



# NALEDI INITIATIVE'S

GUNDUA FREE CANCER  
SCREENING MEDICAL  
CAMP REPORT



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4<sup>th</sup> FREE CANCER SCREENING  
AND MEDICAL CAMP

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**OCTOBER 2022 REPORT**

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## Foreword

Today, cancer is the leading cause of death globally, taking a heavy toll of human lives and destroying families of the cancer patients due to mental agony and heavy cost of treatment. For most of the patients, cancer is detected in the advanced stages leaving little hope for survival. Prevention and early detection is the only way to save the precious life of people.

Screening can detect cancer at an early stage and this goes a long way in ensuring the prognosis is good as compared to late detection. The potential for reduction of the possibility of developing cervical 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 at Naledi Initiative (NI), we are keen to make this screening and medical camp event a long term project. There is some awareness about cancer in Kenya but mostly in the urban setting but as Naledi our focus is mainly in the rural areas because there is lack of information and a lot of misinformation too. Myths and misconceptions exist, as well as stigma. We do the follow-up of patients who are found positive and walk the journey with them. Looking ahead, we hope to have even more partnerships so that we can take our community one step closer to realizing their desire for a cancer-free and healthy future. In 2020, according to the World Health Organization's [International Agency for Research on Cancer](#) (IARC), new cases of all types of cancers increased to nearly 20 million worldwide, and there were 10 million cancer deaths (up from about 17 million and 9.5 million, respectively, in 2018). Current IARC projections suggest that one in 5 people worldwide will develop cancer during their lifetime and that the global cancer burden is projected to rise by about 50% over the next 20 years. The growing cancer burden is driven by aging populations, as well as several risk factors, such as sedentary lifestyles, obesity, and smoking among other predisposing factors.

As it is in many low- and middle-income countries, most cancer cases in Kenya are diagnosed at an advanced stage, when treatment options are limited and families make huge sacrifices, often with poor results. Households not covered by health insurance frequently grasp for dire financial fixes borrowing, selling assets that can plunge them further into insolvency. It is estimated that 70-80% of patients diagnosed with cancer in Kenya are at advanced stages, with high rates of misdiagnosis and inadequate screening hindering early detection.

According to **Global Cancer Statistics 2020**, Worldwide new cases are estimated to be 19.3 million (18.1 million excluding nonmelanoma skin cancer) and almost 10.0 million cancer deaths (9.9 million excluding nonmelanoma skin cancer). Female breast cancer has surpassed lung cancer as the most commonly diagnosed cancer, with an estimated 2.3 million new cases (11.7%), followed by lung (11.4%), colorectal (10.0 %), prostate (7.3%), and stomach (5.6%) cancers. Lung cancer remained the leading cause of cancer death, with an estimated 1.8 million deaths (18%), followed by colorectal (9.4%), liver (8.3%), stomach (7.7%), and female breast (6.9%) cancers.

Developing countries bear 80% of the cancer burden, with only about 5% of global resources devoted to cancer yet the burden of cancer incidences in sub-Saharan Africa is expected to grow to over 85% by 2030. According

to the World Health Organization, Cancer is the third leading cause of death in Africa, after infectious and cardiovascular diseases. In Kenya, Cancer accounted for 9 per cent of all deaths in 2017, representing a growth of 41 per cent between 2010 and 2017. It has been ranked third amongst the leading causes of death (after Malaria and Pneumonia) and first amongst the NCDs since 2011.

Figures from the UN agency further reveal that one in seven Kenyans is likely to die of cancer by the time they are a septuagenarian. One of every 11 deaths in Kenya is due to cancer and 9 women in their twenties die from cervical cancer in Kenya every day. The disease is the third leading cause of death, exceeded only by pneumonia and malaria, according to figures from the Kenya National Bureau of Statistics (KNBS).

Cervical cancer poses a great burden on women's health in Kenya due to its high incidence and the poor prognosis of most patients. Data from qualitative and health-facility based research has provided insights into reasons for cervical cancer screening practices in Kenya. Low screening coverage has been attributed to several factors, including limited access to and availability of screening services, screening cost, lack of trained service providers, inadequate equipment and supplies, inadequate monitoring and evaluation of screening programmes, and a health service system that is overwhelmed by health demands.

The five most common cancers in Kenya are breast, cervical, prostate, esophageal, and colorectal. The leading cause of cancer deaths in Kenya is cervical, followed by breast, esophageal, colorectal, and prostate cancers. The rising incidence of cancer, especially in aging populations, may be attributed to an increase in life expectancy combined with the adoption of unhealthy lifestyles. These include a combination of unhealthy dietary habits, consumption of tobacco and alcohol, and lack of physical exercise. An improvement in the diagnostic capabilities for detecting cancer may also have contributed to the increased incidence of the disease.

## **Acknowledgements**

Naledi Initiative would like to acknowledge the support of our partners: Amwe Movement, Naggis Dutt Cancer Foundation, Department of health services and Revenue Board- Meru County, The International Cancer Institute, Meru Teaching and Referral Hospital, The Amwe Movement, Royal Media Services Group through Muuga FM, Komarock Modern Healthcare Hospital, Meru Doctors Plaza, LifeCare Hospital, Grace Park Medical Center, Kanyakine Sub-County Hospital, Nanyuki Cancer Support Group, Gundua Health Center, Tiriji Foundation and Rotary Club of Meru for providing resources in terms of Human resource, The space for culminating our cycling and walk, monetary and in-kind. Deep gratitude to all our volunteers and the technical working group who have demonstrated commitment, enthusiasm and teamwork in all our medical camps.

## **Summary of the report:**

Our 4<sup>th</sup> Free Cancer Screening Medical Camp was held on 8<sup>th</sup> October, 2022 at Gundua Primary School in Buuri West Sub-County in Meru County. The camp was successful despite last minute change of the location which was caused by unavoidable circumstances. We were privileged to have some very active and committed partners and volunteers who made the medical camp very successive, we were able to serve significant number of people from different backgrounds, age and locations. The medical camp was made possible through the volunteers and partners who sacrificed their skills, time and resources for this noble cause. During this free medical camp, we attended to a total of **561** clients distributed as **327** female, **204** male and **30** children. **158** women were screened for both cervical and breast cancer, **4** was positive for via villi and **4** were suspicious cases for cervical cancer and they are currently undergoing further investigations at Meru Teaching and Referral Hospital (MeTRH). **3** women were found to have breast abnormalities (lumps and masses) and they were also referred to MeTRH for further investigation and follow-up. **67** men were screened for prostate cancer and **3** were positive and they are also on follow-up. **73** volunteers both medics and non-medics participated and **5** ambulances from different hospitals were on standby in case of any emergency.

## **Breast Cancer Awareness Campaign.**

Prior to the free medical camp, on 1<sup>st</sup> October 2022 two groups embarked on cancer awareness campaign dubbed cycling and walking in pink to create breast cancer awareness.

### **Cycling**

There were two teams involved; one from Nanyuki Town in Laikipia County and another one from Meru County with one mission “Let’s Close the Care Gap”.

Laikipia County Team left Nanyuki Town early in the morning (elevation of 1940m to 2400m=460m climb) to Kisima, 45 kilometers ride.

On arrival at Kisima, they were joined by 24 cyclists from Meru who decided to challenge themselves to cycle the more difficult route via Subuiga (elevation 1880m to 2400m =520m climb) 11 kilometers uphill.

A peloton of 26 cyclists, with support vehicle and crew, and an ambulance rode to Meru. All 26 cyclists covered a distance of 78 kilometers that day.

Upon arrival on the outskirts of Meru, they were met by a group of 66 cancer awareness walkers in pomp. Both the cyclists and the team that was walking joined together for a procession with cancer awareness banners on the vehicles and one carried by two skaters, marched and cycled to the center of Makutano (Junction of Meru Town, Nanyuki, Maua and Isiolo). Our guest speaker was Dr. Joseph Wahome Mukundi the Chief Executive Officer of Meru Teaching and Referral Hospital and Ag. Chief Officer Health Service in Meru County. The Event was covered by our national media houses: Citizen TV, National Television (NTV), and our local media houses: Weru TV, Muuga FM, Weru FM and Mlima FM.

## **The Walk**

66 participants took part in the walk that started at Meru town Tusksys stage. The participants were drawn from the general public, cancer survivors, Rotarians, media houses, various hospitals among others.

The walk started with some warm up activities and it was flagged off at 9.00AM by the chief guest of the day Dr Joseph Wahome Mukundi the C.E.O Meru Teaching and Referral Hospital as well as the Ag Chief Officer Health services Meru County.

The walk covered a distance of 10KMs focusing mainly areas with high numbers of people (Meru town, Gakoromone Market, Makutano market) to reach them with cancer awareness messages as well as doing mobilization for the Gundua Medical camp that was scheduled for the following weekend 8<sup>th</sup> October 2022.

We had a powerful public address system that was used to pass information ranging from the predisposing factors to cancer, need for early detection, the importance of practicing good dietary habits and adopting healthy lifestyles including physical activities.

The walk participants were accompanied by two ambulances and they had banners and pamphlets with cancer messages that were issued to the general public during the walk. The cyclists joined with the walking team at Makutano for a procession around the busy Makutano market.

After the procession the participants and the general public were gathered together at the personality parking space which was the finishing point for the walk and cycling. We had the speeches from the Key note speaker Dr Joseph Wahome, some cancer survivors and the other key stakeholders. The activity ended at around 3.00 PM and it was very successful.

The event was covered by Citizen TV, NTV-Nation Media, Weru TV, Mlima TV, Muuga FM, Weru FM and Mlima FM.

## **Partners and Volunteers**

### **We had the following partners for Gundua medical camp:**

- Muuga FM
- Nurgis Dutt Foundation
- International Cancer Institute
- Doctors plaza hospital
- Lifecare hospital
- Gracepark hospital
- Komarock hospital
- Meru Teaching and Referral Hospital
- Kanyakine Sub-County Hospital
- Nanyuki Cottage hospital

**We had 73 volunteers working in the following capacities:**

- Cooks
- Registration personnel
- Pharmacy department
- Prostate cancer examination
- Breast cancer examination
- Cervical cancer examination
- Nutrition assessment and counselling
- Family planning services
- Survey
- Crowd control
- Dental services

**Some of the key highlights from the medical camp are:**

- Community members expressed need for more awareness creation
- Some people came from very far like Tigania East to attend the medical camp
- Significant number of the people assessed that day were clinically obese
- There was a significant number of children who were served
- People had positive view on cancer screening
- Lack of accessibility of healthcare services by the community members has led to their conditions deteriorating
- People of different ages were served at the medical camp

**Breakdown of the Medical Camp Manpower**

**Health Providers**

<b>Categories</b>	<b>Number</b>
Doctors	3
Dental Personnel	2
Gynecologist	1
Nurses	15
Clinician	6
Lab Technologist	2
Pharmacy personnel	12

Nutritionist	6
Data Clerks	6
Physiotherapist	1
Cooks	6
Physical Fitness Instructor	1
Media house (Muuga and Citizen)	7
Survey team	2
Crowd management	3

**561** individuals were served during the medical camp, **327** were females while **204** were males and **30** were children.

#### **Nutritional assessment:**

<b>Services</b>	<b>Male</b>	<b>Female</b>	<b>Totals</b>
Nutritional assessment	153	269	422
Normal weight	104	152	256
Underweight	20	20	40
Overweight	23	63	86
Obese	6	34	40
Nutrition counselling	49	117	166

#### **Some of the key deductions from nutritional assessment include;**

- A significant number of the community members seem to be underweight or overweight (double burden of malnutrition) which can be attributed to poor dietary and health practices .The underweight could be a pointer to the current nutrition insecurity being experienced in the country.
- Majority of the people served do not really put much consideration into what they eat, for them the most important thing is that they can eat something and satisfied.
- A good number of the people served that day were overweight, which is a predisposing factor to a number of lifestyle conditions such as cardiovascular, diabetes, dietary practices related cancers among other health conditions

# CANCER SCREENING REPORT

## Cervical cancer screening:

Total served	Via Villi	HPV	Normal	Positive	Suspicious
126	126	16	122	4	3

The positive case was referred to Meru teaching and referral hospital.

## Breast cancer screening:

Total served	Normal	Abnormalities
158	157	1

The case was referred to Meru Teaching and Referral hospital.

## Men PSA test:

Total served	PSA	Positive
74	74	3

## Family planning:

Family planning long term method (Implant)	Family planning (Microgynon)	IUC removal
5	6	1

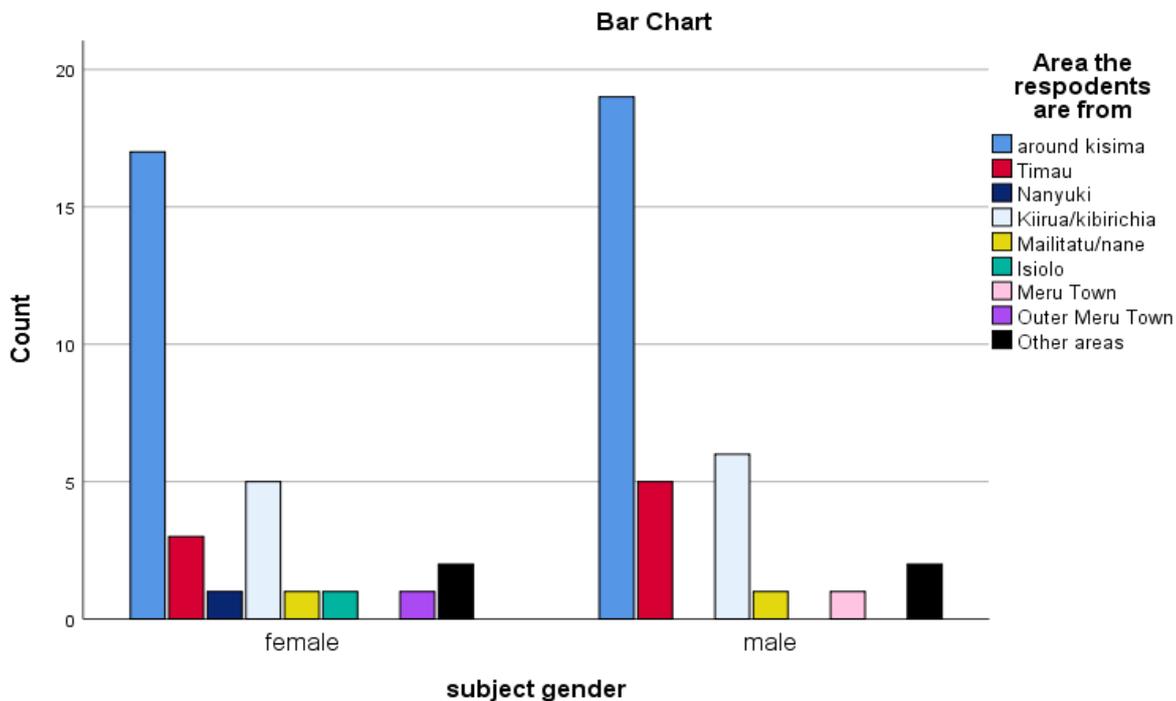
## Random Blood sugar test:

Total Served	Normal	High Blood sugar
137	131	6

## SURVEY ANALYSIS:

The survey had 65 respondents which is about 11% of the total population, 31 were females while 34 were males which constituted to 52% being males while 48% were females.

### Location of respondents:



Based on the results of the survey we can confidently say that most of the individuals served at the medical camp came from the following areas:

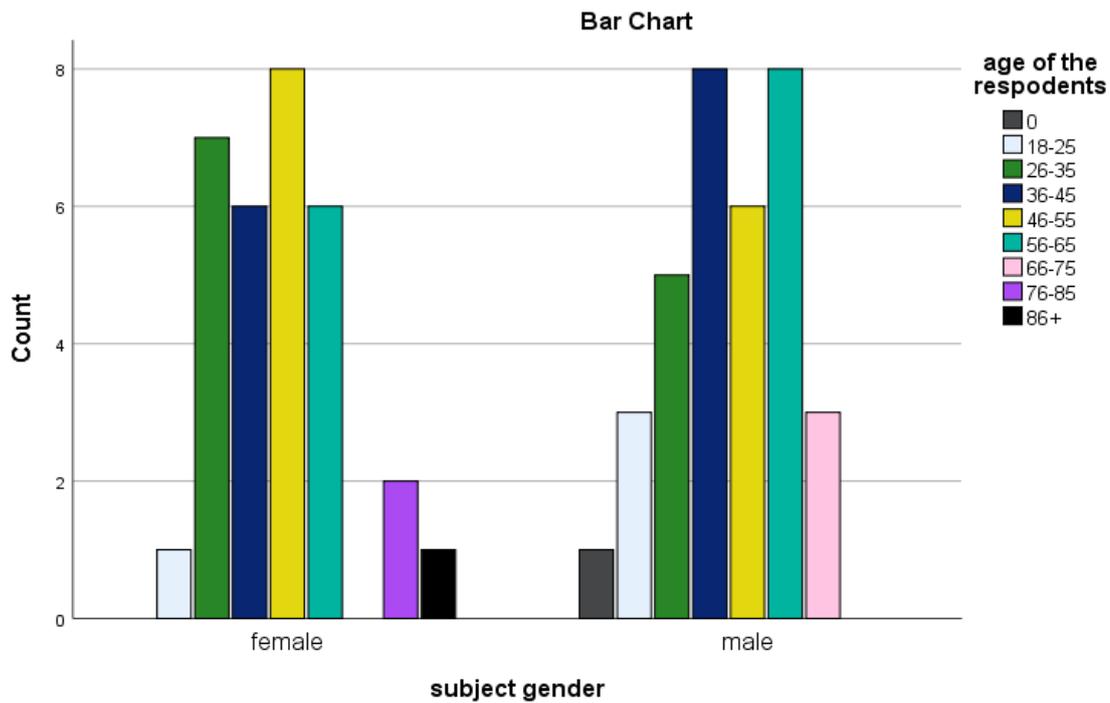
#### Around kisima

- Timau
- Nanyuki
- Kiirua/Kibirichia
- Mailitatu/nane
- Isiolo
- Meru town
- Other areas (Maua, Tigania East, West, Kageta)

One of the most interesting deductions from the data is that a good number of the respondents came from far areas like **Tigania East, West and Kageta**. This observation shows that people in those areas are very desperate for cancer screening services for them to be travelling such distances to get the services.

A good number of the people were also from the areas around **Ntugi, Kibirichia and Kiirua**. The turnout for the medical camp was great because people came from many areas around Kisima and far from Kisima.

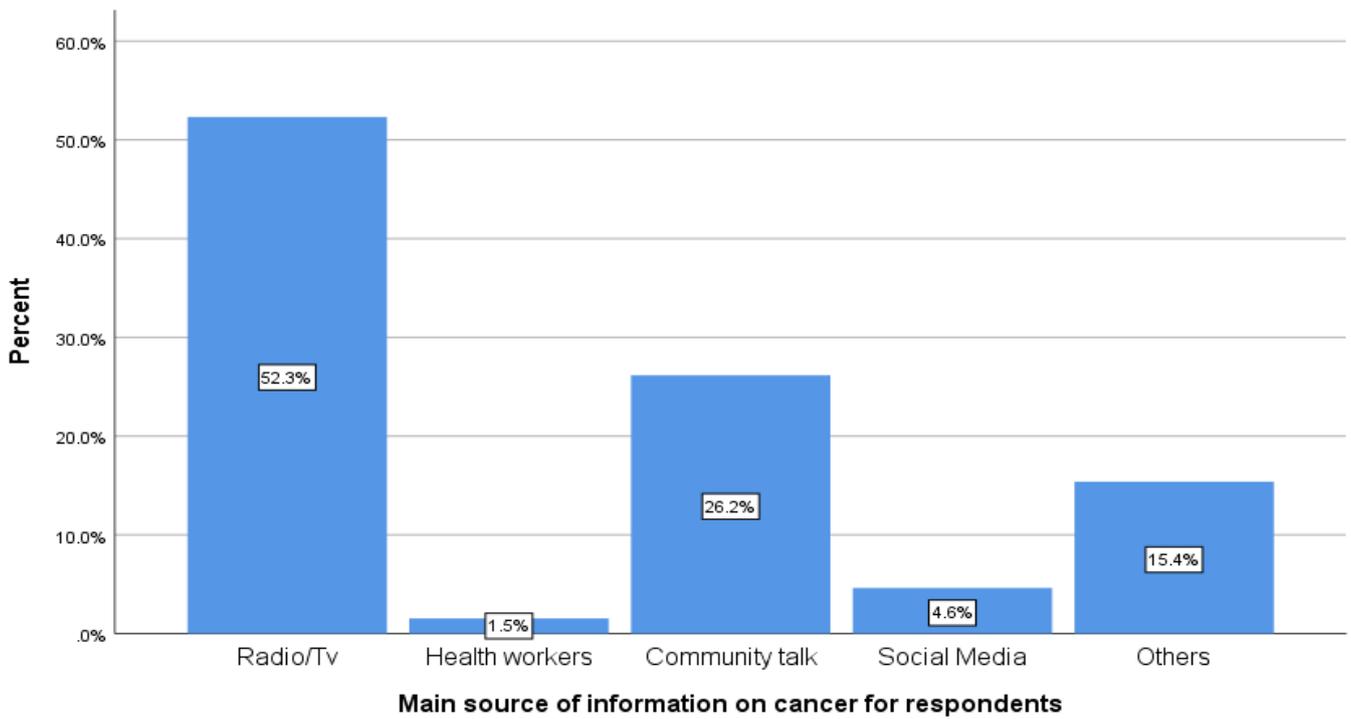
## Age of respondents:



Clients who were served were within different age groups, majority of the people in the survey being between the ages of **35-66 years**. This age category was observed to be the main age category even in the previous medical camps. There was also another small number of people between ages of **18-25 years old** which was very encouraging. It is a nice trend to see such young people seeking services in medical camp despite the norm that only old and middle-aged people ordinarily seek services during medical camps.

Another interesting fact is that there was a significant number of individuals below **18 years** who came for the medical screening, most of them were students from nearby schools in Kisima. There were very few people beyond the age of **86 years** who came for the medical camp based on the data we obtained.

## Sources of Cancer information:

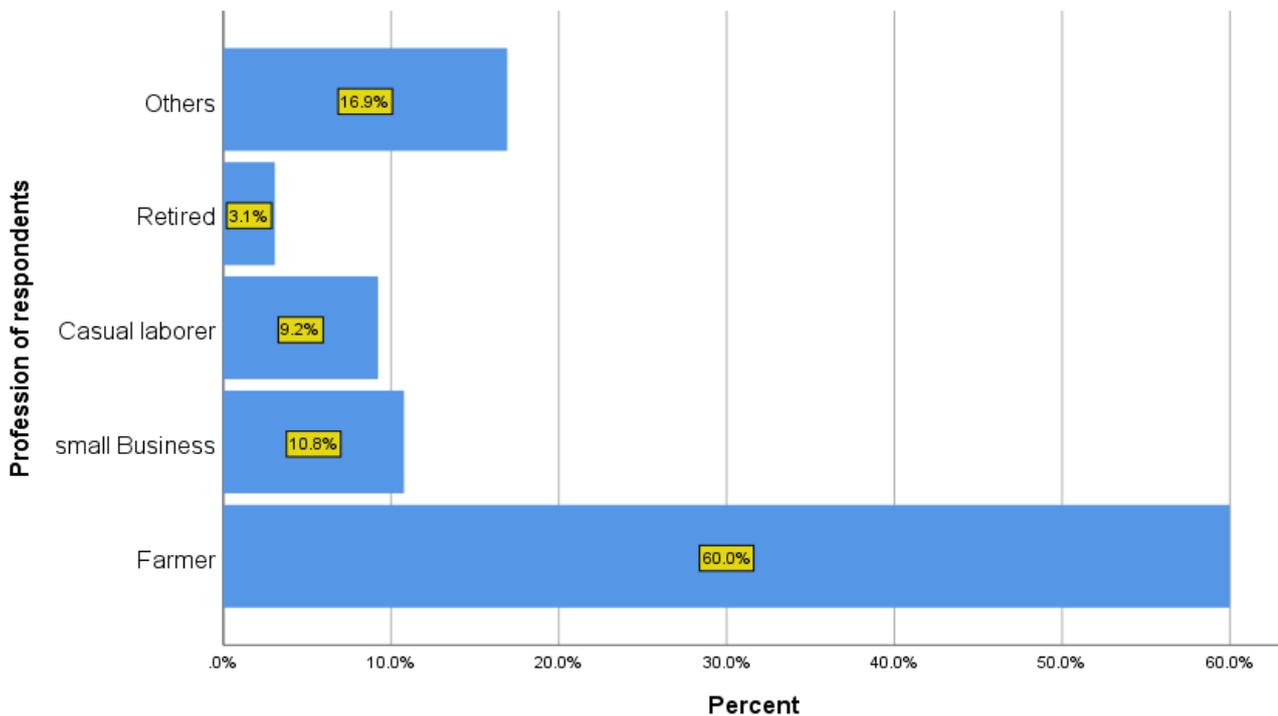


**52%** of the respondents said that their main source of information for cancer is Radio/TV while **26%** get their information from community talk. Only about **2%** of the respondents get cancer information from health-workers.

**15%** of the respondents got the cancer information from other sources such as funereal of cancer victims, doing personal research to learn more and hearing stories from cancer survivors.

From the data it is evident that more needs to be done more so by health workers to provide relevant cancer information to individuals when they visit health facilities or even during health talks within the community.

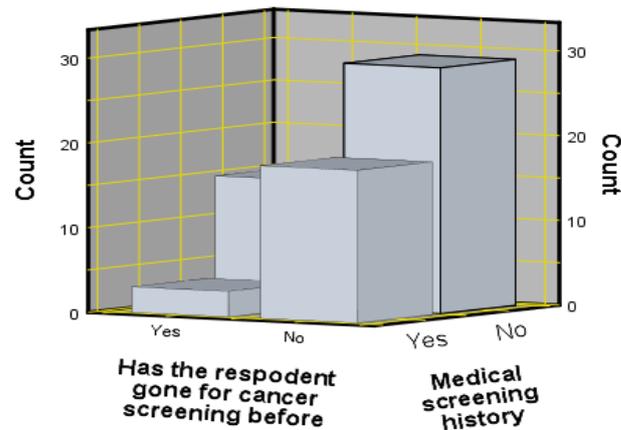
## Respondents' profession:



Medical camp was held at Kisima where farming is the main source of livelihood for the community members hence **60% of the respondents** were farmers. **16%** of the respondents were house-helpers, teachers, guards, plumbers and electrical technicians. **9%** of the respondents we engaged with were casual laborers who work in the flower farms

From our sample size it is evident that majority of the individuals who came for the medical camp were farmers and most of them were not economically stable based on the percentages of casual laborers and small business owners. Some retired individuals also came for the medical camp.

## Medical screening history:

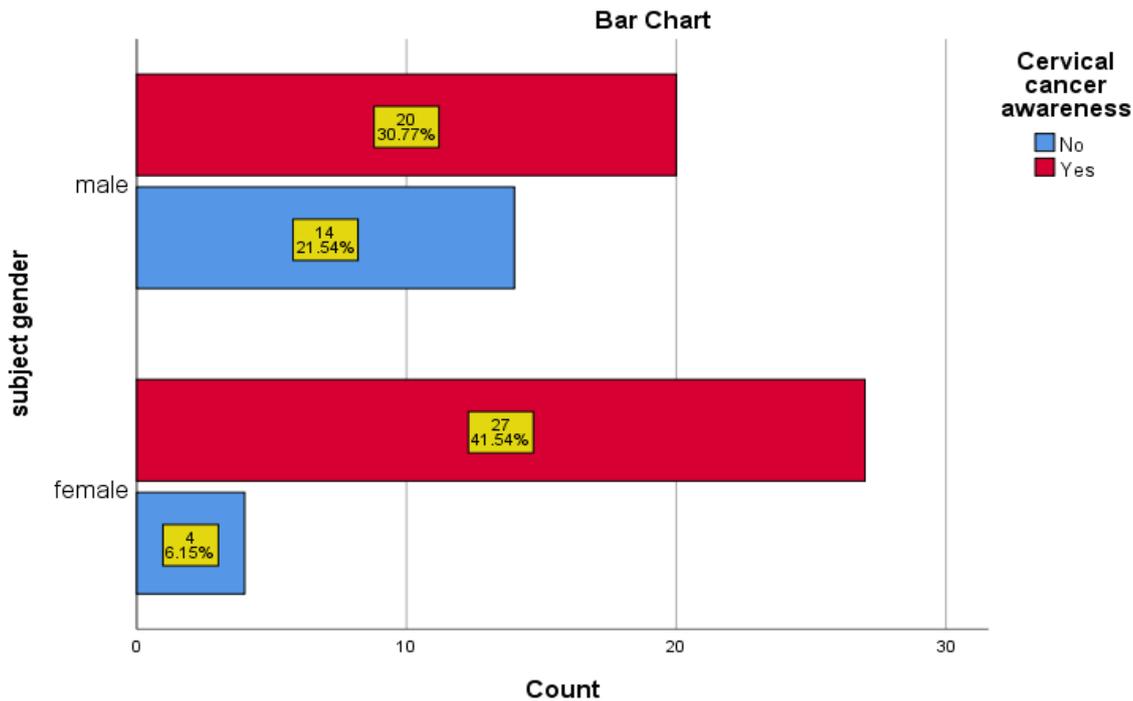


**72%** of the respondents we interviewed have **never gone** for cancer screening before, the camp was their first time. **12%** of the respondents said that they had gone for cancer screening before, most of them said that the medical camp was their second cancer screening while a tiny number said it was their third time.

**68%** of the respondents said that they have never gone for medical screening unless when they fall sick and go to the hospital for treatment that is the only time they get a checkup. We assume this is the same trend among the entire population of the people who were served by the medical camp. Probably the economic aspect influences health seeking behavior to a great extent which explains the low in-take of health services in terms of going for checkups.

## Cancer Awareness:

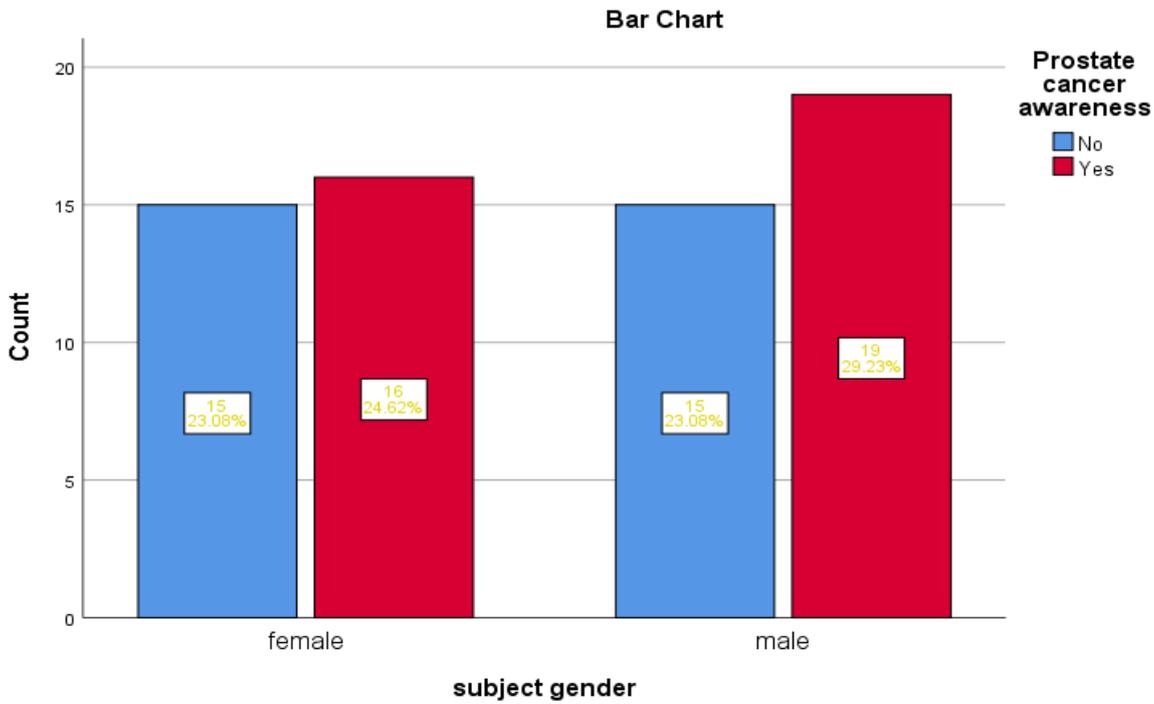
From engagements with the respondents, it is clear that there is gap in terms of knowledge the people had in regards to different types of cancer. Yes, the respondents exhibited positive mindset on cancer screening but some of them only knew of cancer in the context they heard people speaking about it.



Among the females engaged **6%** did not really understand who is affected by cervical cancer and which body part is affected. That is a significant number which should be taken seriously, every person more so females should be aware of what cervical cancer is and who it affects.

Among the males engaged **21%** were not aware of what cervical cancer is and who it affects. It is very important for both males and females to be sensitized on cervical cancer.

On prostate cancer awareness there are knowledge gaps among male and female, **23%** of males engaged did not know what prostate cancer is and who it affected while **23%** of females engaged also did not know what prostate cancer was and it affected.



However on other types of cancer like stomach, throat and leukemia the respondents seemed to be fully aware on who is affected by those cancers and even the implications connected to having those type of cancers. Most of their knowledge seemed to have been obtained from close personal relationships with people who have suffered from those types of cancer.

**Cancer effect on family members:**

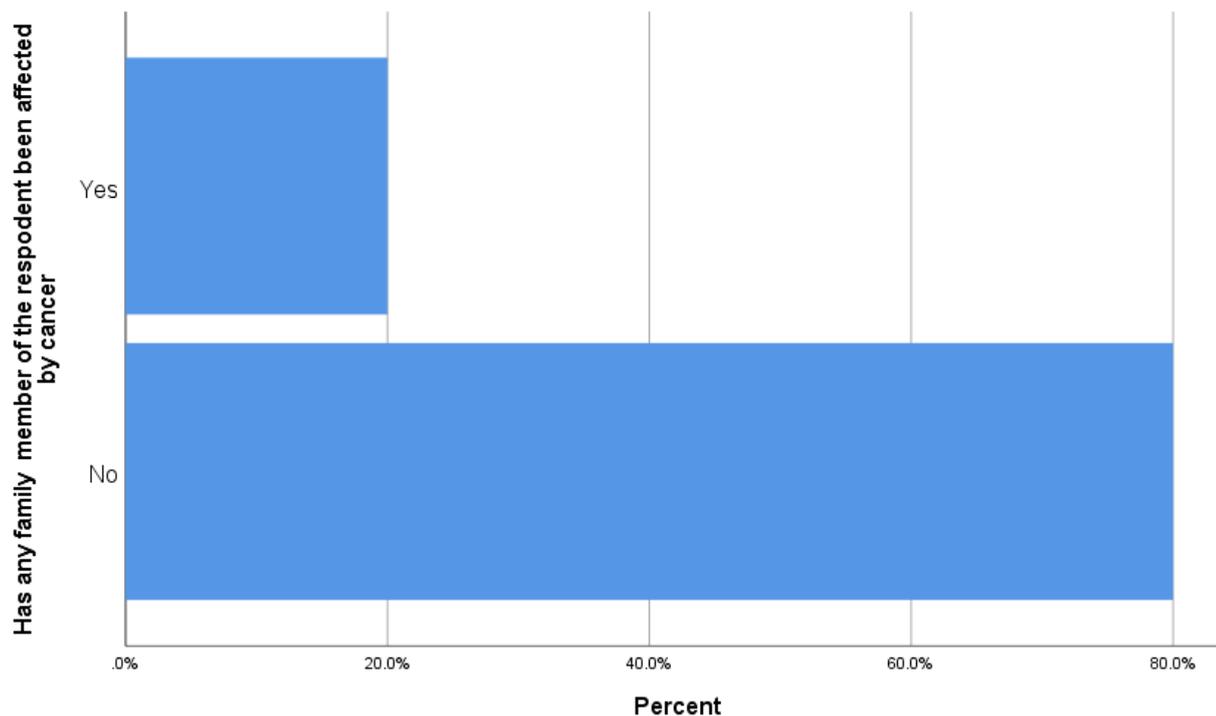
**20%** of our respondents confirmed that one of their close or extended family member had been killed or affected by cancer. Two of the respondents we engaged with had lost their niece and mother in the previous year through throat cancer. In the broader context of things this is a significant number which shows how people are being killed by cancer in our communities.

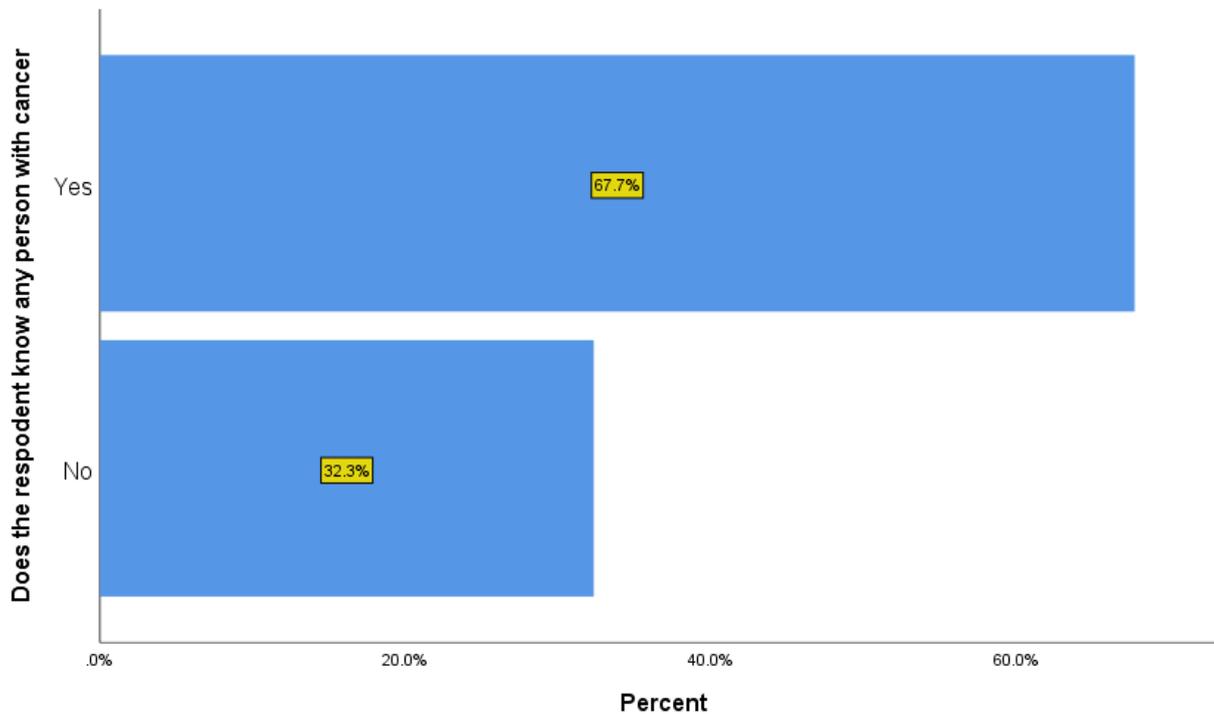
**68%** of the respondents we engaged with claimed to have known an individual suffering from cancer who they were not related to, this fact shows how common cancer has become among all races, tribes and socio-economic groupings within our communities.

## Obstacles preventing people from going for cancer screening:

Some of the reasons given by the respondents on reasons and obstacles hindering them from going for cancer screening include;

- Misguided fear of the screening process
- Lack of awareness
- Lack of the services where they live
- Financial constraints hindering access to health services





### **Key deductions from the survey:**

#### **Key positive observations from the medical camp:**

- The medical camp was successive
- The crowd management was amazing. The flow for the patients was quite orderly
- Volunteers were well organized and played their role well
- Turnout for the medical camp was great
- Primary target for the medical camp was farmers and that was met.

#### **Key gaps identified from the medical camp:**

- Waste management and disposal was an issue which can be worked and improved on.
- There was shortage of clinicians
- Some supplies were missing e.g. bin liners
- The meals were served a bit late that is for both the tea and lunch
- Reports- There was no one particular was in charge of all the reports
- The serving of the meals was not timely
- Some people were idle and played no significant role during the medical camp

## Recommendations:

- ✓ Ensure the clinicians are at least 10 in our future camps to offer clinical consultation to the big numbers that attend the free medical camps.
- ✓ Meals to be served in good time and in a controlled flow to ensure that every volunteer takes the meals
- ✓ Come up with a clear plan of waste management
- ✓ Ensure all the supplies are availed prior to the medical camp day
- ✓ Need to assign someone to collect all the reports and necessary data

## Future Plans.

**Creation of awareness on cancer through various channels** – Naledi Initiative will embark on creating awareness on cancer among the general public through various platforms including social media, mainstream media, virtual events and physical events. This is a preventive aspect of addressing the cancer menace which is a cheaper public health intervention as compared to only focusing only on curative aspect.

To seek partnership with key stakeholders like government, non-governmental organizations, health institutions, schools and community leaders to work together to identify feasible and sustainable educational programs that target various cancer prevention strategies as well as early detection.

DATE	ACTIVITY	WHERE
21 <sup>st</sup> – 23 <sup>rd</sup> November, 2022	Regional Workshop. Cancer Support Group	Mt. Kenya Region (Meru County, Kirinyaga County, Embu County, Tharaka Nithi County)
1 <sup>st</sup> -4 <sup>th</sup> February,2023	Cancer Prevention awareness Campaign. <ul style="list-style-type: none"><li>➤ Cycling/Camping Fundraising Tour (Around Mt. Kenya).</li><li>➤ Walk</li></ul>	Meru County Laikipia County Nyeri County Kirinyaga County Embu County Tharaka Nithi County
17 <sup>th</sup> ,24 <sup>th</sup> June, 2023	Free Cancer Screening Medical Camp.	Tharaka Nithi County
July-August,2023	7 Peaks 7 Weeks Fundraising Challenge	East Africa
October, 2023	Free Cancer Screening Medical Camp	Meru County

## **Who should get involved?**

Whoever you are – a cancer survivor, co-worker, a caregiver, a friend, a leader, healthcare worker, teacher or student – you have the power to take action.

### **1. YOU AND ME**

#### **Together, individuals; create change**

Every individual action has the potential to make a difference for ourselves, the people we love and the world. It's time to make a personal commitment.

### **2. COPORATES**

Companies and businesses are powerful initiators of positive change. Use your influence to inspire action among your employees, investors, suppliers and customers.

### **3. CITIES AND TOWNS**

#### **Leading the way**

These activities will be happening in your streets and in your communities. Show how your city/town is leading the way towards a world less burdened by cancer.

### **4. GOVERNMENTS**

#### **Government action for impact**

Governments have the power to help move nations towards a healthier, brighter future for their nation. Show your country's commitment to keep cancer away.

### **5. HEALTHCARE PROFESSIONALS**

#### **Credible voices**

You have the world's attention. As a healthcare professional, your voice matters. Add your voice on cancer awareness.

### **6. SCHOOLS AND LIBRARIES**

#### **Empowering the next generation**

Teachers, librarians, students and parents can learn more, raise awareness, take action and engage to influence the health and well-being of the next generation.

### **7. CANCER ORGANISATIONS**

#### **Local impact and global relevance**

Cancer organizations all over the world have the opportunity to unite under a single banner and speak with a collective voice for global impact. Join us for these activities to keep cancer away.

# Gallery

# Gallery



# Gallery



## OUR PARTNERS

# OUR PARTNERS



**KOMAROCK MODERN**  
HealthCare  
*your pillars to better health*



## NALEDI INITIATIVE



naledinitiative



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