



NALEDI INITIATIVE'S

FREE CANCER SCREENING AND INTEGRATED MEDICAL CAMP IN ATHI PRIMARY SCHOOL, MAUA REGION MERU COUNTY - KENYA



7th FREE CANCER SCREENING AND INTEGRATED MEDICAL CAMP

SATURDAY 25TH MAY, 2024 REPORT



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ABOUT NALEDI INITIATIVE.

The Naledi Initiative is a Non-Profit Community Based Organization registered in Kenya, serving the vulnerable communities at the grassroots level. We are comprising of five board members and 35 technical working group, who are volunteer of medics and non-medics with generous heart and relentless passion to volunteer their experience, skills, knowledge and their resources to serve and change lives of vulnerable communities.

Founded by young man who lost his mother through cervical cancer in a challenging circumstance who she was family breadwinner while he was in school.

Naledi Initiative focus on:

Community HealthCare Program.

- Cancer Prevention and Early detection
- Cancer Advocacy, cancer support group and collaboration
- Sexual Reproductive Health Rights

Community Empowerment Program (CEP)

- Women Empowerment program
- Community social-economic program

Our Vision.

To Restore Hope and Dignity for a Bright Future

Our Motto:

Championing Communities Well-being



FREE CANCER SCREENING AND INTEGRATED MEDICAL CAMP REPORT

ACKNOWLEDGEMENTS

We gratefully acknowledge the **Broadways Bakery Limited** our Prime sponsor Maua medical camp, **Muuga Fm** from Royal Media Group our prime partner for 4 years, County Government of Meru Department of Health Services, Meru Teaching and Referral Hospital, Komarock Modern HealthCare Hospital, Nyambene Sub-County Hospital, St. Theresa Mission Hospital-Kiirua, Gertrude Children's Hospital and Athi Primary School who committed their resources in terms of monetary and in-kind. Special thanks to Naledi Initiative Board Members and Technical Working Group who portrayed tremendous dedication, compassion and commitment. Much gratitude to our enthusiastic and energetic volunteers of Doctors, Nurses, Clinicians, Lab Technologists, Pharmacists, Record Health Worker, Community Health Volunteers, Hospitality Team and the Logistics Team for their selflessness and remarkable spirit of service.



PREAMBLE.

According to World Health Organization project that over 35 million new cases are predicted in 2025, a 77% increase from the estimated 20 million cases in 2022. The rapidly growing global cancer burden reflects both population ageing and growth, as well as changes to people's exposure to risk factors, several of which are associated development. Tobacco, alcohol and obesity are key factors behind the increasing incidence of cancer, with air pollution still a key driver of environmental risk factors.

Global Cancer Statistics 2022 state that cancer is a major societal, public health, and economic problem in the 21st century, responsible for a almost one in six deaths (16.8%) and one in four deaths (22.8%) from noncommunicable diseases (NCDs) worldwide. The disease causes three in 10 globe global premature deaths from NCDs (30.3%) in those aged 30-69 years), and it is among the three-leading causing of death in this age group in 177 of 183 countries. In addition to being an important barrier to increasing life expectancy, cancer is associated with substantial societal and macroeconomic costs that vary in degree across cancer types, geography, and gender. One recent study illustrated one million children became maternal orphans in 2020 because their mother died from cancer in that year, with close to one half of these orphans the result of maternal deaths from either female breast or cervical cancer.

World Health Organization Regional Director for Africa Matshidiso Moeti lamented the alarming statistics. "The cancer situation in Africa is disheartening. In 2022, the region saw approximately 882,882 new cancer cases, resulting in about 573,653 deaths.

The event also marked the launch of the Status of Cancer in Kenya Report 2022/2023, which revealed that breast, cervical, prostate, esophagus, and non-Hodgkins lymphoma are the five most prevalent cancers, account for nearly half (48 percent) of the cancer burden in the country.



Sub-Saharan Africa has the highest rates of cervical cancer in the world, largely attributed to low cervical cancer screening coverage. Cervical cancer is the most common cause of death among women in 21 of the 48 countries in sub-Saharan Africa. Close to 100% of all cases of cervical cancer are attributable to Human papillomavirus (HPV). HPV types 16 and 18 cause at least 70% of all cervical cancers globally, while types 31, 33, 45, 52, and 58 cause a further 20% of the cases. Women living with HIV are six times more likely to develop cervical cancer than those without HIV. Considering that sub-Saharan Africa carries the greatest burden of cervical cancer, ways to increase accessibility and use of preventive services are urgently required.



NALEDI INITIATIVE COMMUNITY BASED CANCER SCREENING CONCEPT.

Cancer control in Kenya is hampered by several factors, ranging from an inadequate cancer care infrastructure (mainly due to financial constraints) and limited specialized human resource capacity, to delayed presentation and a lack of awareness. There is, generally, a low level of awareness about cancer in the general population and among health-care providers, including its risk factors and common prevention and control strategies.

The implementation of screening and early detection programs is a cornerstone of cancer prevention. Despite evidence through the research that early detection saves lives, global disparities in access to services persist. Barriers to cancer screening include lack of service provider availability and the cost associated with screening. Communities in rural areas access to screening is limited by prohibitive costs or inaccessibility of screening clinics due to distance, hours of operation, or a lack of knowledge about where to go for screening.

Screening can detect cancer at an early stage enabling people to receive treatment when it is highly effective. This is key for women and girls in particular and men in general. The potential for reduction of the possibility of developing cancer later in life is high if early screening is done. This however, does not eliminate the need for regular screening when women get older and that is why Naledi Initiative (NI) is keen to make this screening and integrated medical camp event a long-term project to the low incoming rural communities.

Naledi Initiative started free cancer screening to underserved rural communities March 2021 in Meru Region which covers Meru County and Tharaka Nithi County. It's a one-day free cancer screening and integrated medical outreach which on Saturdays because all our healthcare providers are on volunteer basis and they are needed by their employers on Monday to Friday. Total 10,507 people have benefited from our 8 one-day free Cancer Screening and Integrated Medical Outreaches/Camp. We work with collaboration with County government department of health services and communities. All our suspicious cases are



referred to Meru Teaching and referral hospital which serve the whole Eastern and Northern part of Kenya (Marsabit, Isiolo, Meru and Tharaka Nithi).

Naledi Initiative volunteer team of healthcare providers travel to underserved region to set up screening station in a rural primary or secondary school in the village. This is after doing our own need assessment through community dialogue, our survey through our research personnel and interview through local native language spoken radio station.



THE NALEDI INITIATIVE COMMUNITY BASED CANCER SCREENING MODEL

- Need Assessments.
- Board Meeting to Analyze the needs and agreement.
- Formation of Technical Working Group
- Setting of date and visiting venue (school) and meeting with area chief and other community leaders
- Meeting with local health centers and community health volunteers

Approval by County Government
&
Health Inspectorate and Quality
Compliance.

Approval by Kenya Medical
Practitioners Pharmacists Dentists
Union

Free cancer
screening &
Medical Camp

Cancer
Awareness
Campaign via
Radio FM 3
weeks

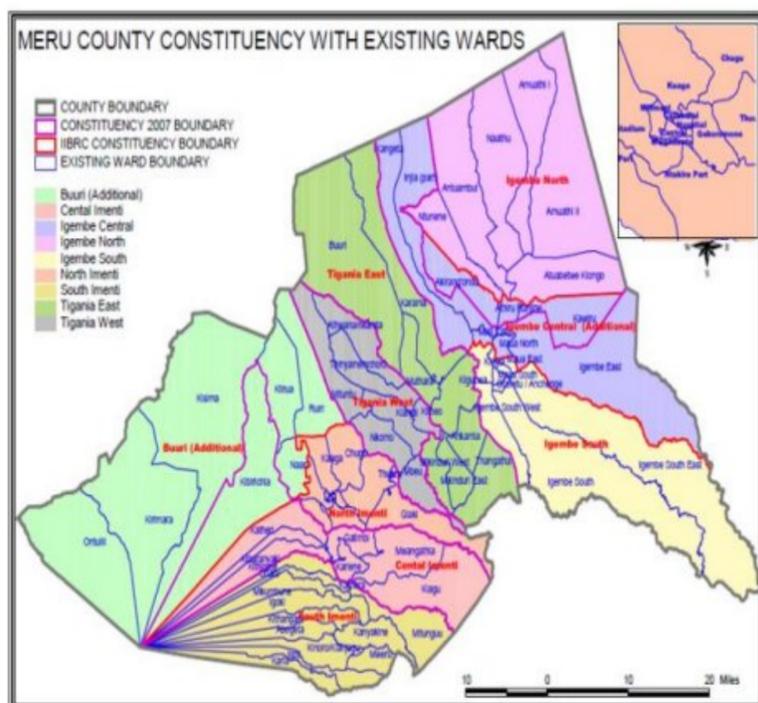
Friday
Cleaning of
school &
converting
classrooms into
screening,
consultations,
Lab &
dispensing

Saturday.
5 Registration Stations
5 Triage stations
10 breast & cervical
screening stations
1 lab & Prostate
screening station
10 Clinicians
consultation stations
1 classroom
dispensing station

Postmortem
meeting and
report writing



Location



Athi is located in Igembe South Constituency, which has a population of 161,646(2019 Census). Athi is primarily an agricultural zone on the slopes of Nyambene hills. Most of the economic activities in the region are Tea plantation and miraa plantation.

Summary

The medical camp was held at Athi Primary School in Igembe Community, Igembe Sub-County, Maua Region in Meru County - Kenya. Diverse segments of the population turned up for the free medical camp which was encouraging.

All nurses, clinicians, and other professionals volunteered their services for free. Their invaluable contribution and also our private and public sector partners made the free medical camp a success.

The event was covered live by Muuga Fm and aired on prime news by Citizen Tv of Royal Media Group. Broadways Bakery limited kept crowded that came for medical service engaged through entertainment and health education.

Estimation of more than **3,000** people came for screening and other medical check-up but only **2,684** including children were served. Out of **2,684** people only **903** including children were able to go through Nutritional assessment due to lack of enough weighing machines and other related non-pharm.



Health Services Breakdown

The following services were offered free at the medical camp:

- a) cervical cancer screening
- b) breast cancer screening
- c) prostate cancer screening
- d) general consultation
- e) nutritional assessment

Medical Camp Attendance

Community members of Athi and its environs came out in large numbers to the medical camp, diverse demographic groups were presented at the medical camp.

Population segregation

Table 1.0

Gender	No
Male	840
Female	1294
Total	2134
Children	550
Total	2684

Some deductions from the attendance include;

- a) **48%** of people who attended the medical camp were males.
- b) **550** children were served in the medical camp.
- c) **2,684** individuals were served in the medical camp.



Nutritional Assessment

Table 1.1

Services	Male	Female	Totals
Nutritional assessment	232	425	657
Normal weight	145	186	331
Underweight	44	51	95
Overweight	38	104	142
Obese	5	65	70

Children

Table 1.2

Category	No
Severely malnourished	32
Moderately malnourished	44
Mild malnourished	54
Normal	116
Total	246

Deductions from nutritional assessment

- A higher number of children are malnourished.
- Significant number of females are obese.
- 45%** of the children who attended the medical camp underwent nutritional assessment.



Cervical Cancer Screening

[Status of Cancer in Kenya 2022-2023] Highlights cervical cancer as one of the most prevalent types of cancer in Kenya.

Organizing free medical camps in marginalized communities brings the essential services of screening to disadvantaged community members who do not have access to them.

Table 1.3

Total served	Via Villi	HPV	Normal	Positive	Suspicious
440	410	0	431	6	24

Some of the key deductions from the cervical cancer screening services include:

- a) **34%** of the females who attended the medical camp were screened for cervical cancer screening.
- b) The suspicious cases were referred for more testing at Meru Teaching and Referral Hospital.

Breast Cancer Screening

Breast Cancer is still one of the most predominant forms of cancer in the country accounting for **48%** of the cancer burden in Kenya with cervical cancer, prostate cancer, esophagus, and lymphoma.

Table 1.4

Total served	Normal	Abnormalities
440	430	9



Deductions from Breast cancer screening:

- a) **34%** of females who attended the medical camp were screened for breast cancer
- b) Suspicious cases were referred for more testing at Meru Teaching and Referral Hospital.

Prostate Cancer Screening

Prostate cancer screening services were received positively among the males who came to the medical camp.

Table 1.5

Total served	PSA	Positive
150	150	10

Some deductions from prostate cancer screening:

- a) **18%** of the males who attended the medical camp were screened for prostate cancer.
- b) Some of the men had fears of the screening process due to limited knowledge and information.
- c) The locals in Athi need more sensitization on prostate cancer.
- d) The positive cases were referred to the Sub-County health facility for more testing and consultation.



MEDICAL CAMP SURVEY

To get more insight into the community members' attitudes, knowledge, and awareness about cancer.

100 Respondents were engaged in a small survey that was conducted the same day as the medical camp.

The survey is carried out to achieve the following goals:

- a) Assess locals' cancer awareness levels
- b) Assess locals' cancer screening services uptake
- c) Assess the barriers to cancer screening services

Parameters for the survey

- a) 100 Respondents were engaged for the survey (50 male, 50 female)
- b) A stratified sampling method was used for the study
- c) Questionnaires were administered by trained enumerators who can speak the local language
- d) One-on-one interviews were also used to collect qualitative data
- e) The sample size was 5% of the total population served during the medical camp



Analysis

Barriers to cancer screening.

From the interviews conducted, the respondents highlighted the following factors as key barriers to accessing cancer screening services:

- Lack of the service
- Long distance to get the service
- Fear of the process of screening

Most respondents did not know of any health facility near their residence or village offering cancer screening services. The health facilities in the community do not offer cancer screening services, which forces the locals to travel for the service. Considering the economic situation of the community members of Athi Village, majority of the people cannot afford to travelling cost and the cost of cancer screening services.

Health facilities in Athi are dispensaries that do not offer cancer screening services. The nearest facilities for locals who wish to get screened are the sub-county health facilities which are far away.

Another barrier that the locals identified is fear of the screening process. Most of the respondents expressed fears and insecurities about the screening process for cervical and prostate cancer. The fears stem from misinformation and myth that locals have due to insufficient health information about cancer in general.

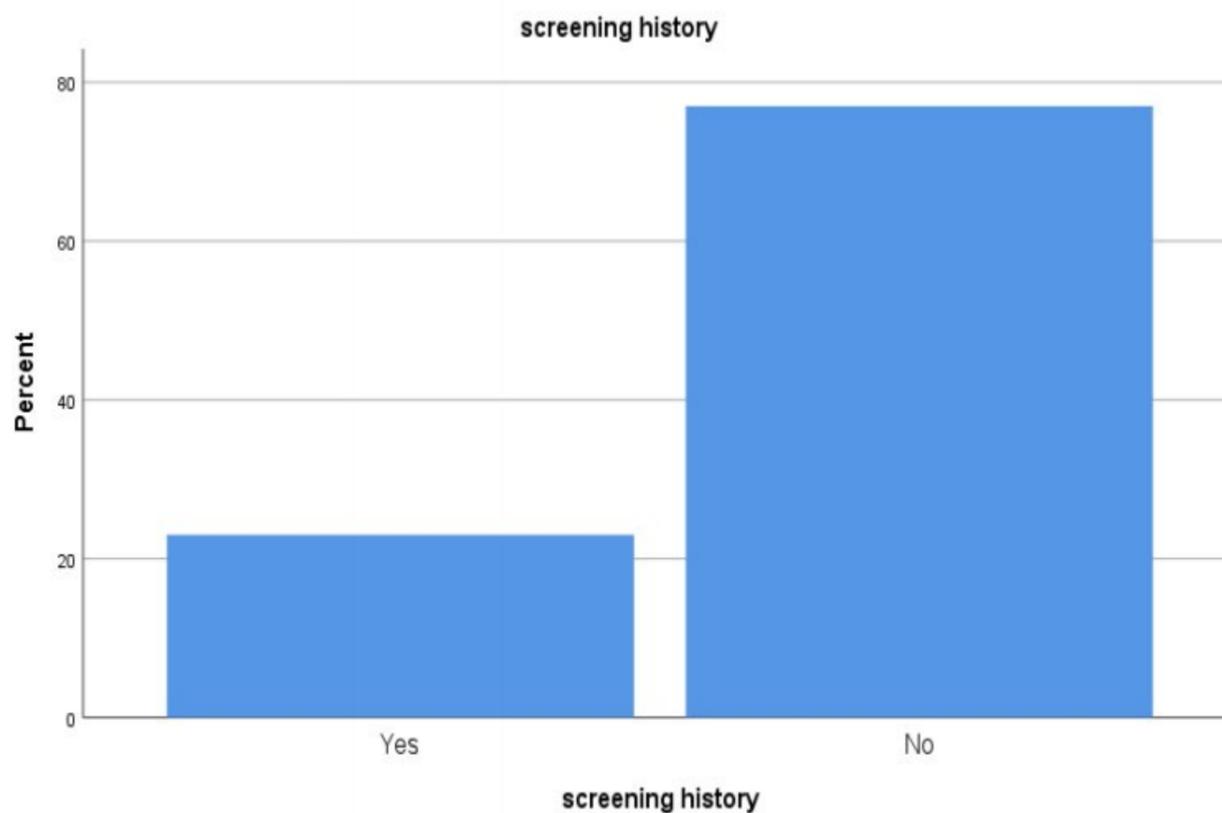


Cancer Screening patterns

Out of the 100 respondents engaged in the survey, only 23 reported having gone for cancer screening before. Of the 23, 14 respondents were female and 9 were male, most of these respondents who had gone for screening before reported going for screening just once.

Males engaged seemed to have fears regarding prostate cancer screening and a general negative attitude towards going for screening. Some females also seemed to be afraid of the screening process.

Figure 1.0

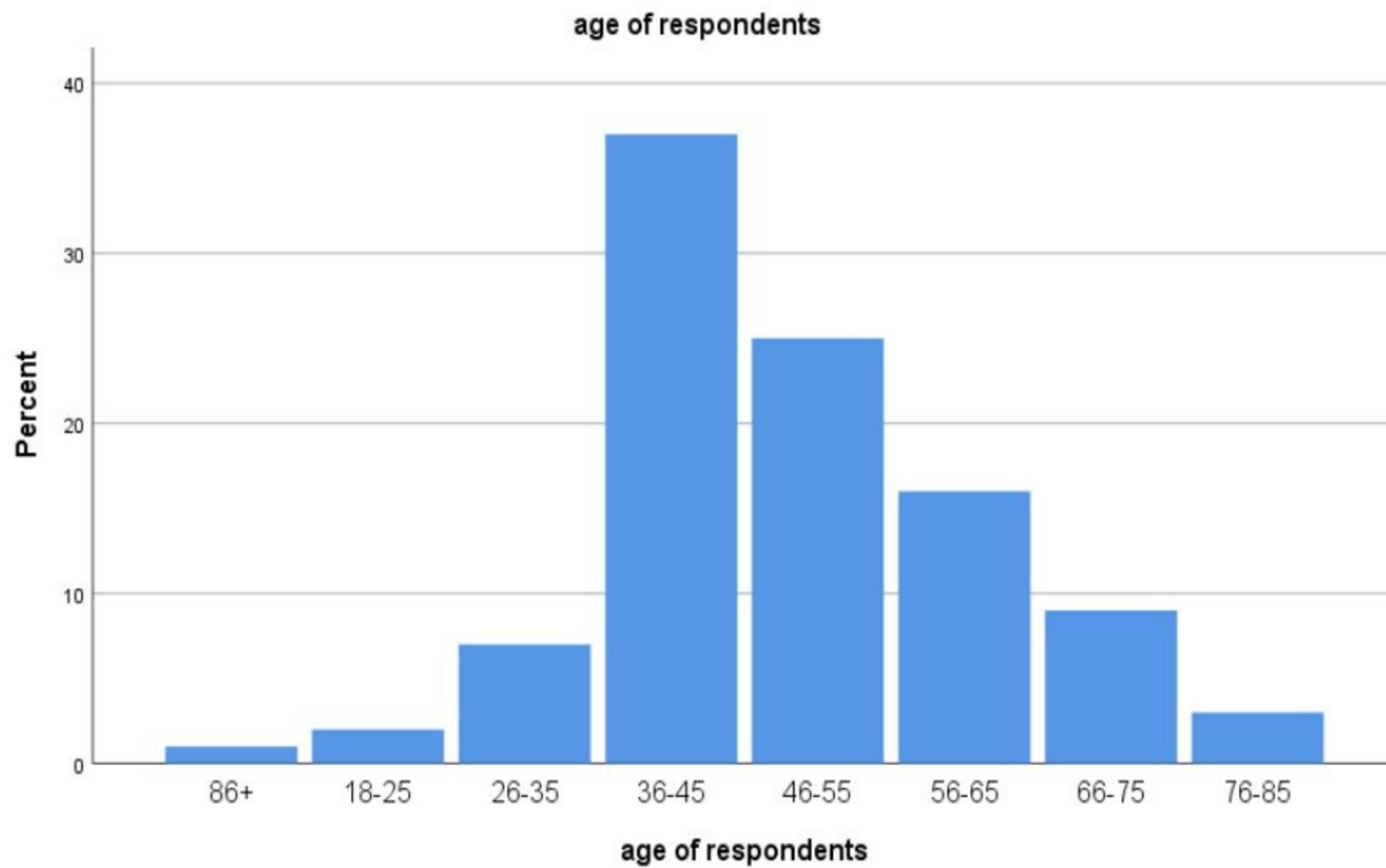


Age Patterns

From the data of 100 respondents, it is evident that individuals who came for cancer screening were between the ages of 26-85 years and beyond.



Figure 1.1



It is encouraging to see that people at risk of developing cancer were the ones who came for screening.

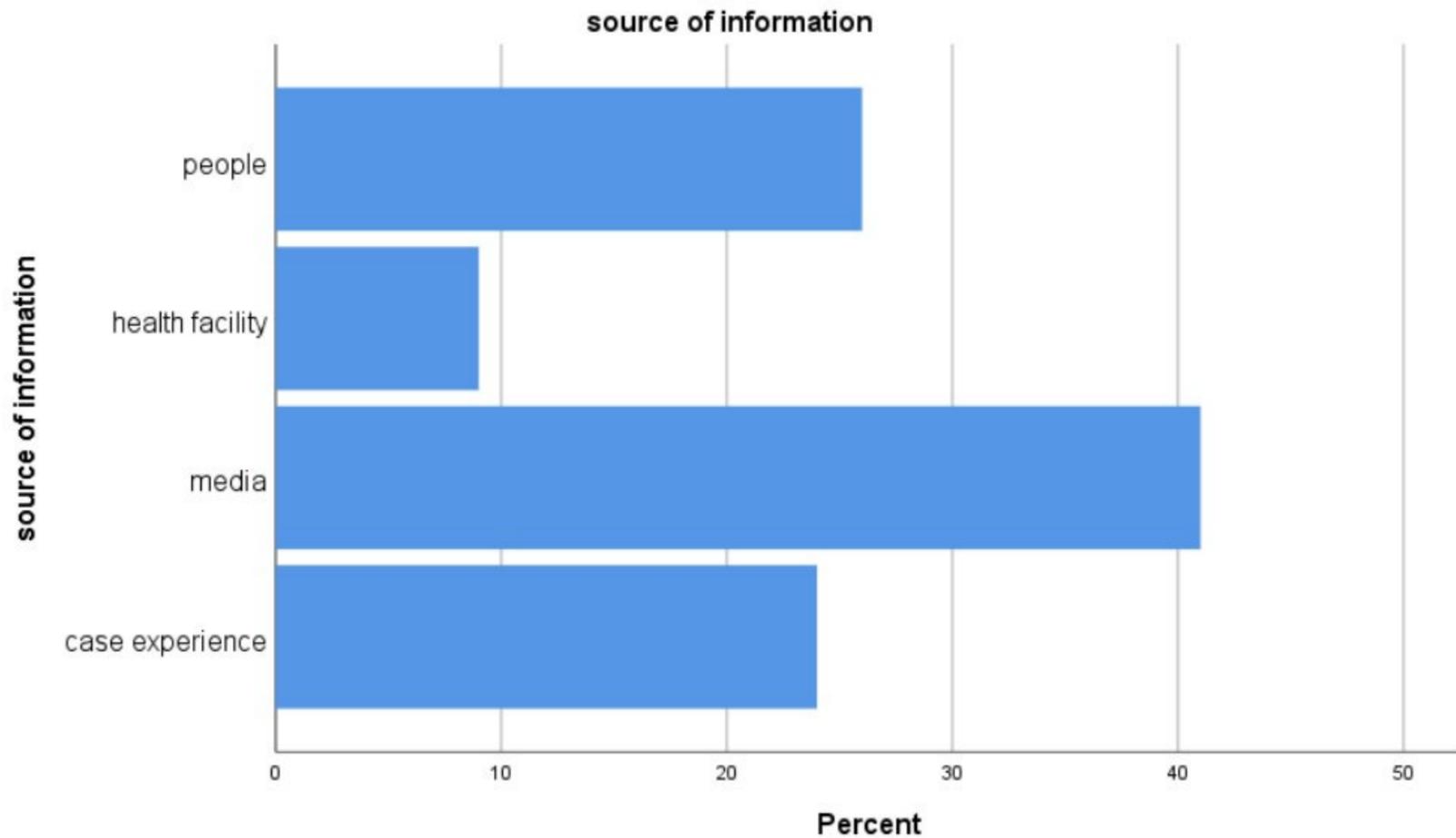
Age patterns of people who came for cancer screening were similar between males and females.

Cancer Awareness

There were evident information gaps about what cancer is among some of the respondents. Surprisingly there was a small percentage of individuals who did not have any information on cancer at all. These individuals were not aware of the disease, most of these individuals were between the ages of 50-85 years old.



Figure 1.2



The leading source of cancer information is the media with local radio stations being the main source of information. Most of the locals identified the local radio stations as their trusted primary source of health information on cancer. They expressed that the information is simplified and easily understood.

24% of respondents learned about cancer through personal experiences from caring for family members and friends suffering from the disease. This group of respondents highlighted that they learned a lot about care for cancer patients, the impact on families and the financial and social strain the disease brings about.

26% of the respondents highlighted learning about cancer from people who are close to them. This is a positive and also a negative thing, people creating awareness and educating others on cancer is very encouraging but it can lead to people sharing false and misleading information.

Wrong information can create negative perceptions about cancer screening services, people downplaying the disease and also myths about treatment.

9% of the respondents reported learning about cancer at health facilities, which is very encouraging. Health facilities provide relevant and facts-backed information to the people., they should be the lead in cancer sensitization.



Cancer Impact

24% of the respondents reported having relatives or friends having died or suffering from cancer. These forms of cancer were reported by the respondents affected: throat, breast, stomach, leukemia, and prostate.

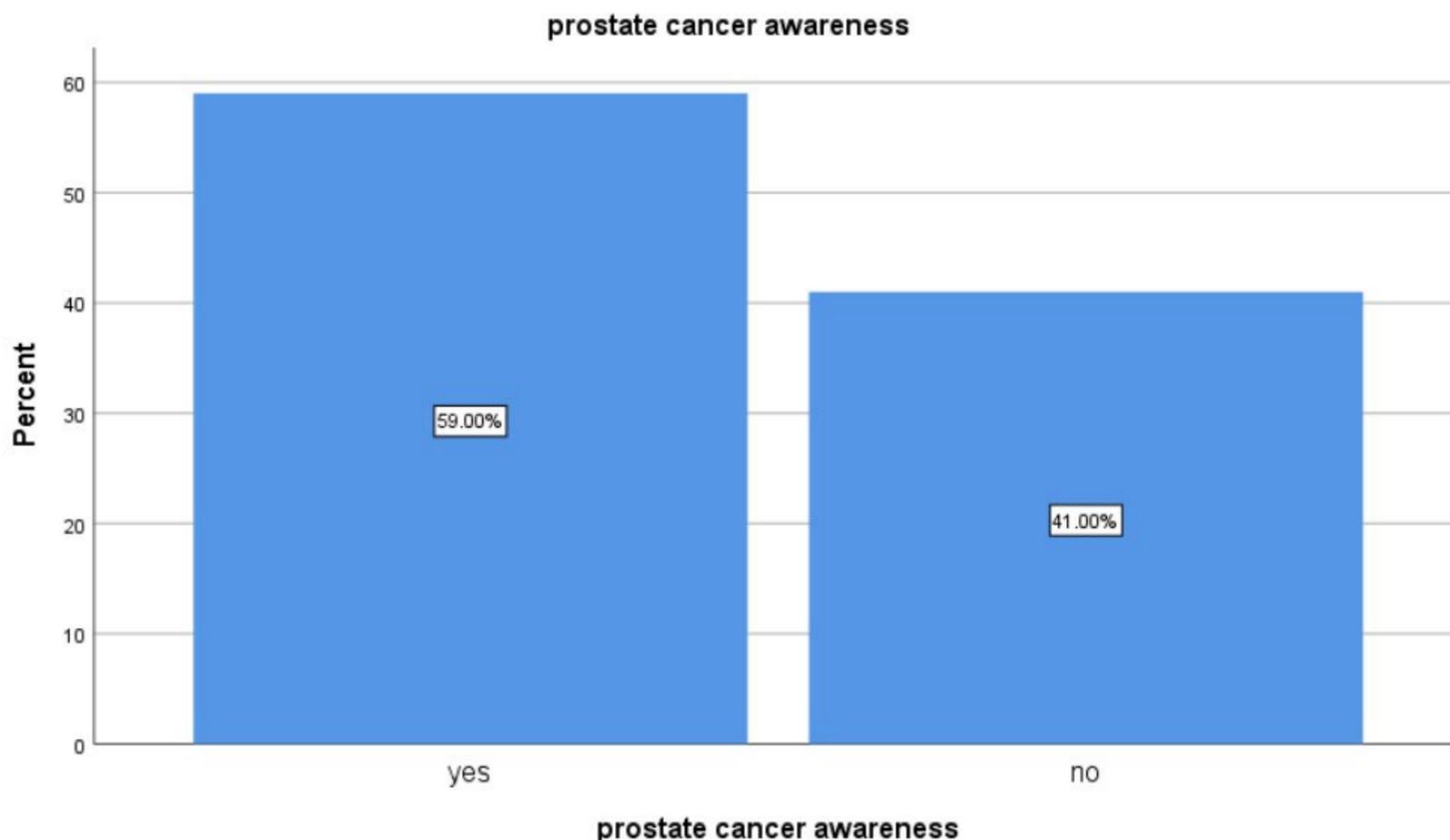
From this small sample, there are indicators that there might be even more families affected by cancer in Athi. To ascertain the actual situation on the ground a more detailed study with a larger sample size needs to be done.



Prostate, breast, and cervical cancer awareness

There is some level of awareness among the locals regarding various types of cancer-like throat, stomach, and breast cancer. Some of the locals engaged seemed to know about these cancer types from personal experiences of taking care of cancer patients, media, and health facilities.

Figure 1.3

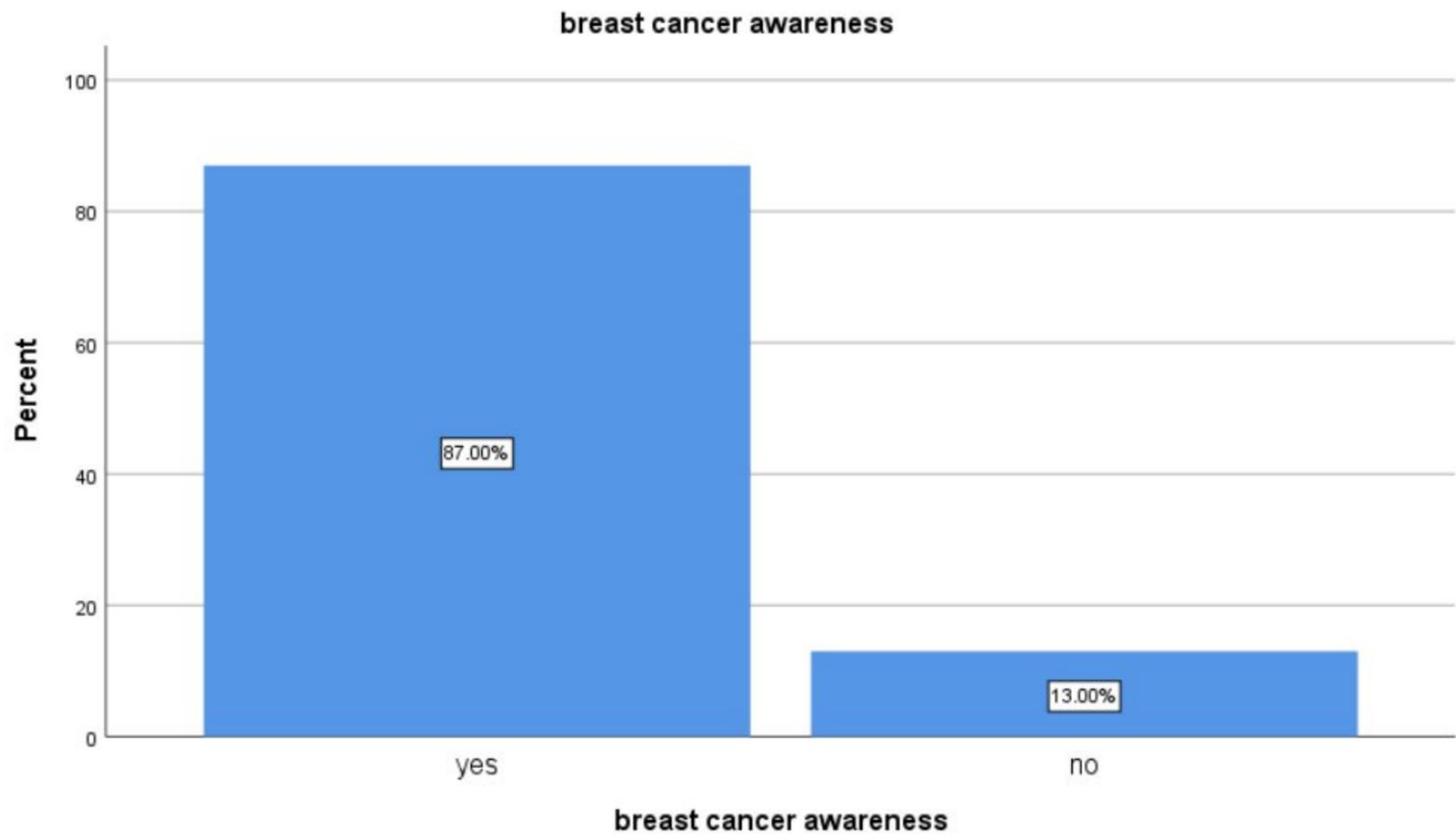


59% of the respondents seemed to be aware of what prostate cancer is and who is affected by it while **41%** of the respondents had no idea who is affected by prostate cancer and some claimed to not have heard of the disease.

More females did not know about prostate cancer compared to males, male respondents in the age bracket of **60-80** years seemed not to know or know very little about prostate cancer. Males in the age brackets of **18-59** years seemed to be more aware of prostate cancer.



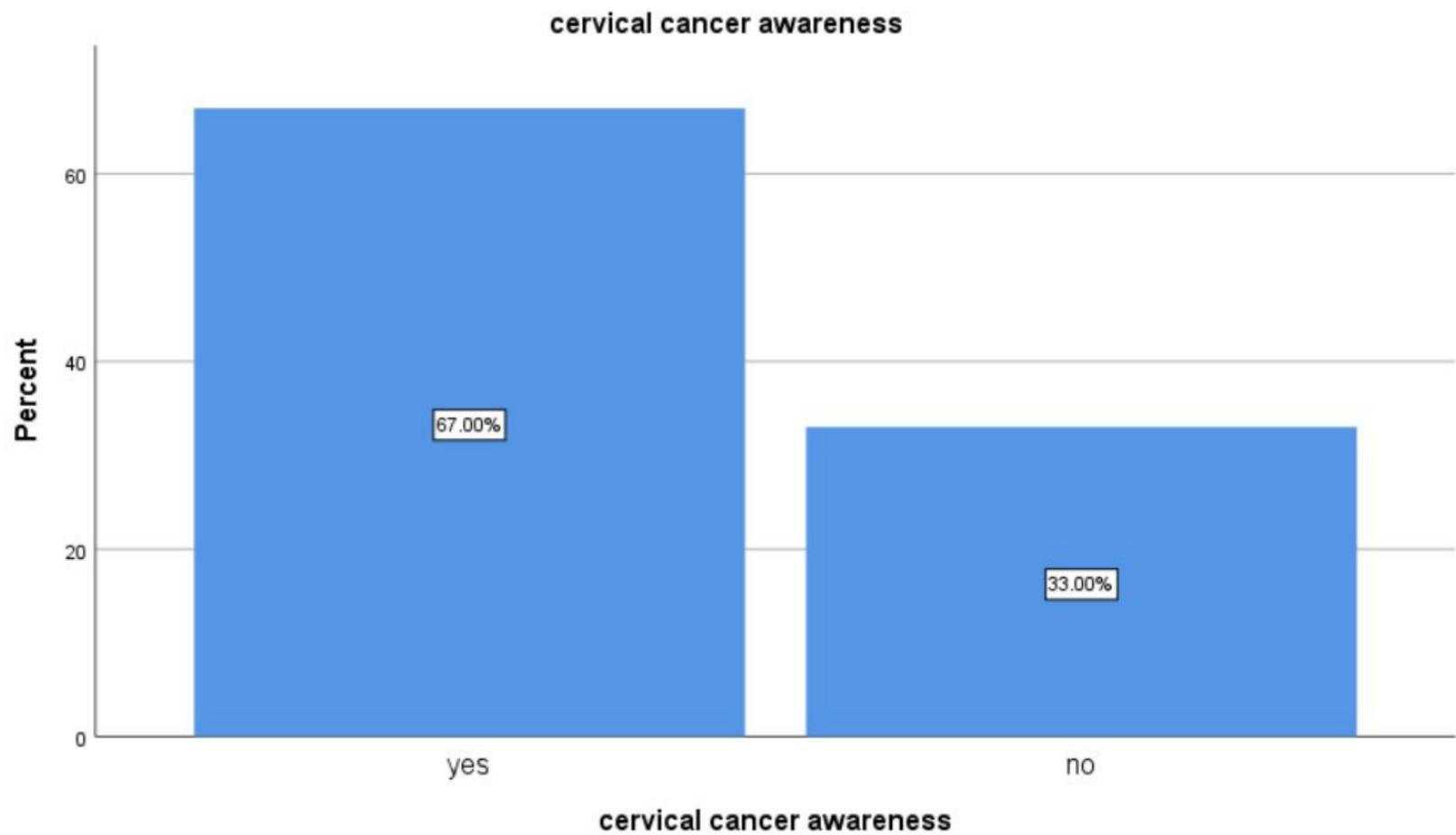
Figure 1.3



In the last decade, many awareness campaigns have been done to raise awareness about breast cancer. These campaigns deployed multiple channels and strategists to reach local communities. It is due to such campaigns that even marginalized communities have some awareness about breast cancer. From the survey, **87%** of the respondents interviewed seemed to know what is breast cancer and who is affected by it. Some of them even knew how to do a self-examination of the breast. Only **13%** of the respondents had very little knowledge or non on what is breast cancer and who is affected by it.



Figure 1.4



33% of the respondents did not know what cervical cancer was and who it affects. More females seemed to not know about cervical cancer compared to males. A common theme among these females was low literacy levels which was evident from them being unable to read and write.

Awareness is greatly influenced by literacy therefore it is possible that due to illiteracy some of the locals miss out on important health messaging and materials and also online campaigns.



Key Deductions from the Survey

- a) The main source of information about cancer for the locals of Athi is the media with the local Radio being the main tool for obtaining information.
- b) It was the first cancer screening for most individuals who came to the free medical camp.
- c) Lack of screening services in Athi, the cost of the services, fear of the process, long distance to screening services and lack of awareness are some of the obstacles hindering the locals from getting screened.
- d) The locals have lower awareness about prostate and cervical cancer compared to breast, throat and stomach cancer.
- e) A significant number of the locals have been affected directly or indirectly by cancer through relatives or friends dying and being sick from the disease.
- f) A significant number of children are affected by malnutrition.

Recommendations

- a) The local health facilities and other stakeholders in Athi need to come together to address the barriers to screening services.
- b) Health workers should be the frontline in sensitizing the community on cancer.
- c) Locals need to be sensitized on cervical and prostate cancer by the various stakeholders in Athi.
- d) A more concise and detailed study needs to be done to ascertain the cancer burden in at.

Identified Gaps

1. Lack of portable examination couches
2. Need of portable cryotherapy
3. Portable thermal ablation machine
4. Portable ultrasound machine
5. More combine manual weigh machines
6. More blood pressure machines
7. More glucometer machines



Volunteer List

Personnel	Number
Oncologist	0
Oncologist nurse	1
Gynecologist	0
Reproductive clinicians	3
Reproductive health nurses	18
Nurse	15
Laboratory technician	5
Nutritionist	5
Pharmacist	13
Clinicians	11
Psychologists	0
Security	4
Psychiatrist	0
Crowd control	10
Media and communication	3
Logistic personnel	5
Research personnel	2
Health record officers	5
Registration clerk	6
Photographer and videographer	3
Welfare officers	11
Logistic Team	6
Total	126



Gallery





Gallery





Gallery





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