NALEDI INITIATIVE'S

RABAI SUB-COUNTY FREE CANCER SCREENING AND INTEGRITED MEDICAL CAMP IN KILIFI COUNTY

5th FREE CANCER SCREENING AND INTEGRATED MEDICAL CAMP

APRIL 2023 REPORT

ACKNOWLEDGEMENTS

We gratefully acknowledge the NARGIS DUTT Foundation, County Government of Kilifi Department of Health Services, Komarock Modern HealthCare Hospital, Biodeal Laboratories LTD, Wessex LTD, Mabati Health Centre, Mikindani Hospital, Volcan Holding LTD, Sirimon Cheese, Tiriji Foundation and host Rabai Secondary School who committed their resources in terms of monetary and in-kind.

Special thanks to Naledi Initiative 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.

FORWARD

According to WHO, cancer is the third-leading cause of mortality in Kenya after infectious and cardiovascular diseases. In 2011, Kenya's National Cancer Control Study reported an estimated **37,000** new cancer cases and **28,500** cancer deaths in the country. In 2018, the International Agency for Research on Cancer Global Cancer Incidence, Mortality and Prevalence (GLOBOCAN) data projected an increase to **47,000** new cancer cases and **32,987** cancer deaths in Kenya. The number of new cancer cases is expected to rise by more than 120% over the next 2 decades.

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.

A study in rural Kenya showed that, although more than 80% of respondents had heard of breast cancer, fewer than 10% of women and male heads of households had knowledge of two or more of its risk factors.

In addition to the lack of awareness, there are several noted gaps in the implementation of the proposed well-intentioned policies for cancer prevention. These gaps include inadequate financing for cancer services, inappropriate use of human resources, limited research and data to support policy formulation, and the concentration of cancer services in urban areas.

The implementation of screening and early detection programs is a cornerstone of cancer prevention. Despite evidence that early detection saves lives, global disparities in access to services persist. Barriers to cancer screening include lack of provider availability, community access to screening and community demand for 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. Finally, client demand for screening can pose as a barrier in situations where individuals are unaware of the benefits of screening, do not perceive themselves at risk, or fear screening results.

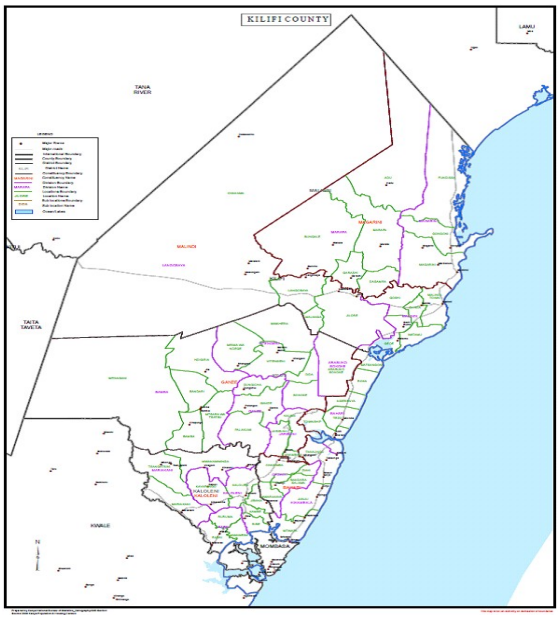
Screening can detect cancer at an early stage enabling people to receive treatment when it is highly effective. This is key for women and girls in particular and men in general. The potential for reduction of the possibility of developing cervical cancer later in life is high if early screening is done. This however, does not eliminate the need for regular screening when women get older and that is why at Naledi Initiative **(NI),** they are keen to make this screening and medical camp event a long term project to the low incoming rural communities. They are looking ahead, they hope to have even more partnerships so that they can take our community one step closer to realizing their desire for a cancer-free and healthy future.

For the year 2023 we held our first Free Cancer Screening and Integrated Medical Camp outside of our area of operation Meru and Tharaka Nithi Region, where we have screened and seen **6,323** people in **6** medical camps. The camp was held at Rabai Sub-County in Kilifi County, the Coastal Region of Kenya.

Overall, the medical camp was a success and a great opportunity for the team to learn and improve our service delivery and procedures for future medical camps.

The following is a breakdown of the medical camp based on the following domains:

Location:



The medical camp was held at Kilifi County, in Rabai sub-county. Kilifi County covers an area of approximately 12,610 $KM^{2,}$ the county is found at the coastal region of the country.

Kilifi County is surrounded by the following counties, Tana River to the North, Taita Taveta to the West, Mombasa and Kwale to the South and Indian Ocean to the East.

The county has following sub-counties; ***Malindi, Kilifi North, Magarini, Kaloleni, Kilifi South, Rabai and Ganze.*** According to the Census of 2019 the county has a population of 1,453,787.

The free cancer screening and integrated medical camp was held in Rabai sub-county at Rabai secondary school, Rabai Sub County is the smallest sub-county in terms of area occupied.

Rabai sub-county has the following wards:

- Mwawesa
- Rabai
- Kisurutini
- Kambe/Ribe

Main inhabitants of this sub-county are;

- Wa Rabai
- Wa Kambe
- Wa Giriama
- Kambes
- Others

Partners

For every medical camp that we organize there are great and supportive partners who supported us both monentary and in-kind to make the medical camps a success.

The following were the partners for the Rabai medical camp;

- Kilifi county government department of health services
- Nargis Dutt Foundation
- Komarock Modern HealthCare Hospital
- Biodeal Laboratories LTD
- Wessex LTD
- Sirimoni Cheese
- Mabati Medical Centre
- Tiriji Foundation
- Mikindani Hospital
- Vulcan Holdings LTD

Personnel

There were 36 volunteers who travelled from Meru to Kilifi for the medical camp, this group linked up with health workers from Rabai Sub-County Hospital, Mabati Medical Centre and Mikindani Hospital. In total for there were roughly around 50 people who made the medical camp possible.

Here is a breakdown of the personnel:

Personnel	Number
Reproductive Health Nurses	7
Reproductive Health Clinician	1
Clinician	10
Laboratory technician	5
Nutritionist	3
Pharmacist	6
Logistic Team	6
Data officer	8
Hospitality	3
Health Researchers	1
Health Records Officers	3
Community Health Volunteers	5
Photographer	1
Vaccinations officers	4
Total	**63**

Health service breakdown:

The following nutritional services were offered to the community members of Rabai Sub County;

- Nutritional assessment-measuring of weight and calculation of BMI

Table 1.0

Services	Male	Female	Totals
Nutritional assessment	143	310	453
Normal weight	74	144	218
Underweight	10	28	38
Overweight	11	38	49
Obese	6	22	28

Key deductions from the nutritional assessment:

a) 48% of the community members who attended the medical camp had normal weight based on the calculation of their BMI.

b) 11% of the community members who were assessed were overweight based on their calculation, probably this can be attributed to their cuisine which comprises mostly of starch and oily foods.

c) 8% of the community members were underweight with the majority being females, long sustained periods of drought in Kilifi County and the rest of the country had made access and availability of food scarce for low-income communities like the residents of Rabai.

d) 6% of the community members were clinically obese, considering the demographics and socio-economic strata of the Rabai community this is a worrying trend which should be addressed. Obesity is a risk factor for other conditions such as hypertension and diabetes.

Cervical cancer screening

Naledi was founded on the primary goal of offering free cervical cancer screening services to vulnerable women in marginalized rural communities these services are not accessible and affordable.

Every lady who attends our medical camp is normally encouraged to have cervical and breast cancer screening apart from the other health services provided.

Table 1.1

Total served	Via Villi	HPV	Normal	Positive	Suspicious
183	183	0	178	4	1

Key deductions from cervical cancer screening:

a) 59% of the females who attended the medical camp were screened for cervical cancer.

b) Some of the females who came to the medical camp feared being screened while others came specifically for other health services, this may be the reason why not all the ladies were screened for cervical cancer.

c) 17 ladies were referred to the Mabati Medical Centre for further testing, follow-up is being done.

Case study:

A mother who had been suffering from per vaginal bleeding for the past three years came to the medical camp to seek assistance. She had visited several health institutions with minimal improvement. She heard about NALEDI free medical camp and she decided to visit her relatives to host her seeking medical assistant until NALEDI camp visited the rural area. She had started experiencing general body weakness and easy fatigue associated with dizziness. She was examined by doctors at the camp and the following diagnosis made:

- Normal external genitalia
- Large cervical mass easily bleeding on touch with a stalk extending from cervix, approximately 5cm * 5 cm
- None tenderness on cervical motion

Following plan was developed for her;

- Polyp Evulsion
- Hematinics
- Antibiotics
- Analgesics
- Cervical cancer screening after 1 month

Follow-up will be done throughout the entire journey of the patient.

Breast cancer screening

Table 1.2

Total served	**Normal**	**Abnormalities**
183	180	**3**

Key deductions from breast cancer screening:

a) 59% of the females who attended the medical camp were screened for breast cancer.

b) Fear of the process of screening among the females was a re-occurring theme, this made my females to skip the screening and get other health services available at the medical camp.

Men PSA test

Table 1.3

Total served	PSA	Positive
47	47	0

Key deductions from the PSA testing:

a) 33% of the males who attended the medical camp underwent the PSA test.

b) Some of the respondents engaged reported that initially they feared the process of screening but after going for the screening they felt comfortable and confidence to undergo the process again in the future.

One of the males who was screened for prostate cancer shared the following with us***" I came for screening because I work in a factory where am exposed to many things, screening will inform me whether am healthy or not and incase am sick immediate necessary medical steps will be taken. I also hope and pray that this medical camp can be a regular thing in this community."***

Family planning

Table1.4

Family planning long term method (Implant)	Family planning (Microgynon	IUC removal
0	**0**	0

Due to some uncontrollable challenges no family planning services were offered at the medical camp, we learnt a lot from failing in this and hope to improve our service delivery for future medical camps.

Random Blood sugar test

Table 1.5

Total Served	Male	Female	Normal	High	Low
372	110	262	349	22	**1**

Key deductions from random blood sugar testing:

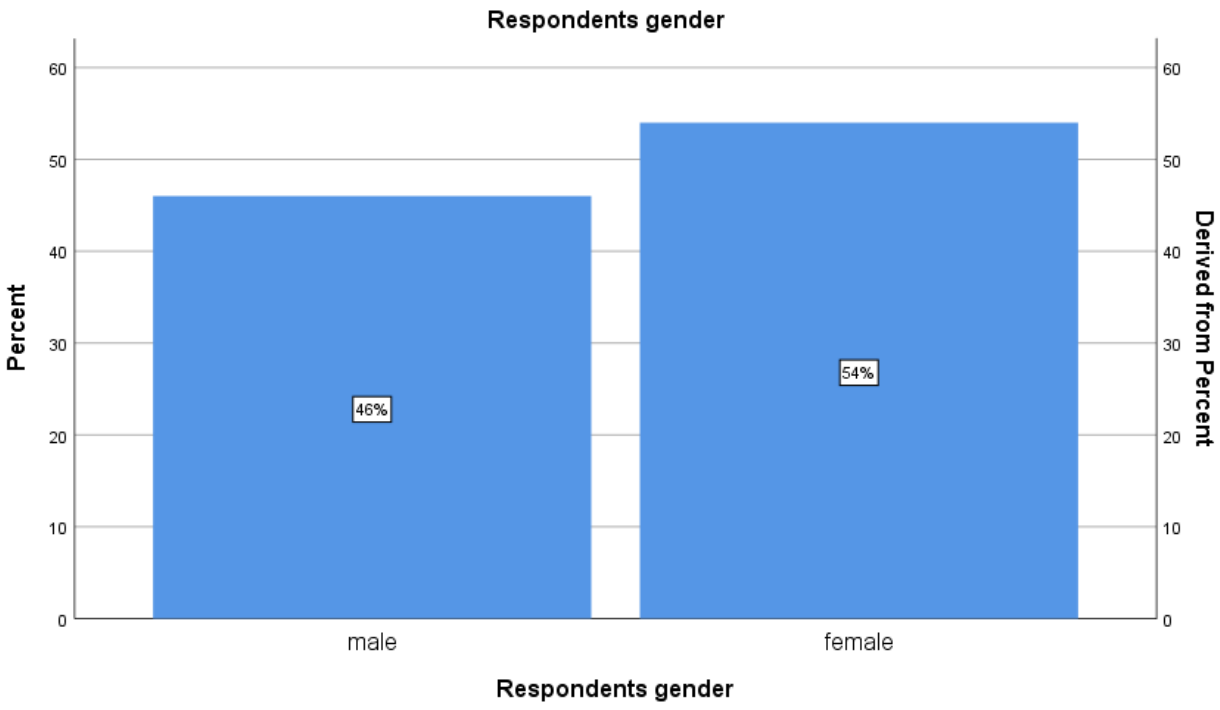
a) 82% of the individuals who came to the medical camp had blood sugar levels tested.

b) Majority of the individuals who recorded very high blood sugar levels were between the ages of 50-80 years old.

Survey report

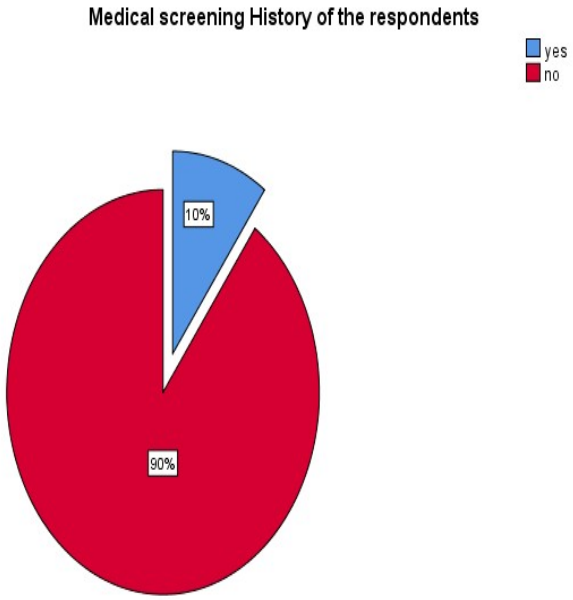
The survey had **50** respondents who were selected randomly from the entire population of **453** individuals.

Respondents for the survey counted for **11.03%** of the total population at the medical camp, this is a significant sample size to deduct and understand patterns, behaviors, opinions and understanding of the respondents on general health and also cancer.

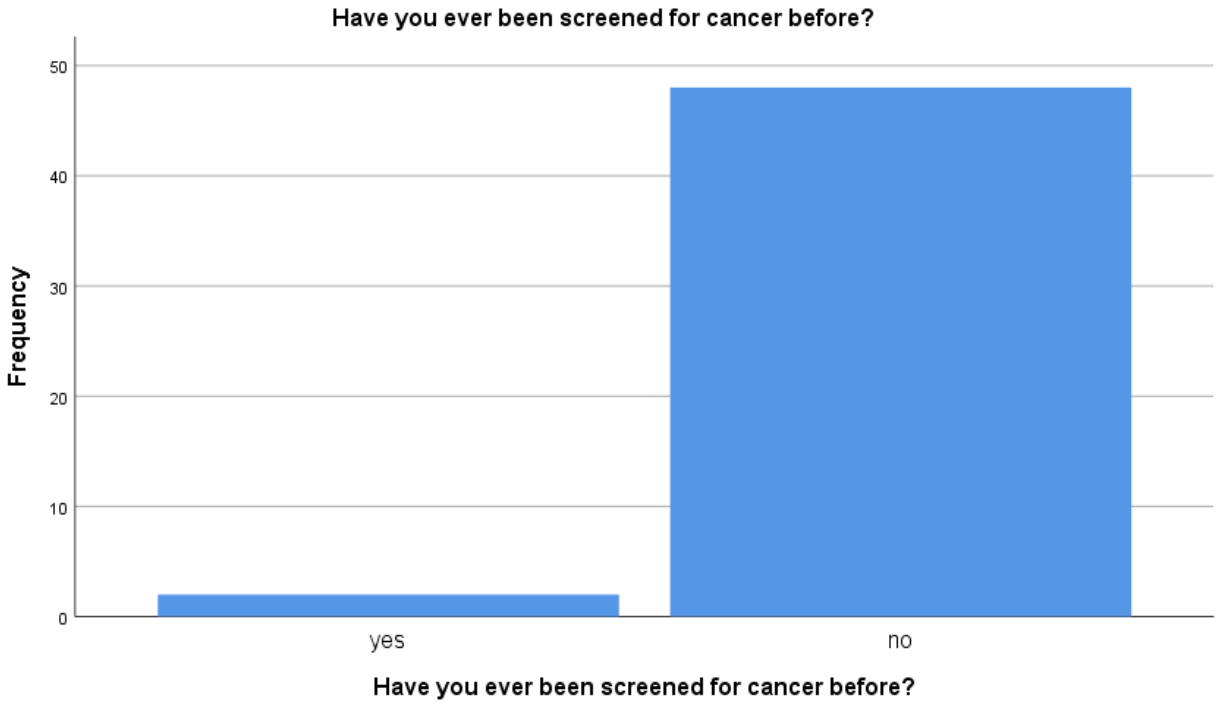


46% of the respondents were male while **54%** were female which a representative of the medical camp attendance is where more females attended the medical camp.

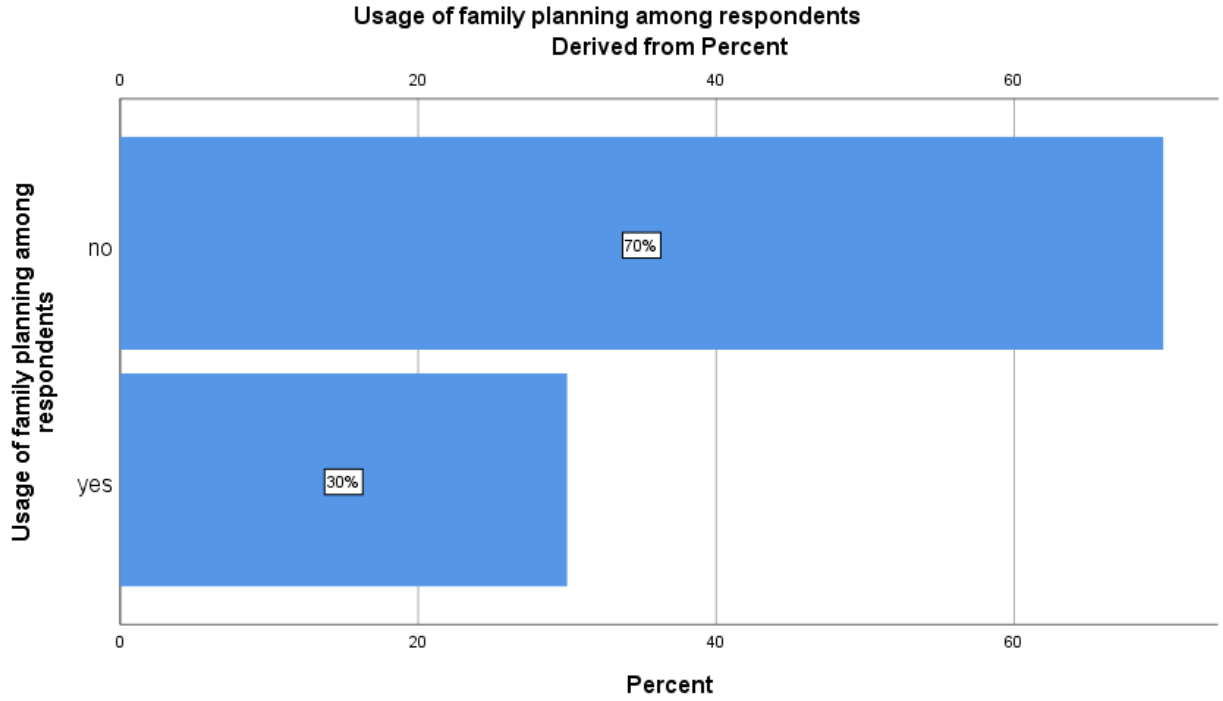
Total attendance of the medical camp was at 453 individuals with males being **143** and females **310.**



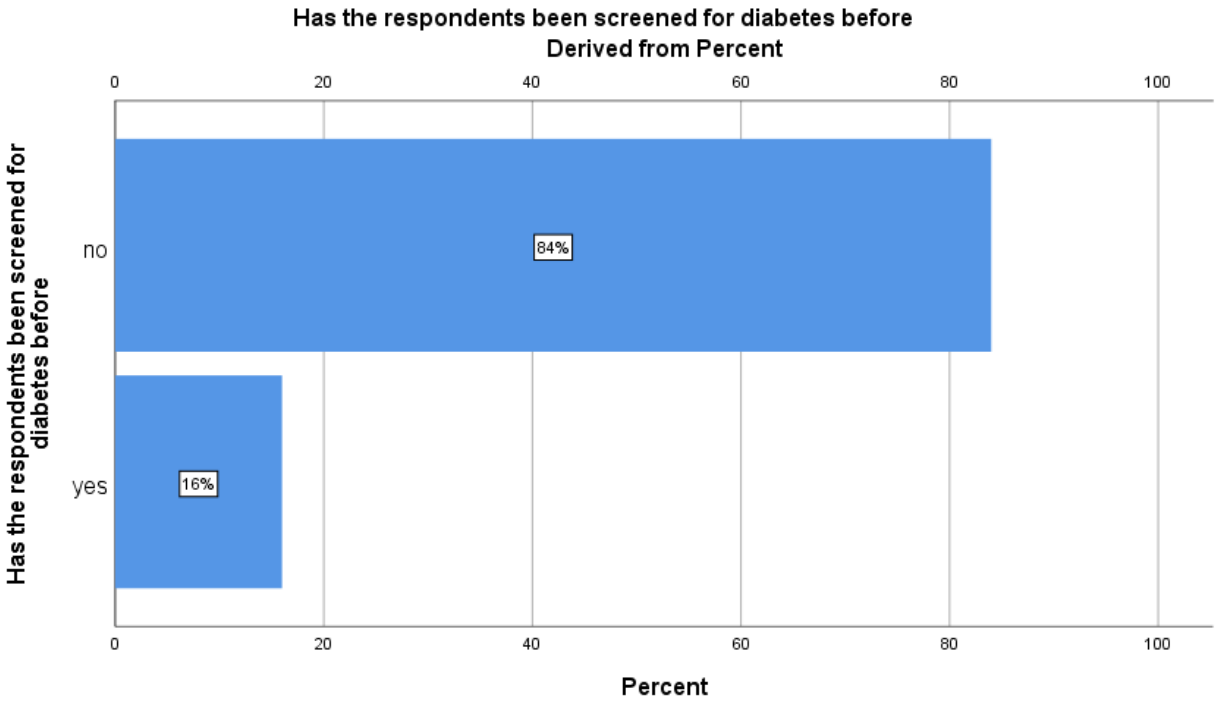
90% of the respondents engaged had not gone for any medical screening before the medical camp while **10%** reported to have gone for screening before the medical camp.



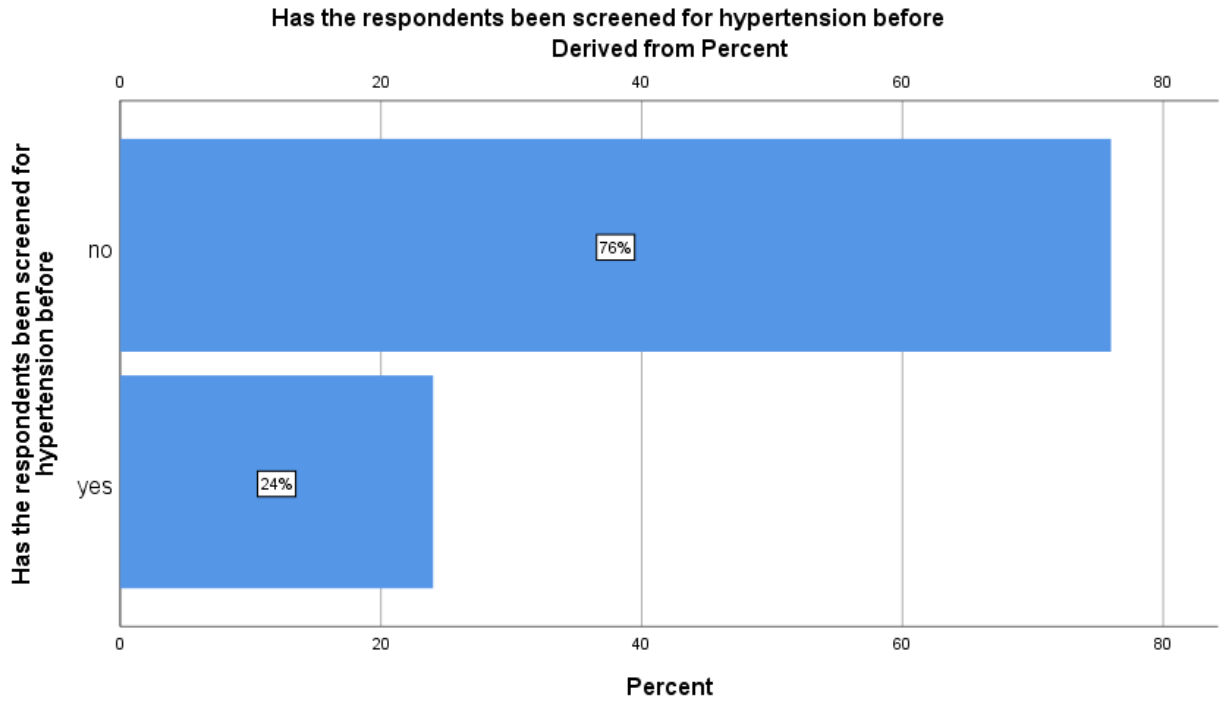
96% of respondents reported to have never been screened for cancer before attending the medical camp, only **4%** of the respondents reported to have been screened for cancer before the medical camp.



There is poor uptake of family planning services among the residents of Rabai based on the data.**70%** of the respondents reported to have never used any form of family planning method, 30**%** of the respondents engaged reported to have used one or methods of family planning. Most common method of family planning reported is the **use of condoms**.

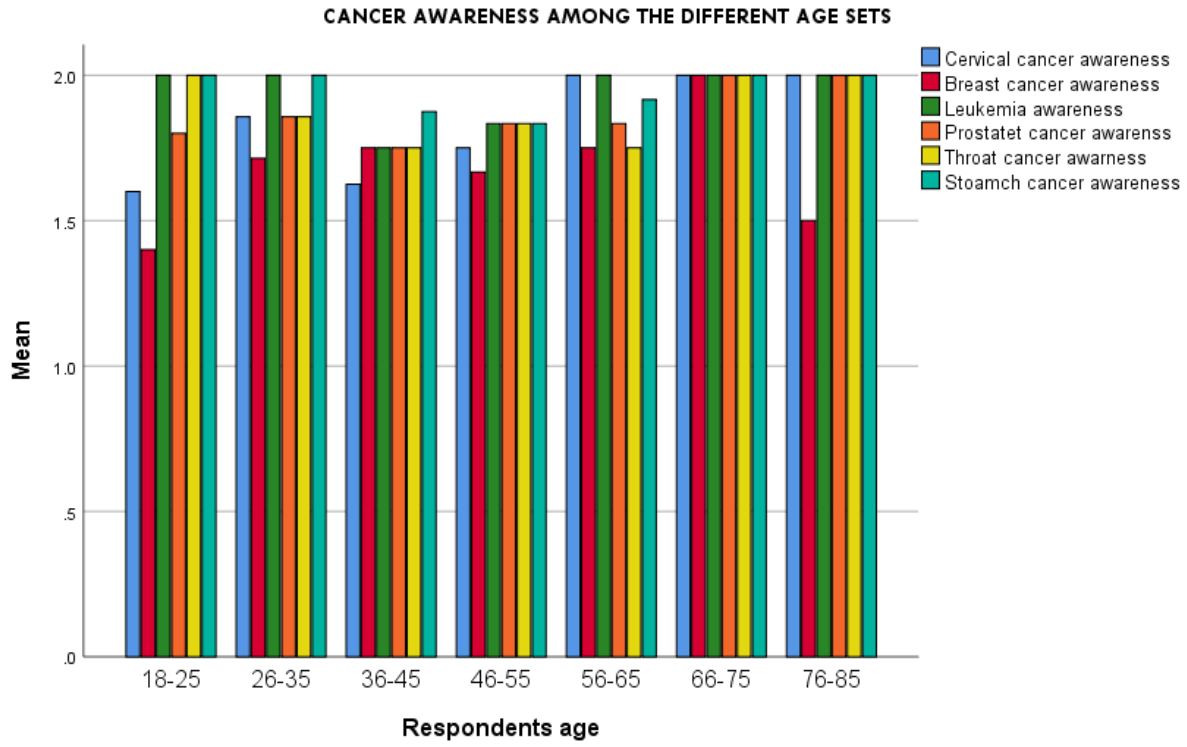


84% of the respondents engaged reported to have never gone for diabetes screening before coming to the medical camp while **16%** of the respondents engaged reported to have gone for screening before. However, for this **16%** they only went for screening because they were at a health facility due to other conditions.



76% of the respondents engaged reported that they had never been screened for hypertension before coming to the medical camp.**24%** of the respondents reported to have been screened for hypertension in the past.

A significant number of community members had very high blood pressure which needed immediate intervention.



There is serious and worrying knowledge gaps and attitude towards health services. Most of the respondents engaged expressed negative attitude towards accessing health services. Across the different age groups there were similar responses on the level of awareness about different types of cancer. There is general lack of awareness on the various types of cancer across both males and females .**82%** of the respondents engaged did not know anything about what cervical cancer is or have heard anything about it while **18%** of the respondents engaged showed clear understanding and awareness about cervical cancer.

During data collection the respondents were engaged in Kiswahili and in certain cases in local language to help them understand the questions more.

30% of the respondents seemed to know and have heard some message about breast cancer while ***70% did not seem to really know what it is, most men particularly in***

the age brackets of 18-55 seemed more informed and aware about breast cancer and other types of cancer compared to the ladies.

92% of the respondents reported not to know anything about leukemia, most of them said that they had never heard of such a disease.**8%** of the respondents seemed to have heard and know something about leukemia though for most of them they got their facts through "conversations".

16% of the respondents had no idea what prostate cancer is while **84%**seemed very informed about what prostate cancer is and who it affects. ***More males seemed to have some knowledge about prostate cancer compared to females.***

84% of the respondents claimed not to know what throat cancer and who is affected by it, **16%** expressed some limited knowledge and awareness on what throat cancer is and who is affected by it.**8%** of the respondents did not know what is stomach cancer and who is affected by it while **92%** seemed to know some facts about stomach cancer.

Health services hindrance factors

The following factors were assessed as the possible barriers to health service access;

- Lack of cancer awareness
- Lack of cancer screening services in the area
- Long distance to health facility
- Financial challenges

Cancer awareness statistics:

Does lack of cancer awareness contribute to you not going for screening

		Frequency	Percent	Valid Percent
Valid	yes	44	88.0	88.0
	no	6	12.0	12.0
	Total	50	100.0	100.0

Does lack of cancer screening services at the local facility hinder you

		Frequency	Percent	Valid Percent
Valid	yes	50	100.0	100.0

Does long distance to health facility hinder access to health services

		Frequency	Percent	Valid Percent
Valid	yes	49	98.0	98.0
	no	1	2.0	2.0
	Total	50	100.0	100.0

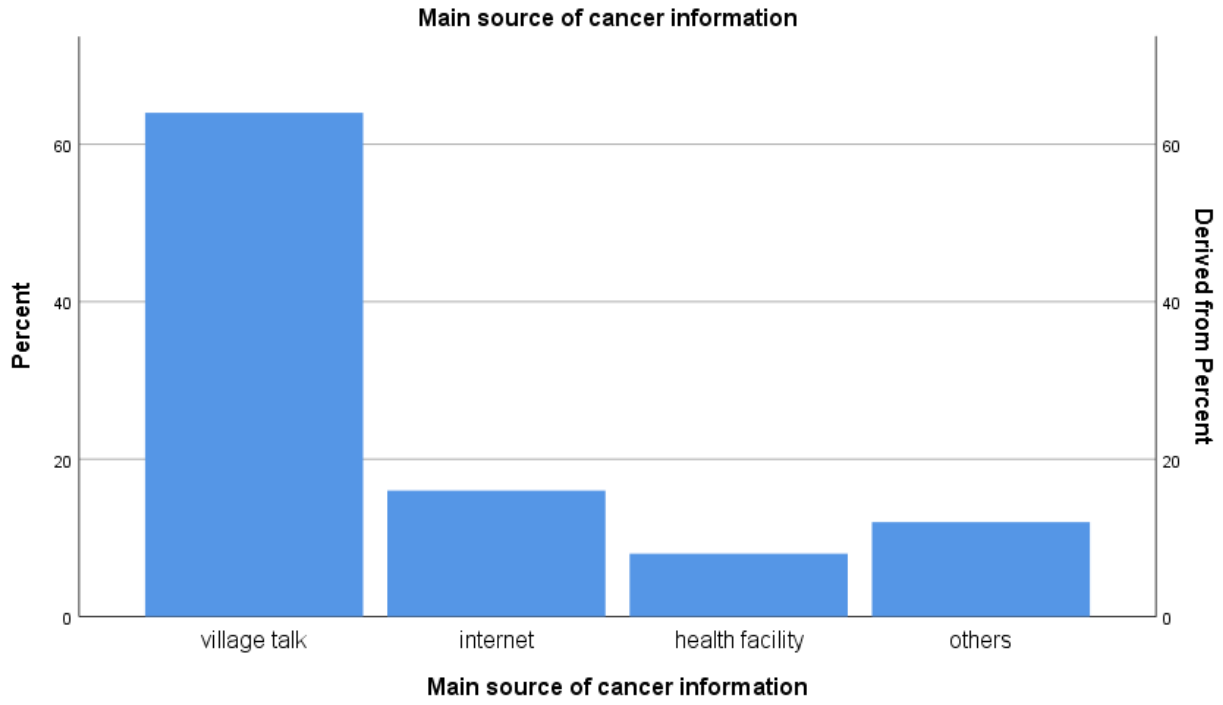
Does financial challenge hinder access to cancer screening services

		Frequency	Percent	Valid Percent
Valid	yes	50	100.0	100.0

Respondents seemed to have similar views on the obstacles hindering access to cancer screening services and other health services**.88%** of the respondents reported that lack of cancer awareness contributed to them having poor intake of cancer screening services. In general, there is very poor understanding and knowledge on cancer as a disease. Most of the respondents engaged did not seem to know the various types cancer, who is affected by the different types of cancer and predisposing factors, this trend also continues across other health issues.

100% of the respondents engaged all agreed lack of cancer screening services in the areas they live contributed to them never going for screening, lack of the service compounded with the ignorance on the issue may be the reason why there is very poor uptake of cancer screening services and awareness.

98% of the respondents reported that the long distance to health facilities hinder them from going for the services. Due to the distance factor finances come in which makes accessibility of the services even harder based on the **98%** of the respondents who reported that financial constraints are another obstacle.



64% of the respondents get their information from "village talk" that is through local conversations which happen back at their villages between friends, neighbors, relatives. Most of them seemed to have very limited knowledge and this may be the reason for that.**16%** of respondents reported that their main source of information on cancer is internet, that is social media platforms and online media platforms. Only **8%** of the respondents reported getting information about cancer from their local health facilities.**12%** of the respondents reported other sources of information on cancer, these other sources include health seminars, CHV training, known patients sharing information and reading about it.

Generally, there are huge gaps on availability of cancer information to the respondents and most of them expressed the need and urge to learn about the disease.

One of the respondents shared the following with us ***"Once my husband was diagnosed with cancer, I tried my level best to learn as much as I could about the disease through internet, books and patients. I knew very little about cancer before my husband got sick, most people should be taught on some basics about the disease because anyone can get cancer"***

Another respondent shared the following ***"For me the main source of information about cancer is the internet, I normally see some health messages online about cancer, the messages do educate me but sometimes I have questions which cannot really be answered "***

Risk factor assessment:

Do you think smoking can lead to cancer development?

		Frequency	Percent	Valid Percent
Valid	yes	30	60.0	60.0
	no	20	40.0	40.0
	Total	50	100.0	100.0

Do you think excessive use of farm chemicals can lead to one developing cancer?

		Frequency	Percent	Valid Percent
Valid	yes	16	32.0	32.0
	no	34	68.0	68.0
	Total	50	100.0	100.0

Do you think unhealthy diet can contribute to one having cancer?

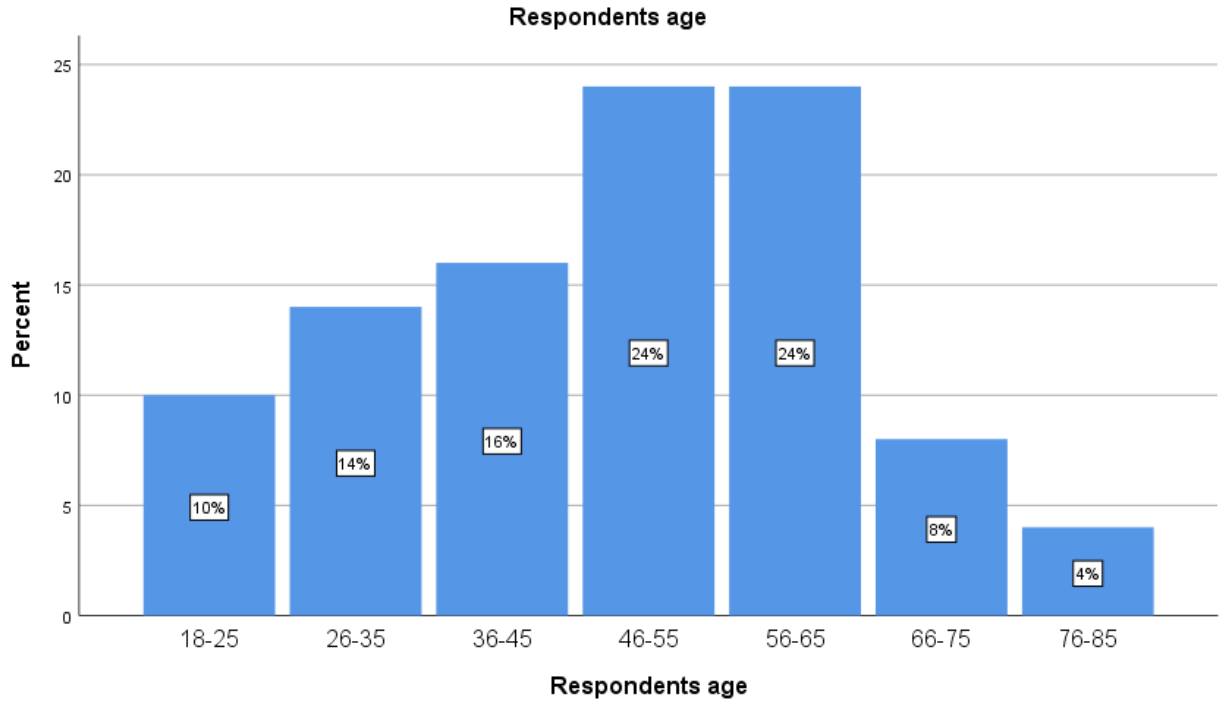
		Frequency	Percent	Valid Percent
Valid	yes	15	30.0	30.0
	no	35	70.0	70.0
	Total	50	100.0	100.0

Do you think family history can significantly increase chances of one having cancer?

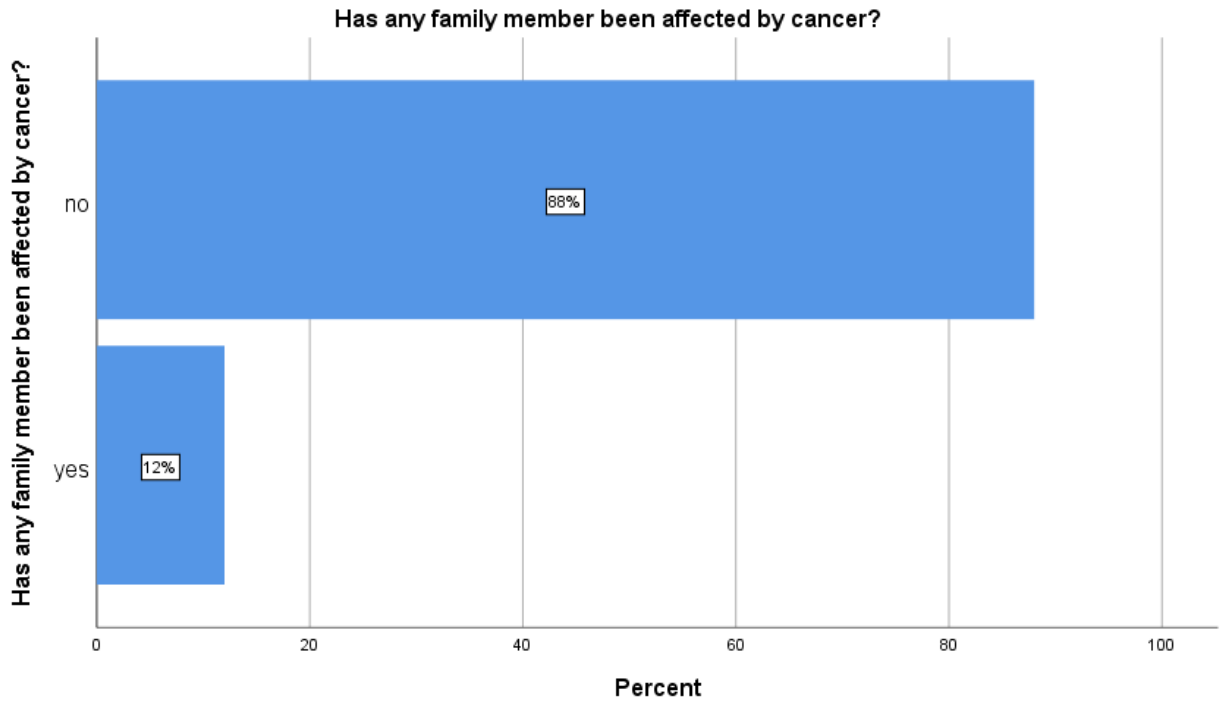
		Frequency	Percent	Valid Percent
Valid	yes	6	12.0	12.0
	no	44	88.0	88.0
	Total	50	100.0	100.0

In the assessment of risk factors for cancer there glaring gaps on the knowledge that the respondents regarding various risk factors.**88%** of the respondents engaged did not think that there was any connection between family history and cancer while **70%** of the respondents did not think that there was any connection between unhealthy diet and occurrence of cancer**.68%** of the respondents engaged did not believe that there was a connection between developing cancer and excessive use of chemicals.40% of the respondents engaged seemed not to believe that there was a connection between use of cigarettes and developing cancer.

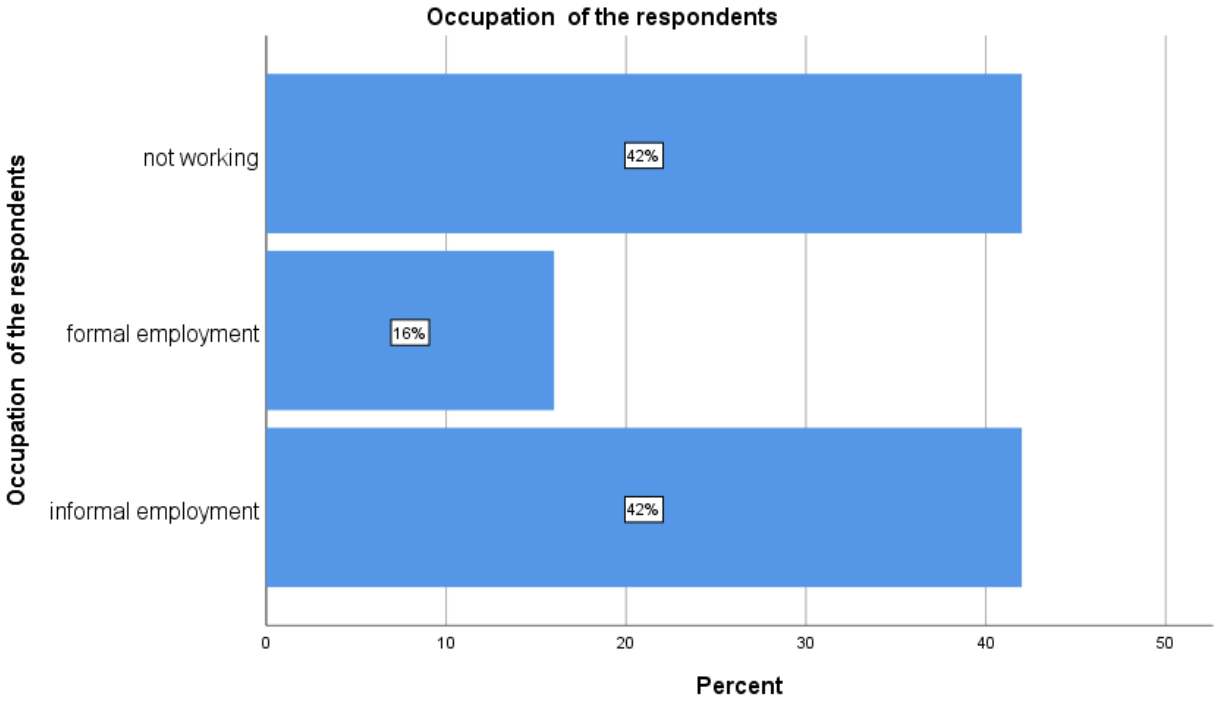
The respondents engaged showed knowledge gaps on the various risk factors for cancer, the trends are almost similar between female and male but in most instances the males seemed more aware and educated about the risk factors. Young males between the ages of **18-45** seemed keener and more knowledgeable about cancer as a disease and the risk factors.



Highest percentages of the respondents engaged and screened for cancer among other health services were between the ages 46-65 years old, this group accounted for **48%** of the respondents.**4%** of the respondents engaged were between 76-85 years old which was the smallest group, **10%** of the respondents were between the ages of 18-25, it was very encouraging to see such young people coming for cancer screening and general health checkup.



12% of the respondents reported to have an immediate or extended family member being affected by cancer, "affected" meaning that either the member has dyed or is suffering from cancer.12% is a significant number which clearly depicts that substantial families have been affected in Rabai area.



42% of the respondents reported being unemployed with majority of them being females while **42%** of the respondents engaged said that they were working in various jobs under informal employment. Informal employment meaning **s**mall scale farming, being a small business owner among other things, only **16%** of the respondents reported to be working in the formal sector with some of them being teachers, drivers for companies, secretaries and company messengers.

KEY DEDUCTIONS FROM THE SURVEY

a) There is poor uptake health services among the residents of Rabai.

b) Residents have limited and in some cases no knowledge on cancer.

c) There is poor uptake of family planning services among the residents.

GENERAL DEDUCTIONS FROM THE MEDICAL CAMP

a) Some of the common diagnosis made were;

a) Gastritis

b) Skin infection

c) UTI

d) Fungi infections

e) Chest pain and cough

f) Hypertension

b) Many attendees of the medical camp were diagnosed with very high blood pressure, some requiring immediate intervention.

c) More females came for the medical camp compared to males.

d) There is negative attitude of community members towards health services.

e) Most of the community members are not aware of the various health issues affect them.

f) Community members from all the wards in Rabai sub-county attended the medical camp.

RECOMMENDATIONS

a) There is need for health education at community level.

b) Community members should be sensitized on cancer through CHVs and other community structures.

c) Need of more such medicals to the area

d) Low literacy levels among the community which limits their understanding of health issues

Budget

This is a breakdown of the total budget for the medical camp, it covers all the expenses incurred in the planning and execution of the camp.

Expenses	Cost (Kshs)
Medical supplies (Drugs, non-pharmaceuticals	Kshs 148,642.00
Hotel	Kshs 83,560.00
Accommodations for 36 health workers volunteers for 2 nights	Kshs 76,700.00
Breakfast and lunch	Kshs 58,664.00
Transportation of volunteers to/from Kilifi	Kshs 206,880.00
Branded T-shirts for volunteers	Kshs 30,000.00
Publicity	Kshs 36,630.00
Logistics	Kshs 110,402.00
Security	Kshs 3,160
	Total= Kshs 760,113.00

NOTE:

- Majority of pharmaceuticals and non-pharmaceuticals were donated by Biodeal Laboratories LTD and Wessex LTD.

Gallery

Gallery

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