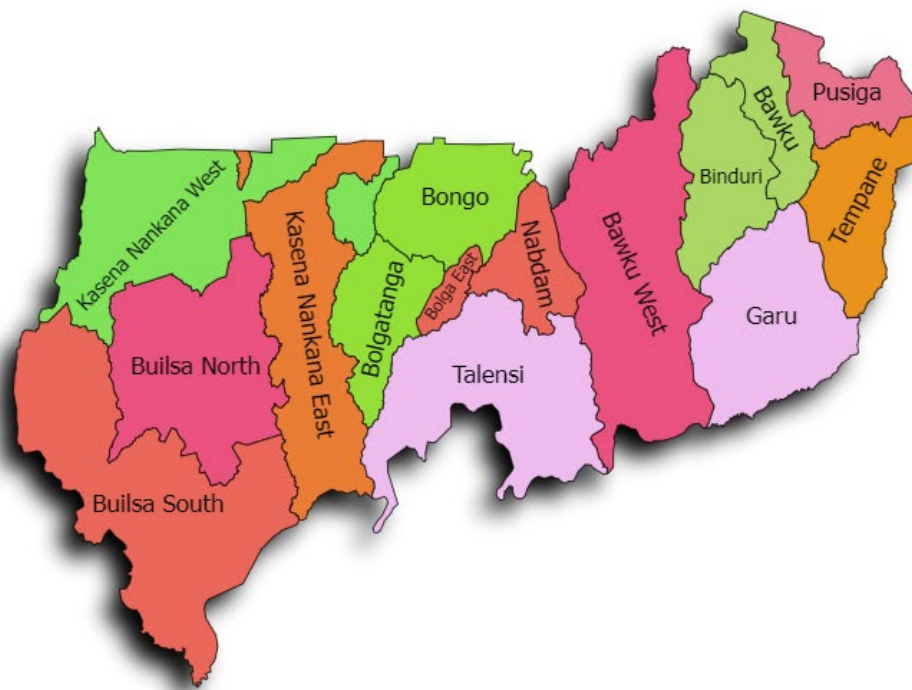
REGION OCCUPIES TOPMOST RIGHT CORNER IN RED



APPENDIX 2: Administrative Districts of the Upper East Region

Nabdam District is shaped like a mushroom in **burnished brown** color next to Bolga East District. Both are above the Talensi District. After interacting with three groups of people in February (see *Appendix 5*), CENSUDI chose to screen women from two communities from this district.

Upper East



Appendix 3: Upper East Region HPV Vaccine Roll out – Cumulative Performance by District, October 2025

Districts	Target		Total Vaccinated			Cov (%)	Adverse Effects Following Immunizations Total (AEFIs)	Wastage (%)
		Daily Target	In-School	Out-School	Total			
Bawku Municipal	8,612	1,722	7,767	886	8,653	100.5	0	0
Bawku West	10,394	2,079	8,432	770	9,202	88.5	1	0
Binduri	5,528	1,106	4,691	389	5,080	91.9	2	0
Bolga East	2,799	560	2,606	197	2,803	100.1	1	0
Bolga Municipal	10,273	2,055	10,346	404	10,750	104.6	6	0
Bongo	8,394	1,679	7,508	500	8,008	95.4	0	0
Builsa North	4,078	816	3,230	209	3,439	84.3	2	0
Builsa South	2,637	527	2,304	218	2,522	95.6	0	0
Garu	5,174	1,035	4,941	404	5,345	103.3	0	0
Kasena Nankana Municipal	7,201	1,440	6,117	422	6,539	90.8	8	0
Kasena Nankana West	6,541	1,308	5,131	313	5,444	83.2	7	0
Nabdam	3,824	765	3,274	154	3,428	89.6	3	0
Pusiga	5,806	1,161	4,549	879	5,428	93.5	2	0
Talensi	6,273	1,255	5,307	246	5,553	88.5	0	0
Tempane	6,271	1,254	5,308	716	6,024	96.1	9	0
Upper East Total	93,805	18,761	81,511	6,707	88,218	94.0	41	0

APPENDIX 4: MAIN NUGGETS FROM ALL PREPARATORY MEETINGS

Given the time and budgetary constraints of Franciska's visit, all three (3) planning meetings concluded thus:

- Use the **Community-based Health Planning and Services (CHPS)** compounds as your focal gathering area for screening activities.

Most rural locations now have **Community-based Health Planning and Services (CHPS)** compounds and most CHPS have at least three (3) rooms that are equipped with beds so that we will not need to carry beds and screens all the way from Bolgatanga to any community to set up for screening. Most CHPS are also staffed with community health workers (CHWs) who can assist in sensitizing, awareness creation as well as other aspects of the screening as needed.

- For sensitizing the public and readying the women for screening, use the Nabdam District director of the National Commission for Civic Education (NCCE) to work within the already existing decentralized structures to pre inform/sensitize selected communities in the local language. They are flexible and can use their public address system to do this early in the morning in the local language then go back again in the evening as long as it is not on a market day. Market days are business days for women, so they are gone. CENSUDI has to provide fuel for vehicles and also some resources for the people doing the work.

Jingles and messages were also suggested as great ways to reach women. However, all meetings agreed that this would require a great deal more time beyond the four weeks Franciska could spend in Ghana this time. Jingles need to be done first in English then translated into local dialects before being played on several radio stations concurrently. NCCE was therefore the faster, readily available option.

- During our meeting with the Nabdam District Director of Health Services and her team we learnt that the remote southern communities of her district did not benefit from a January 2026 cervical screening program that had just occurred and so it would be beneficial if ours could target these communities hence we directed our attention to

Nyogbare CHPS Compound

18th February 2026

Kontintabig CHPS Compound

20th February 2026

- We agreed to make and wear T-shirts in cervical cancer colors of teal and white ribbons mainly to act as walking billboards as well as to raise awareness. Together with the Cancer screening team, CENSUDI designed a t shirt, identified
- a businesswoman in Bolgatanga who printed two hundred (200) t shirts for us with the following wording:

CERVICAL HEALTH ADVOCATE – Ghana 2026

Championing Women's Comprehensive Cervical Care for Stronger Communities

#CenCerHeAd



#EndCervicalCancer now

CENSUDI

Informed! Vaccinated! Screened! Empowered! Alive!

APPENDIX 5: ATTENDANCE LISTS AT DATES AND DATES OF VARIOUS PREPARATORY MEETINGS

PREP MTG. 1A & B -FEB. 9 TH 2026 Bolgatanga Technical University Guest House & the Reproductive & Child Health (RCH) Unit of THE Bolga hospital.		PLANNING MEET 2 -FEBRUARY 11 TH 2026 @ NABDAM DISTRICT HEALTH ADMINISTRATION OFFICES LATE MORNING.		PLANNING MEET 3 - FEBRUARY 11 TH 2026 @ NABDAM DISTRICT NCCE OFFICES LATE AFTERNOON.	
NAME	TITLE	NAME	TITLE	NAME	TITLE
Patience Akolgo	Public Health nurse	Sadia Salifu	District Health Director	Joachim Elbazar	NCCE Nabdam District
Widad Abdulai	Midwife	Nankenmi T Yakubu	Municipal Health Officer	Charity Bukari	Non-profit head
Veronica Pewura	Midwife	Naomi S Abayaa	Public Health Nurse	Franciska Issaka	Chief Essential Oiler, CENSUDI
Gifty Chigayefin Damsongor	Public Health nurse	Joachim Elbazar	NCCE District Director	Hon. Joseph Yenpusak	Assemblyman Kontintabig
Sophia Bewone	Midwife	Thomas Opoku	EPI Focal person		
Rahinatu Taibu	Public Health Nurse	Robert Apambila	District Health Promotion Officer		
Roger Tandanbil	Oncology nurse specialist -Head of Cancer Screening Unit	Hamida Seidu	Executive Officer		
Hon. Bruce Bugri Bugroug	Presiding member - Nabdam District Assembly	James Salifu	Health Promotion Officer		
Mr. Joachim Elbazaar	Nabdam District Director -National Council for Civic Education	Franciska Issaka	Chief Essential Oiler, CENSUDI		
Franciska Issaka	Chief Essential Oiler, CENSUDI				
Patience Akolgo	Public Health nurse				
Ramatu Abdulai	Midwife				
Hon. James Bingo	Assemblyman for Nyogbare				
Apawinde Zilpah	Volunteer				
Manuela Atibila	Midwife				

Franciska Issaka (Ms.)
Chief Essential Oiler
The Centre for Sustainable Development Initiatives (CENSUDI)
3519 W. Fork Road, unit 39
Cincinnati, OH 45211-1963
513-376-8192
513-301-6135 cell
www.censudi.org
info@censudi.org

ⁱ National Health Information System data collated from Ghana Health Service facilities including CHPS Compounds, Teaching Hospitals, Regional & District Hospitals, Polyclinics and Health Centers

ⁱⁱ Adwoa Bemah Boamah Mensah; et al, 2022

ⁱⁱⁱ World Health Organization (WHO) - 2020: Global Strategy to accelerate the elimination of Cervical Cancer as a public Health problem AND Fact Sheet (December 2025 updates)

FOR MORE INFORMATION

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www.censudi.org

info@censudi.org

fissaka@censudi.org