



PROJECT TITLE:

**CERVICAL CANCER SCREENING (VIA) INTERVENTION FOR
WOMEN (15-45 YEARS) IN UNDERSERVED AND HARD TO REACH
COMMUNITIES IN SUNYANI WEST MUNICIPALITY**

SUBMITTED BY:

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(AWARDEE FOR BONO REGION)**

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EXECUTIVE SUMMARY

Even though screening is a secondary preventive measure, in most underserved and hard to reach communities in the Sunyani West Municipality, there hasn't been any cervical cancer screening intervention among women. Sequel, most of the women have never been screened in their lifetime for them to know their status. This was highlighted in a baseline survey conducted by the Health Promotion Unit in Sunyani West Municipal Health Directorate. Though the municipality has a WIFA population of 34,745, the baseline survey found that only 8% have ever screened before. It is important to emphasize that, this puts a lot of women at risk of advanced cervical cancer. Also, the baseline survey revealed that their knowledge level on cervical cancer and cervical cancer screening was 15% and 11% respectively. Again, though cervical cancer awareness and screening is incorporated in the world health calendar, its promotion and uptake is not significant in underserved and peripheral communities. This may be due to financial constraint and distance from peripherals to the cities.

The project goal is to increase cervical cancer awareness and screening rates among the target population and reduce cervical cancer incidence and mortality. The expected outcome of the intervention include 80% increase in cervical cancer awareness within 6 months, 80% increase in knowledge on cervical cancer within 6 months, and 70% increase in cervical cancer screening rate among the target population within 6 months,. The expected impact is early detection and treatment of precancerous lesions and enhanced health status and quality of life of women in underserved communities in the Sunyani West Municipality thus Kantro, Aduonya and Adentia.

With this vision, I believe that the platform of International Day of the Midwife award will help me achieve these goals with my passion for healthy womanhood.

INTRODUCTION

Cervical cancer occurs when abnormal cells on the cervix grow uncontrollably resulting in a cauliflower appearance that bleeds easily upon contact (Brisson & Drolet, 2019). Cervical cancer is the malignant neoplasm of the cervix uteri or cervical area (Adegboyega & Hatcher, 2017). The cervix which is part of the female reproductive system, is also known as the neck of the uterus, and connects the uterus to the vagina. It has an outer and inner surface, the outer surface opens into the vagina whiles the inner surface unrolls into the uterus.

Cancer of the cervix is caused by persistent high risk Human Papilloma Virus (HPV) infection. It begins in the cells that line the cervix at the lower portion of the uterus, which links to the vagina (Mayo Clinic, 2015). These cells do not immediately develop into cancer; they progress slowly into pre-cancerous cells in the transformation zone. These pre-cancerous cells may develop into cancer in some women while in others, the pre-cancerous cells will resolve without any treatment (Tsikouras et al., 2016).

Though there may be no symptoms of cervical cancer, in a few cases, there may be irregular vagina bleeding or pain, vaginal discharge, postmenopausal spotting or bleeding, postcoital spotting or bleeding while advanced symptoms include urinary frequency and urgency, backache, lower abdominal pain, weight loss, decreased urine output, fistulae, swelling of lower limbs and breathlessness due to anaemia (WHO,2014).

Cervical cancer screening is testing for the onset of cancer and cancer itself among women who have no symptoms and may feel perfectly healthy (WHO Fact Sheet, 2015). Screening helps in

noticing the disease at an early stage so that the right intervention will be taken in to consideration at the appropriate time. Early detection can be achieved through regular screening which can reduce the risk by 80 percent (Nayir et al., 2015).

PROBLEM STATEMENT

Current estimates indicate that every year, 2,797 women are diagnosed with cervical cancer and 1,699 die from the disease in Ghana. Also, cervical cancer is the second leading cause of cancer in women in Ghana after breast cancer (WHO, 2021). While cervical cancer is preventable with primary prevention (HPV vaccination) and secondary prevention (screening and treatment of precancerous lesions of the cervix, Ghana has no national HPV vaccination program.

Moreover, less than 3% of eligible women are screened for cervical cancer. Sequel to that, many women therefore present to health institutions with advanced cervical cancer (Brisson & Drolet, 2019). Approximately 2.7% of Ghanaian women obtain cervical cancer screening regularly and the average age-standardized mortality rate for cervical cancer in Ghana is more than three times the global cervical cancer mortality rate (27.6/100,000 vs 7.8/100,000) respectively (Mensah, 2016). This is alarming and efforts must be made to address it. Despite these staggering statistics, cervical cancer screening and prevention is not commonly promoted in Ghana.

Even though screening is a secondary preventive measure, in most underserved communities in the Sunyani West Municipality, there hasn't been any cervical cancer screening activity among women. As such, most of the women have never been screened in their lifetime for them to know their status. This was highlighted in a baseline survey conducted by the Health Promotion Unit in Sunyani West Municipal Health Directorate. Though the municipality has a WIFA population of 34,745, the baseline survey found that only 8% have ever screened before. It is important to emphasize that, this puts a lot of women at risk of an advanced cervical cancer. Also, the baseline survey revealed that their knowledge level on cervical cancer and cervical cancer screening was 15% and 11% respectively. Most of the women in the underserved communities have a very low level of knowledge with regard to cervical cancer and screening. Again, though cervical cancer awareness and screening is incorporated in the world health calendar, its promotion and uptake is not significant in underserved and peripheral communities. This may be due to financial constraint and distance from peripheral to the cities. This stalls effort to achieve Sustainable Development Goals 3 and 5 which borders on good health and well-being, and gender quality and women empowerment (Amponsah, 2018). Hence, the urgent need for a cervical cancer screening intervention so that most of the women would have the opportunity to screen and also gain some knowledge about the disease.

Aside from the aforesaid, adolescent pregnancy is also a problem and highly prevalent in the Sunyani West Municipality, especially the underserved communities. As a result of that, it is important to also screen adolescents since they indulge in early sex, and are prone to having cervical cancer. Through early detection, those with cervical cancer would be treated and cured to enjoy their longevity. Those in this age group who have not had sex before will be educated to take a vaccine. Besides, health education would be given to those without cervical cancer. It is against this background that I humbly write to solicit for funds to scale up this groundbreaking intervention among women (15-45 years) in all underserved communities in Sunyani West Municipality.

GOALS

The main goal is to enhance the health status and quality of life of women in the underserved communities. Also, I wish to address barriers faced by these women in accessing high-quality sexual and reproductive health information and services. Consequentially, this will contribute to optimum level of maternal and neonatal health.

OBJECTIVES

- To increase cervical cancer awareness among target population by 80% within 6 months
- To increase knowledge level on cervical cancer among target population by 80% within 6 months.
- To increase cervical cancer screening rate among the target population by 70% within 6 months.

TARGET POPULATION

My target population for the cervical cancer screening intervention is women (15-45 years) residing in underserved and hard to reach communities in Sunyani West Municipality who have had sexual intercourse before. Those in this age group who have not had sex before will be educated to take a vaccine. Also, women above 45 years old would be educated and encouraged to do the PAP smear.

TARGET AREA

This intervention will be roll out in 3 underserved communities in the Sunyani West Municipality thus Kantro, Aduonya and Adentia. The intervention will utilize 3 CHPS compounds in those communities.

METHODOLOGY

Planning and Preparation Phase

1. Establish a planning committee with the community stakeholders and other health care providers
2. Spell out the intervention goal, objectives, strategies, timelines, outcome, impact, evaluation plan etc.
3. Allow stakeholders to make necessary input if any
4. Establish partnership with Midwives, Community Health Nurses, General Nurses, Public Health Nurses and Health Promotion Officers etc.
5. Training of midwives on Visual Inspection with Acetic Acid (VIA)
6. For smooth implementation of this intervention or project, I will liaise with the Municipal Director of Health Services to station midwives at CHPS without midwife.
7. Secure health educational and promotional resources and contents on cervical cancer from Municipal Health Directorate or Regional Health Directorate.
8. Procure necessary resources
9. Coordinate with midwives incharges of CHPS to ensure availability of human and logistical resources for the intervention.
10. Recruitment of a casual cleaner from the community to serve as cleaner in the CHPS compound. This is necessary because after screening, the place must be kept clean and neat.

Community Engagement and Involvement Phase

1. Embark on community entry in various communities

2. Build relationship with community leaders, opinion leaders and members through community meetings. This will allow them to own the intervention or project.

Awareness Creation Phase

1. Organize community durbars in various communities
2. Conduct community outreach and education activities with the help of community health nurses, midwives and health promotion officers.
3. Undertake CIC and gong gong sensitization in the communities.
4. Undertake health education activities on cervical cancer in schools in the communities

Screening Implementation Phase

1. Conduct cervical cancer screening for women in fertility age (15- 45 years) at the various CHPS compound
2. Educate women about cervical cancer and cervical cancer screening.

Monitoring and Evaluation Phase

1. Monitor and track screening activities at the various CHPS
2. Conduct formative assessment to assess the progress and effectiveness of the intervention whiles ongoing.
3. Conduct process evaluation to assess how the intervention will be implemented or delivered.
4. Conduct summative evaluation to determine whether the intervention achieved it intended goals and objectives.

Conduct outcome evaluation to assess the impact of the intervention on the target population or participants.

Dissemination Phase

1. Provide monthly feedback to community through mini durbars and meetings
2. Provide end of intervention feedback to community through major durbar.

RESULTS

The targeted outcome of the intervention include 80% increase in awareness on cervical cancer within 6 months, 80% increase in knowledge on cervical cancer within 6 months, and 70% increase in cervical cancer screening rate among the target population within 6 months,. The main expected impact is early detection and treatment of precancerous lesions, reduced health care cost associated with treating advanced cervical cancer, and increase community awareness and education about cervical cancer prevention which will lead to enhanced health status and quality of life.

RESOURCES REQUIRED

- Human Resources: Midwives, Public Health Nurses, General Nurses, Community Health Nurses, Health Promotion Officers, Data Officers, Monitoring and Evaluation personnel, Casual Cleaners etc.
- Material Resources: Acetic acid 5%, bucket, disposable vagina speculum, kidney dish large, gallipot, kebab sticks, screen 3 chambers, sanitary pad, stationary, liquid soap, bleach, IEC materials etc.

BUDGET

ITEMS	QUANTITY	UNIT PRICE GH¢	FREQUENCY	TOTAL GH¢
Bucket	4	25.00	3	300.00
Disposable Vagina Speculum	500	10.00	1	5,000.00
Kibbab Sticks	500	0.60p	1	300.00
Mackintouch	6 yards	90.00	1	540.00
Bed mat	500	15.00	3	22,500.00
Bed sheet	1	200.00	3	600.00
Mackintouch Pillow	1	250.00	3	750.00
Examination gloves	5 Boxes	65.00	2	650.00
Bleach	2.5 liters container (2)	25.00	1	50.00
Liquid soap	5 liters container (2)	30.00	1	60.00
Tissue roll	5 (Large)	50.00	3	750.00
Cotton wool	5 rolls	60.00	3	900.00
Paddle Bin (Metallic)	1	500.00	1	500.00
Acetic acid 5%	50 liters	90.00	3	13,500.00
Head Lamp	1	2,500.00	3	7,500.00
Banner	3	200.00	3	1,800.00
Foolscap Notebooks	3	6.00	3	54.00
Bottle Water	1 packs	20.00	3	60.00
GRAND TOTAL				GH¢ 55, 814.00

ACTIVITIES PRECEDING FREE CERVICAL CANCER SCREENING

ACTIVITY	NUMBER OF PEOPLE	FREQUENCY	UNIT PRICE GH¢	NUMBER OF COMM.	TOTAL GH¢
Stakeholder Engagement	5	1	60.00	3	900.00
Sensitization at CIC	1	2	20.00	3	120.00
Capacity building training	3	5	400.00		6,000.00
GRAND TOTAL					GH¢ 7,020.00

MONITORING AND EVALUATION

ACTIVITY	RESOURCE NEEDED	UNIT PRICE GH¢	NUMBER OF COMM.	TOTAL GH¢
Supervision/Monitoring	Transportation/Fuel	1,000.00	3	3,000.00
Data Collection	Fuel, Questionnaire, Interview Guide, Focus Group Discussion Guide	3,000.00	3	9,000.00
Data Analysis		300.00	3	900.00
GRAND TOTAL				GH¢ 12,900.00

OVERALL PROJECT BUDGET GH¢ 75, 734.00
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TIMELINE

GANTT CHART SHOWING TIMELINES FOR THE PROJECT

PHASES	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Planning and Preparation						
Community Engagement and Involvement						
Awareness Creation						
Screening Implementation						
Monitoring and Evaluation						
Reporting and Dissemination						

MONITORING AND EVALUATION PLAN

Monitoring and Evaluation Objectives

- To track the progress of the intervention
- To assess the effectiveness of the intervention
- To identify areas for adjustment or improvement
- To assess the impact of the intervention

Key Indicators

- Process Indicators: number of women screened, number of women educated on cervical cancer, screening coverage rate, number of midwives trained, number of mini community durbars organized, number of community outreach and awareness creation activities embarked on.
- Outcome Indicators: increase in cervical cancer screening rate, increase in knowledge level of women on cervical cancer, reduction in cervical cancer incidence and mortality.
- Impact Indicators: number of lives saved due to early detection.

Data Collection Method

- Quantitative Data: surveys and questionnaires, screening records
- Qualitative Data: in-depth interviews, focus group discussions, observations

Data Analysis

- Descriptive analysis: this analysis will be done to track the progress of the intervention
- Inferential analysis: this analysis will be done to assess the effectiveness and impact of the intervention

Monitoring and Evaluation Timeline

- Formative: this will be done from the intervention initiation or when the intervention kick starts
- Midline: this will be done at the 3rd month of the intervention
- End line: this will be done when the program ends
- Impact evaluation: will be done six months to one year after successful implementation of the intervention

Monitoring and Evaluation Team

- Program Coordinator
- Monitoring and Evaluation Officer
- Midwife/Public Health Nurse
- Data Officer
- Stakeholder from the Community

SUSTAINABILITY MECHANISM

- Due to the fact that most of the women in underserved communities and hard to reach areas are financially handicapped, service will be provided to them at a discount rate after the project. This will ensure sustainability of the intervention.
- I will empower community leaders and members to take ownership of the intervention, ensuring its continuation after the project ends.
- I will solicit for funding from multiple sources including government, private sector, and benevolent individuals to continue the intervention and even scale up to other contiguous districts.
- I will liaise with the Municipal Health Directorate and other benevolent organizations and individuals to establish wellness centers at the various CHPS compound. This will help women to access wellness services including cervical cancer screening at all times.
- I will collaborate with the Municipal Health Directorate to train midwives and station them at CHPS without midwives. This will ensure sustainability of this project.
- I will involve churches in the communities so that periodically, they can support with some of the logistics such as pads, stationery, sachet water etc. I will also liaise with them to occasionally give financial assistance to the casual cleaners who will be recruited from the communities.

SIMILAR PROJECT IN DUMASUA

I wish to emphasize that, through my effort, I successfully piloted this intervention in Dumasua and its environs last year. The intervention is still ongoing in only Dumasua where it was piloted last year. I envisaged to scale it up to other communities but due to the fact that the funding is coming from the community members who are farmers, I thought it prudent to tarry down for the system to be favorable before I solicit for additional funds from them to extend it to other areas.

In conclusion, I therefore hope to scale it up to all underserved and hard to reach communities in the Sunyani West Municipality when I get the support from your outfit. Thank You.

REFERENCES

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PICTURE GALLERY OF CERVICAL CANCER SCREENING ACTIVITIES IN DUMASUA



WHO Package of Essential Noncommunicable Disease Interventions (PEN) Training



The WHO-PEN training is my first training on how to screen for cervical cancer. Now, I am able to clearly identify cancer infected cervix and will start screening in our health center soon, where we previously lacked the capacity to screen.

Vivian Opoku-Kyremeh
Midwife, Dumasua Health Center



OUR CORE VALUES
PEOPLE-CENTRED
DIRECTORATE
PROFESSIONALISM
TEAM WORK
INNOVATION
DISCIPLINE
INTEGRITY



GHANA HEALTH SERVICE
MUNICIPAL HEALTH

P. O. BOX 311
SUNYANI WEST

11TH OCTOBER, 2022
Tel: 0559502822/ 0200261101

TO:

REQUEST FOR SUPPORT TO SUSTAIN FREE CERVICAL CANCER SCREENING AT DUMASUA-SUNYANI WEST MUNICIPALITY

I humbly write to request your support for our health program, dubbed "Sustaining Cervical Cancer is Our Priority". Cervical cancer has been an issue in the nation as well as in our municipality and for that, the municipality will be needing your support to sustain, enhance, educate and screen more women and men on cervical and prostate cancer respectively.

Knowing their status early and seeking for early treatment can help save lives. Last year, we were able to educate and screen some women and men within the municipality. Our aim this year is to continue to provide more education and screening within the municipality, and to sustain that, we will need funds and equipment to be able to carry out the said program effectively within the Sunyani West Municipality. We therefore seek your support either in kind donations or cash support. We very much appreciate your support for healthcare delivery in the Municipality

Thank you

MR. KONKA DANIEL
MUNICIPAL DIRECTOR OF HEALTH SERVICES
SUNYANI WEST