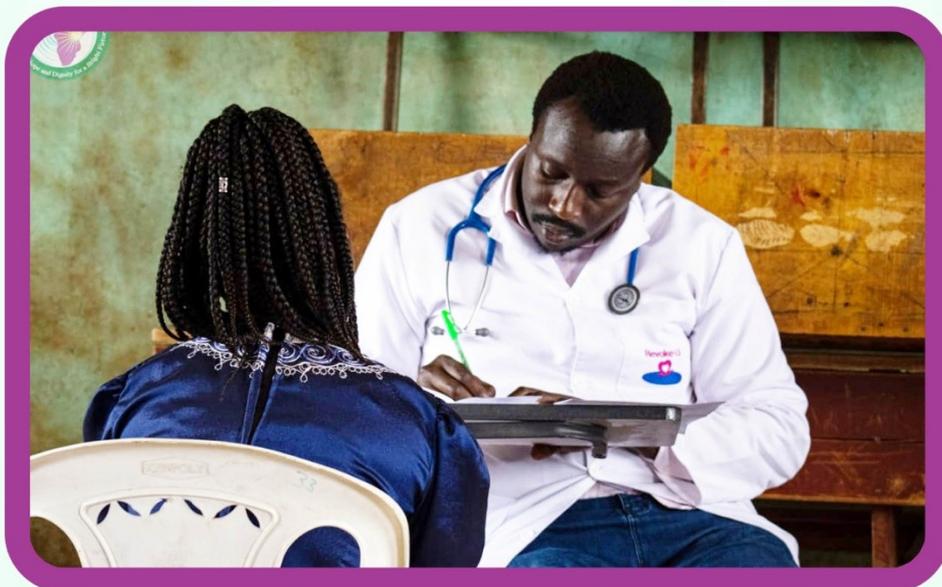




NALEDI INITIATIVE'S

THARAKA CONSTITUENCY FREE
CANCER SCREENING AND
INTEGRATED MEDICAL CAMP IN
THARAKA NITHI COUNTY

VENUE: KAMATUNGU PRIMARY SCHOOL



6th FREE CANCER SCREENING
AND INTEGRATED MEDICAL CAMP

JUNE 2023 REPORT

Table of Contents

Acknowledgement:.....	3
Preamble:.....	3
Location:.....	6
SUMMARY OF THE MEDICAL CAMP.....	6
HEALTH SERVICES BREAKDOWN.....	6
HUMAN RESORCE INVOLVED.....	7
1.0 Cervical cancer screening.....	8
2.0 Breast cancer screening.....	8
3.0 Prostate cancer screening.....	9
4.0 Random blood sugar test.....	9
Summary.....	9
5.0 Dental Team Report.....	10
Saturday, June 17, 2023. Kamatungu Primary School.....	10
History:.....	10
Dental Services Itemized.....	11
Documentation:.....	11
Summary/ estimation of continued needs for 68 patients.....	11
Summary Community Health Volunteers-Basic Health Training:.....	12
Comments:.....	13
Suggestions:.....	13
Wednesday, June 21, 2023. Tiriji Foundation.....	14
History:.....	14
Dental Services Itemized:.....	15
Documentation:.....	15
Summary/ estimation of continued needs for 95 patients:.....	15
Summary Community Health Volunteers-Basic Health Training:.....	16
For future, the Behavioral Health team would like to recommend the following:.....	17
For Medical Camps:.....	17
MEDICAL CAMP SURVEY.....	19
ANALYSIS.....	20
Cancer awareness among the two genders.....	24
Key Deductions from Survey.....	26
Recommendations.....	27

Acknowledgement:

Naledi Initiative would like to acknowledge the support of our partners who have lent us a hand year in year out. We appreciate the enthusiasm and support of Naledi Initiative Volunteer team both medics and non-medics, who were with us from the first strategy meeting. They demonstrated commitment, enthusiasm and teamwork. Special thanks also go to our enthusiastic and energetic team of doctors, Reproductive health nurses and clinician, general nurses and clinician, Lab technologists, pharmacist, dentists and logistics team for their selflessness and remarkable spirit of service.

We appreciate the support from the Tharaka Nithi County Government department of Health services, Tharaka Level 4 hospital and Kamanyaki health center in our partnership. We would like to single out to Kamatungu primary school pupils and their teachers on duty for allowing us to use their classrooms and make sure there are clean for use.

We would like to say a very special thanks to Royal Media Services –Muuga fm for free promo for two weeks and live coverage on the very day of medical, highly appreciated.

Special thanks to *My Little Patient* organization from United State of America-USA for sending 9 volunteers both medics and non-medic who portrayed tremendous dedication, compassion and commitment in the free medical camp, much gratitude.

To our wonderful Tharaka community we say Ibwga mono! (Thank you very much!) for your collaboration and wonderful relationship for accepting us and giving us opportunity to serve you!

From Naledi Initiative Team!

Preamble:

The cancer burden continues to grow globally, exerting financial strain on individuals, families, communities and health systems. Many health systems in low- and middle-income countries are least prepared to manage this burden, and large numbers of cancer patients globally d

Kenya is facing the growing high demand for cancer treatments, but the nation's very limited supply capacity with respect to diagnosis and treatment poses serious health challenges to the government. The problem is that on the demand side, the number of patients has been progressively growing and expected to continue, especially cancers of the cervix, breast, esophagus, and prostate. However, on the supply side, the availability of facilities, equipment, and experts appear not to be growing at a commensurate rate because there are only two Cancer Centers in Kenya which are overbooked at high cost of treatment. It's a global health crisis that will worsen unless we do something now to sin the Answer to Cancer, together we can conquer cancer sooner.

As per statistics by multiple cancer research organizations, early detection and treatment often lower the odds of the complications related to advanced cancers. Thus, we believe that only by opening a dialogue on the subject will people be more aware of early warning signs. It is our goal to ease the hardships and foster positive development and personal empowerment for individuals and families impacted by cancer. Cancer prevention is the practice of taking active measures to lower the chance of getting cancer. According to a report by the World Health Organization, between 30-50% of all cancer cases are preventable.

According to Kenya National Cancer Control program 2023, Breast cancer has the highest incidence among all cancers, with over 2.2 million cases reported globally in 2020. In Kenya, it is the leading type of cancer with 6,799 new cases recorded in 2020 and an age-standardized rate of 41/100,000. Preliminary data from the Kenya National Cancer Registry 2014-2019 (KNCR) show that 7 out of 10 cancers are diagnosed at advanced stages (stage III and stage IV). In Kenya, breast cancer tends to occur at a relatively young age (35-50 years) in comparison to Western countries (50-55 years).

About 85% of breast cancer cases occur sporadically, while only about 10-15% can be attributed to genetic predisposition with family history contributing to its occurrence. Invasive ductal carcinoma (IDC) is the most common histological type diagnosed accounting for up to 75% of all breast cancers.

Key challenges in Kenya for cancer control include patient-level factors such as low awareness of breast cancer, stigma, sociocultural factors, financial factors, and health system challenges including limited access to early detection, diagnostic, treatment, and rehabilitative services, low index of suspicion, and late referrals by primary health care providers, few specialized personnel, among others.

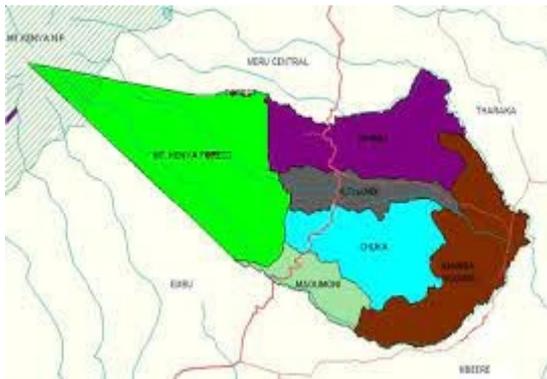
Cervical and breast cancers poses a great burden on women's health in Kenya due to its high incidence and the poor prognosis of most patients. Data from qualitative and health-facility based research has provided insights into reasons for cervical cancer screening practices in Kenya. Low screening coverage 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 vision for the Free Cancer Screening and Medical Camp in Rural Area of Kenya has been a calling of Naledi Initiative's Founder Robert Murithi, a non-profit community based organization registered in Kenya, serving the vulnerable communities at the grassroots level. Who lost his mother through cervical cancer and due to his personal experience of the struggle, suffering, stigma, trauma and pain his late mother went through, he vowed to save other mother in rural communities. Naledi Initiative comprises of 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. The main Vision is Restoring Hope and Dignity for Bright Future.

March 2021, Naledi Initiative embarked on cancer prevention awareness campaign and free cancer screening in rural communities, linking them to Meru Teaching and Referral Hospitals after realizing high rates of cancer cases in Meru region, which is exerting tremendous physical, emotional and financial constraints on individuals, families, communities and health systems.

We have witnessed high turnout of people for screening in our previous free cancer screening and integrated medical camps which is a true evident of how needy people are for these services especially women in rural areas. We have screened so far **6,823** people in six free cancer screening and integrated medical camps since March 2021. We pay the cost of biopsy and National Hospital Insurance Fund for any suspicious cancer cases in our free cancer screening and integrated medical camps.

Location:



The Six Naledi Initiative and second free cancer screening and integrated medical camp was held at Kamatungu primary school in Marimanti ward, Tharaka constituency, TharakaNithi County.

Tharaka Nithi has 5 sub-counties which are Chuka, Igambango'mbe, Maara, Tharaka North, Tharaka South while there are 15 wards in the

county.

The county borders Embu to the South and South west, Meru to the North and and North East, Kirinyaga and Nyeri to the West and Kitui to the East and South East counties.

SUMMARY OF THE MEDICAL CAMP

The free medical camp was carried out successively at Kamatungu Primary school in Marimanti ward, Tharaka Nithi County. The turnout for the medical camp was great and every individual who attended was served. We were also privileged to have a team of doctors from United State of America (USA) who offered dental and mental health services. For this camp we also had addition of station of eye screening and issuing of reading glasses by eye specialists Nurse who offered their services for free. All cases which could not be huddled at medical camps were referred to Tharaka level 4 hospital, Chuka Teaching and Referral Hospital and Meru Teaching and Referral Hospital.

HEALTH SERVICES BREAKDOWN

The following services were offered at the free medical camp:

- a) Cervical Cancer Screening
- b) Breast Cancer Screening
- c) Prostate Cancer Screening
- d) Consultation Services
- e) Dental Services
- f) Eye Services
- g) Nutrition and Dietary Service
- h) Mental Health Services

- i) Family Planning Services
- j) Blood Sugar and pressure services

HUMAN RESORCE INVOLVED

Personnel	Number
Oncologist	1
Gynecologist	1
Oncologist nurse	1
Reproductive clinicians	3
Reproductive health nurses	14
Nurse	12
Laboratory technician	3
Nutritionist	3
Pharmacist	11
Clinicians	4
Dentist	2
Dental Hygienists	2
Dental Hygiene Students	2
Eye Specialist Nurse	1
Psychologists	2
Psychiatrist	2
Crowd control	3
Data officer	3
Community Health Volunteers	6
Welfare officer	4

Photographer	1
Media	3
Total	84

1.0 Cervical cancer screening

Total served	Via Villi	HPV	Normal	Positive	Suspicious
189	189	0	174	4	11

Naledi main mandate and goal is to increase cervical cancer screening services to vulnerable communities who cannot afford the service.

Some of the key deductions from the cervical cancer screening services provided at the medical camp include:

- a) majority of the females who attended the medical camp were willing to get cervical cancer screening
- b) 12 Females served at the medical camp were referred for further testing at respective hospitals which offer the necessary tests
- c) more 50% of the females who attended the medical camp were screened for cervical cancer

2.0 Breast cancer screening

National Cancer Institute of Kenya data shows that 9.6% of deaths in 2022 were related to breast cancer.

Breast cancer is one of the most predominant types of cancer in Kenya hence there is need for providing screening services and also sensitizing the people.

Total served	Normal	Abnormalities
189	185	4

The following key deductions were evident in providing breast cancer screening services at Kamatungu, Tharak Nithi medical camp:

- a) more than 50% of the females who attended the medical camp were screened for breast cancer
- b) 4 females were referred for more testing at various health facilities with the necessary services and personnel
- c) both the males and females who attended the medical camp seemed to be more aware and informed on breast cancer compared to other types of cancers

3.0 Prostate cancer screening

7.8% of disease related deaths in 2022 were linked to prostate cancer (National Cancer Institute of Kenya). In recent times the number of males getting prostate cancer seem to be increasing, there is need to encourage more and regular screening and also creating awareness.

Men PSA test

Total served	PSA	Suspicious
68	68	6

Some of the key deductions gotten prostate cancer screening include:

- a) 6 males whose PSA test were positive were referred to various health facilities for follow up
- b) less than 50% of males of attended the medical camp underwent prostate cancer screening

4.0 Random blood sugar test

Total Served	Male	Female	Normal	High	Low
306	104	202	298	7	0

Summary

Key deductions from the services offered and people served:

- a) 22 Individuals were referred for further testing and other health services which were not available at the camp.

- b) Majority of the males and females who attended the medical camp got screened for various types of cancer which is the main function and agenda of the medical camp.

5.0 Dental Team Report

Saturday, June 17, 2023. Kamatungu Primary School

Acknowledgments:

My Little Patient organization worked with volunteers from many professions to contribute to healthcare services in Tharaka on Saturday, June 17th at Kamatungu Primary School. Robert Murithi, with *Naledi Initiatives*, was the primary contact and director for this event, *Free Medical & Cancer Screening Camp*.

Behavioral Health Team Lead: Cathy Grigg, PsyD; her team included Naveen Yarasi, MD, MuskiniSalau MD, and Leslie Luchene PhD. Dental Team Lead: Andra Ferguson, PhD; her team included Susan Eddleman DDS, Alyssa Hagan RDH, and McKenzie Simpson DH Student. Paulette Pagan JD was coordinator for supplies and communication. The dental team coordinated with Dr. Chris Mbathia regarding dental equipment expectations prior to arrival.

History:

According to our need's assessment in May, 2022, we determined that dental services would be beneficial to the local population in Tharaka. Dental screenings, cleanings, evaluations, minor extractions, and fillings were needed. In coordinating with Robert Murithi, the best time for these services would be in combination with the medical camp. If possible, members of the community could receive more than one service during the same event.

Personnel:

Personnel	Number
Dentists	2
Dental Hygienists	2
Dental Hygiene Students	2
Total	6

Dental Services Itemized:

Provider	Screening	Evaluation	Cleaning	Extraction	Referral
Dr. E	26	26	0	7	26
Dr. F	24	24	24	0	18
Alyssa	11	11	11	0	5
Kenzie	7	7	7	3	4
Dr. Chris	20	20	0	0	11
Dr. Chris's Student	10	10	0	0	6
Total	98	98	42	10	70

Documentation:

Screening and Evaluation results were documented on each patient's referral sheet for individual consultation, in English and universal dental terms. Each patient was given verbal individualized oral hygiene instructions and education. Members of the team also demonstrated proper brushing techniques to children in gathered session. If a presenting patient was eligible for a cleaning or minor extraction, he or she proceeded to the appropriate provider. Otherwise, patients were referred for more extensive dental services. Most of the information relayed to individual patients was translated by local volunteers. I suspect some of the information was lost in translation, based on the confused responses of the patients.

Summary/ estimation of continued needs for 68 patients:

	Child 3-18 years	Adult 18+ years
Extractions	17	15
Caries Fillings (Cavities)	16	1

Lesion Biopsy		2
Other		

- 100% of the patients evaluated needed dental service.
- 22% of the patients evaluated had their dental needs met by the providers onsite.
- 78% of the patients evaluated were referred for dental services that were not offered onsite.
- Many of the patients were unfamiliar with daily oral health regimen for health. Dental hygiene education would be beneficial for future events.
- Suspected causes of decay, periodontal disease, etc. (from discussing with each patient) includes sugar in coffee/ sugary drinks, unregulated fluoride ingestion, lack of daily oral care, lack of access to professional cleanings, tobacco use, and lack of understanding the oral-systemic link to overall wellness.
- There were many children and adults who wanted to be seen after we had concluded the event and packed away the equipment. I suspect there is an ongoing need for dental services in this region.

Summary Community Health Volunteers-Basic Health Training:

- 21 volunteers attended and participated in training; 7 speakers. Topics included: Depression, Anxiety, Compassion Fatigue, Dementia, Hypertension, Sexual health, Malaria, Cancer, and Diabetes.
- Feedback from participants: have the presentations ahead of time so they could formulate questions, more time 2-3 days of training, certificates of achievement at end of training, more info about HIV, TB, Hygiene, mother’s and family planning, more info about when to refer under all topics.
- Feedback from speakers: have assigned interpreter so the participants can engage more so, have microphone available for use, have overhead visual available, translated materials available.

Comments:

- The community was extremely receptive to the information and services offered by the dental team.
- The entertainment during the medical camp was exceptional! It was stress relief for the patients and the providers and very well done. Such talented children.
- The chairs worked well! Thank you to Robert for arranging this.

Suggestions:

- Pre-register local children the day prior, so the dental providers could be working on children during opening ceremony and while the community members are being registered. This would provide 1-3 hours more of service to the communities.
- We would love to have an autoclave available to sterilize instruments for future camps.
- We would appreciate if the local dentist(s) could provide surgical supplies and instruments to be able to perform more of the extensive procedures needed. (We can send a list)
- Having regularly assigned interpreters would be helpful. And, someone to consistently direct the patients in the dental clinic area.
- It would be great if we could combine the groups and do several days of presenting to the health volunteers.
- Medical team meet & greet before or after the event.

Wednesday, June 21, 2023. Tiriji Foundation

Acknowledgments:

My Little Patient organization worked with volunteers from many professions to contribute to healthcare services in Meru on Wednesday, June 21th at KACH Children’s Home. Karambu Ringera with *International Peace Initiatives*, was the primary contact and director for this event, *Dental Services and Psychological Screening*.

Behavioral Health Team Lead: Cathy Grigg, PsyD; her team included Muskini Salau MD, and Leslie Luchene PhD. Dental Team Lead: Andra Ferguson, PhD; her team included Susan Eddleman DDS, Alyssa Hagan RDH, and McKenzie Simpson DH Student. Paulette Pagan JD was coordinator for supplies and communication.

History:

According to our need’s assessment in May, 2022, we determined that dental services would be beneficial to this population. Dental screenings, cleanings, evaluations, minor extractions, and fillings were needed. In coordinating with Robert Murithi and Karambu Rangera, the best time for these services would be in combination with the medical camp in Tharaka.

Personnel:

Personnel	Number
Dentists	1
Dental Hygienists	2
Dental Hygiene Students	1
Total	4

Dental Services Itemized:

Provider	Screening	Evaluation	Cleaning	Extraction	Referral
Dr. E	36	36	6	2	28
Dr. F	35	35	35	0	20
Alyssa	13	13	13	0	6
Kenzie	11	11	11	2	6
Total	95	95	65	4	60

Documentation:

Screening and Evaluation results were documented on each patient’s notecard for individual consultation, in English and universal dental terms. Each patient was given verbal individualized oral hygiene instructions and education. Members of the team also demonstrated proper brushing techniques to children in gathered session. If a presenting patient was eligible for a cleaning or minor extraction, he or she proceeded to the appropriate provider. Otherwise, patients were referred for more extensive dental services. Most of the information relayed to individual patients was translated by local volunteers. I suspect some of the information was lost in translation, based on the confused responses of the patients. Many of the children were apprehensive initially, then agreed to be seen after prompting from peers.

Summary/ estimation of continued needs for 95 patients:

	Child 3-18 years	Adult 18+ years
Extractions	7	4
Caries Fillings (Cavities)	30	3
Lesion Biopsy	1	
Other	1	

- 100% of the patients evaluated needed dental service.
- 37% of the patients evaluated had their dental needs met by the providers onsite.
- 63% of the patients evaluated were referred for dental services that were not offered onsite.

- Many of the patients were unfamiliar with daily oral health regimen for health. Dental hygiene education would be beneficial for future events.
- Suspected causes of decay, periodontal disease, etc. (from discussing with each patient) includes sugar in sugary drinks, lack of daily oral care, lack of access to professional cleanings, and lack of understanding the importance of oral care.

Summary Community Health Volunteers-Basic Health Training:

- 18 volunteers attended and participated in training; 7 speakers. Topics included: Depression, Anxiety, Compassion Fatigue, Hypertension, Malaria, Cancer, and Diabetes.
- Feedback from participants: more time 2-3 days of training, more cancers like jaw and body tumors, diabetes machines, supplies, regular training sessions and substance use info.
- Feedback from speakers: have microphone available for use, have overhead visual available, translated materials available, more demonstrations, portable screen.

Behavioral Health Team Report June 2023

Tharaka and Meru, Kenya,

My Little Patient sent a team of 9 volunteers to assist with basic physical and medical education and any other services that we could provide in coordination with Naledi Initiative and Triji Foundation.

On the Medical Camp Day in Tharaka, the behavioral health team, 4 in number, along with a local provider, set up as an option for a service that could be provided to the community members. The goal was to provide crisis intervention or basic teaching of coping skills and assessment of the need for additional services. There were 2 community members who did come for discussion of current issues/concerns. These were addressed to the best of our ability. There were also 2 university students who were interested in learning more about options for employment in the field of behavioral health.

The behavioral health team on two separate days, provided basic physical and behavioral health training to the Community Health Volunteers of Tharaka and Meru Counties. The total number in attendance was 38 between the 2 counties. The topics covered included Compassion Fatigue, Depression, Dementia, Hypertension, Malaria, Cancer, Diabetes and Sex Education.

At the end of each training day, the group was asked what they wanted more of, what they felt was not useful to them and what we had missed, so that we could better prepare for future trips. Tharaka wanted more time to cover more topics, including Family Planning, TB, HIV and they requested to have copies of the slides and writing utensils and paper at the next session. In Meru County, they requested additional topics such as more types of Cancer, Dental information, basic health equipment and the format to be more interactive. Another topic that the trainees did not mention but the volunteers think would be a good addition would be substance use information.

For future, the Behavioral Health team would like to recommend the following:

- In general, this group would like to work more days than not. We LOVE the sightseeing and the fun stuff too, but we are really there to work and do the most good we can do in the time we have there, so we are good with more working days than not.

For Medical Camps:

- Provide screenings for basic mental health concerns
- Provide handouts if someone is positive on a screen with basic information, coping skills training and referrals if necessary
- Perform Data collection
- Option for students to discuss career goals and realities of the job of a behavioral health professional
- Having a behavioral health volunteer in other clinic services; such as dental or cancel screenings to assist with patients who are very anxious about the procedure(s)

- **For Behavioral Health Training:**

- We would like to move to a Train the Trainers program, if possible. This would be a 3-5 day training, preferably 5, maybe with University students on breaks between classes. We would focus more in depth on topics they are familiar with, but especially focusing on Trauma and Compassion Fatigue. We would issue certificates at the end of the training, indicating that the attendees are now trainers and this would become sustainable without the presence of our volunteer team. This group could then go to other university students, community health volunteers or any other group that would benefit from this knowledge. We could plan to return the following year for a booster training for this group and to train an additional group, if it is felt this is beneficial.

MEDICAL CAMP SURVEY

For every medical camp carried out, we always conduct a simple survey targeting the individuals coming for services.

The survey serves the following goals;

- a) to assess the individual's cancer awareness
- b) to assess the age brackets of individuals coming to the medical camp
- c) to assess the individual's medical history
- d) to assess the individual's health seeking behaviors

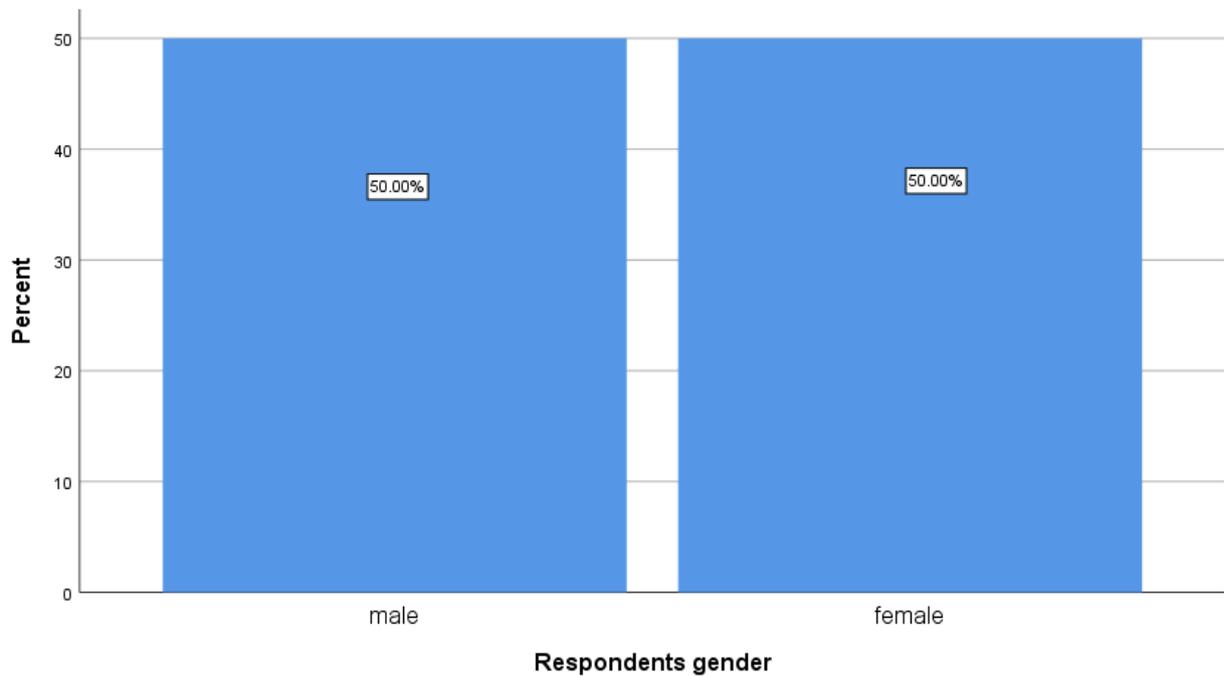
The following parameters are maintained during the survey:

- a) sampling is done randomly
- b) questionnaires are administered by trained enumerators
- c) interviews are also used to compliment the data collected through questionnaires
- d) Target sample for every survey is 10% of total population served during the medical camp.

ANALYSIS

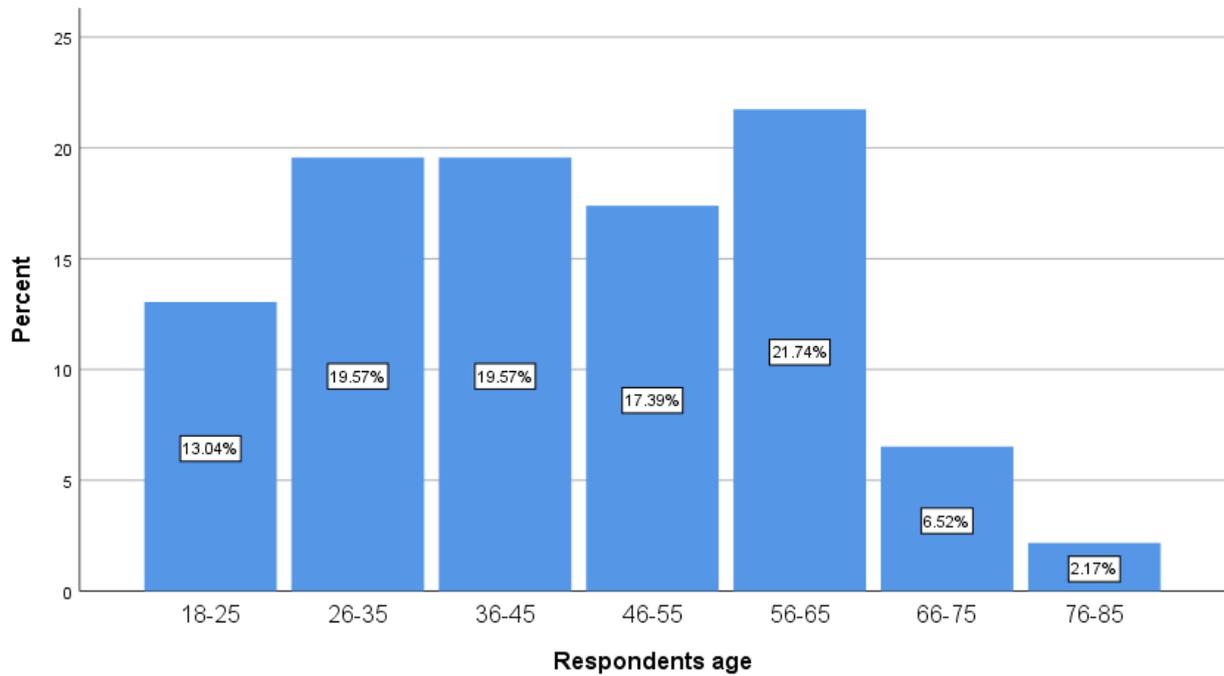
46 Respondents were engaged for the survey, 23 were males and 23 were females. The respondents were selected randomly without any criteria being followed; it was random sampling with the only parameter observed being the respondents who were engaged must have been served at the medical camp.

Figure 1.0



Respondents engaged accounted for 7.77% of the total population served at the medical camp. Sample size did not reach the required 10% because there were many children from one of the local primary schools. Adhering to research standards and ethics these children were not engaged in the survey. Despite the target sample not being reached the engaged respondents form a pool from which meaningful deductions can be made.

Figure1.1

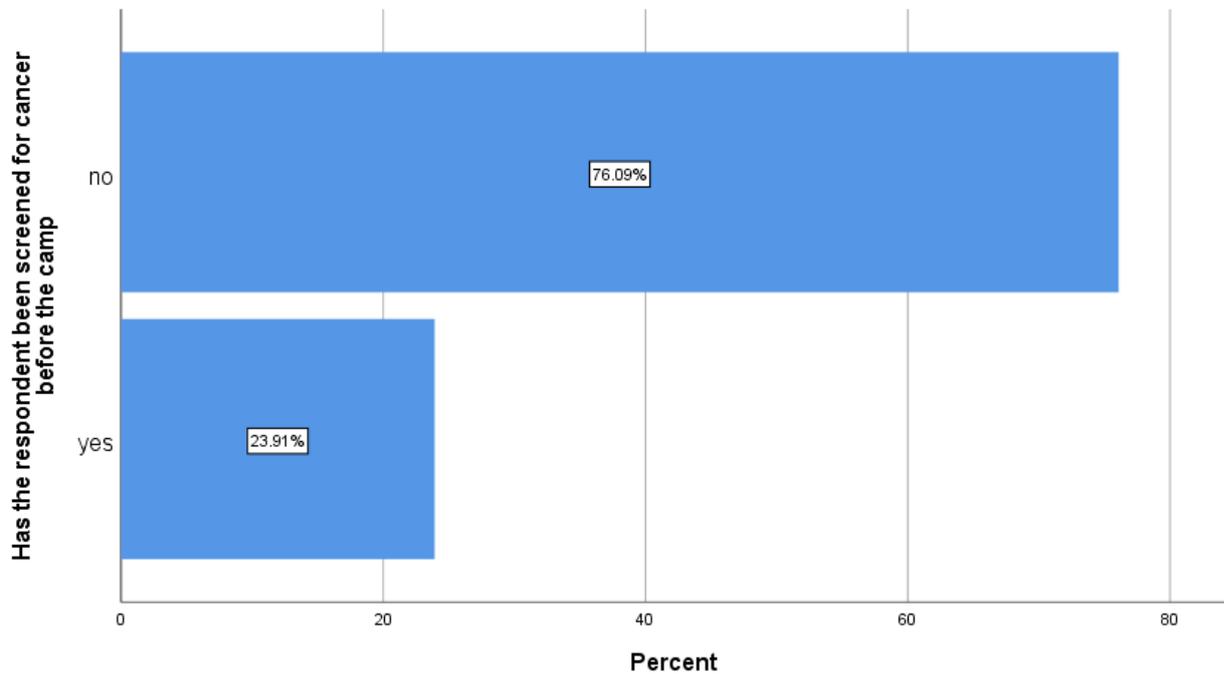


Respondents engaged were spread across the age group of **18-85** years old. This also reflects on the ages of the people who were served at the medical camp. Both very young adults and old people got various services at the medical camp.

21.74% of the respondents engaged forming the highest segment were between the ages of **66-75** years while the lowest number of respondents engaged were between the ages of **76-85** years. **78.27%** of the respondents aged were between the ages of **26-65** years.

These trends and patterns from survey clearly highlight reflect on the medical camp attendees, significant percentage of the individuals who attended the medical camp were between the ages of **35 to 65** years old.

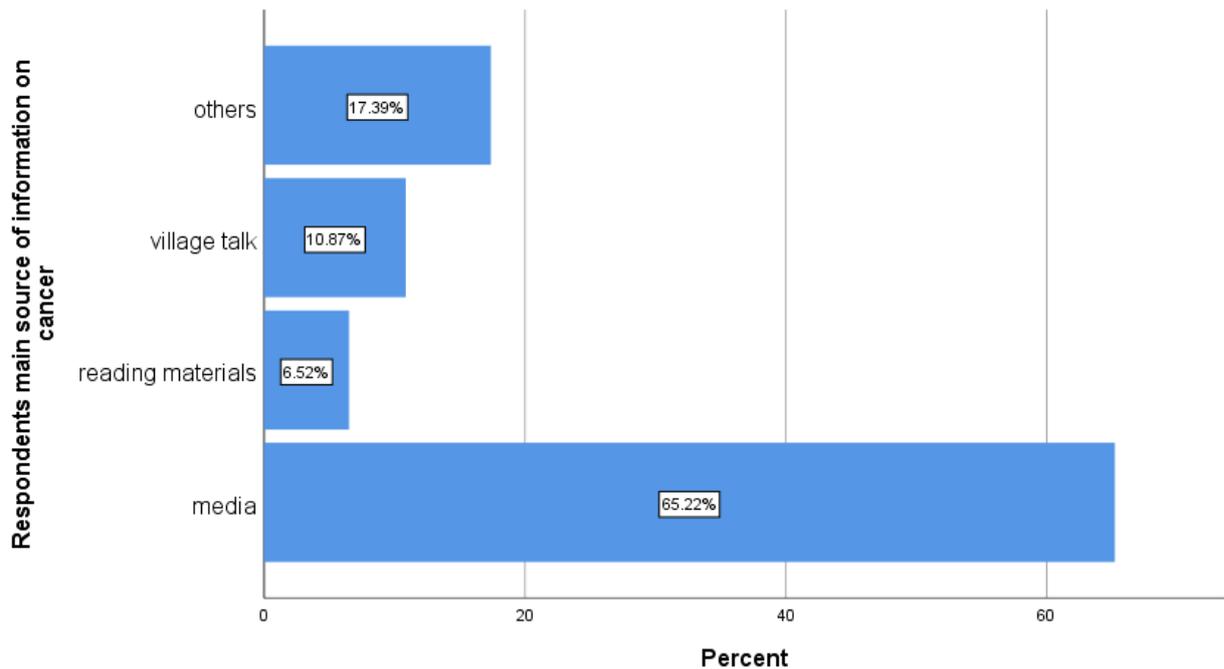
Figure 1.2



76.09% of the respondents engaged reported to have never gone for cancer screening before attending the medical camp while **23.91%** of the respondents reported to have gone for cancer screening before this medical camp.

From the data it is clear that majority of the individuals were getting their first cancer screening.

Figure 1.3



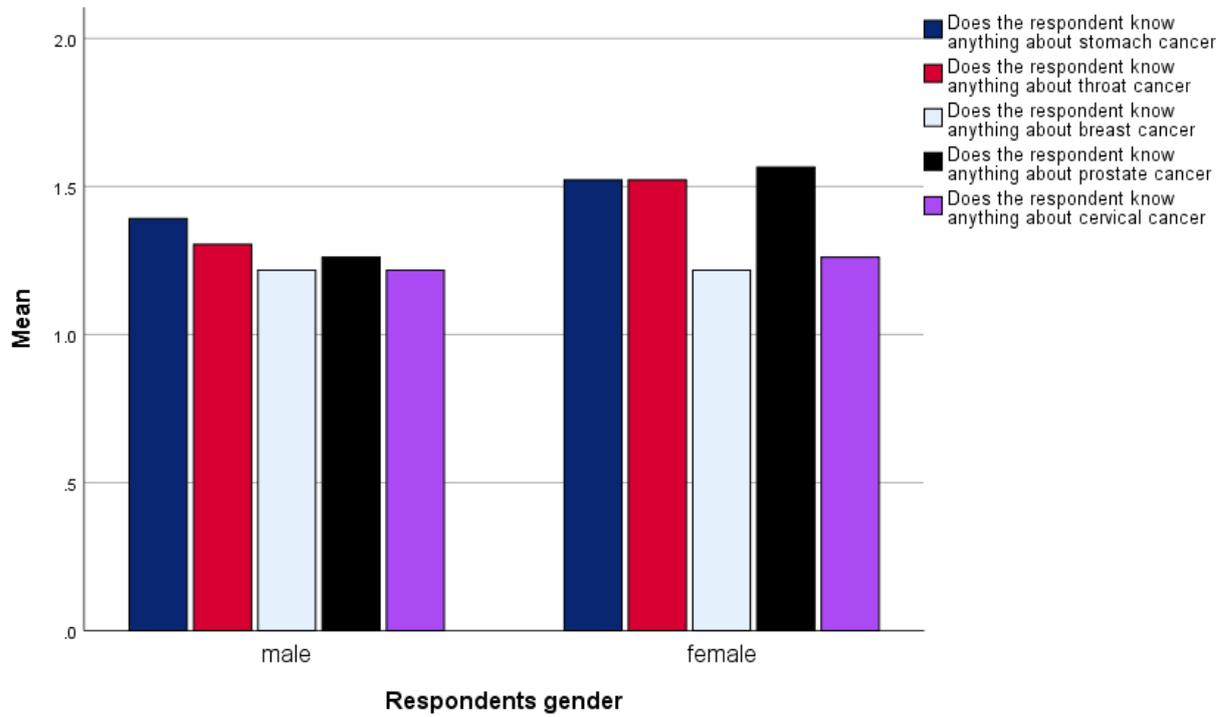
The main source of information and facts on cancer for the respondents was media, **65.22%** of the respondents reported that they relied on the media (Television, radio, newspaper) for cancer health facts. Only **6.52%** of the respondents reported getting their cancer facts from reading materials such as books, brochures and campaign materials.

Another **10.87%** of the respondents reported getting information about cancer from their neighbors or fellow villagers who had relatives that suffered from cancer. This is particularly not good because individuals can be given wrong and nonfactual information which can negatively affect their health.

17.39% of the respondents reported getting cancer information from other sources like health seminars, health workers, social media and church forums.

Figure 1.4

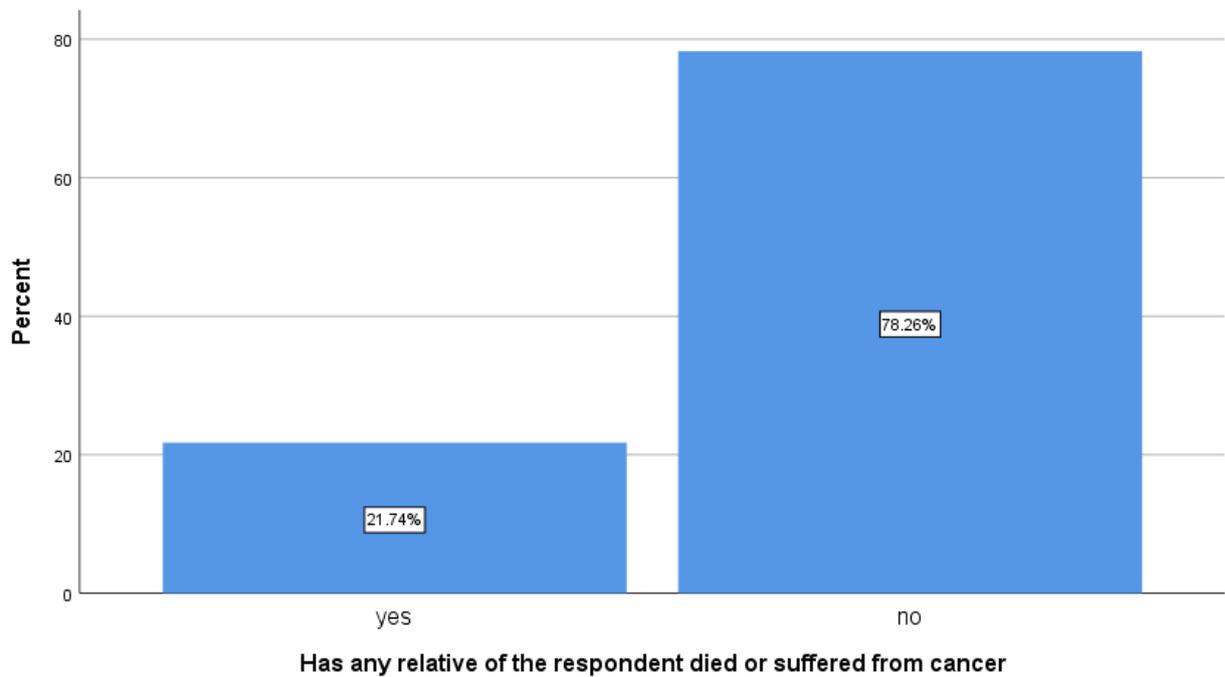
Cancer awareness among the two genders



In terms of awareness on the various types of cancer the patterns were almost similar between male and female respondents engaged. Male respondents interviewed seemed more informed and aware of the various types of cancer like engaged. Male and stomach cancer compared to the female respondents who seemed to know little on prostate, throat and stomach cancer.

76.09% of the respondents engaged seemed to know some degree of knowledge and facts about cancer, only **58.7%** of the respondents seemed to have some little knowledge on what and who is affected by prostate cancer. **78.3%** of the respondents engaged seemed to know and have facts about breast cancer. **58.7%** of the respondents engaged seemed to have some knowledge on what throat cancer is and who is affected by it while **54.3%** of the respondents engaged seemed to be aware what stomach is and who is affected by it.

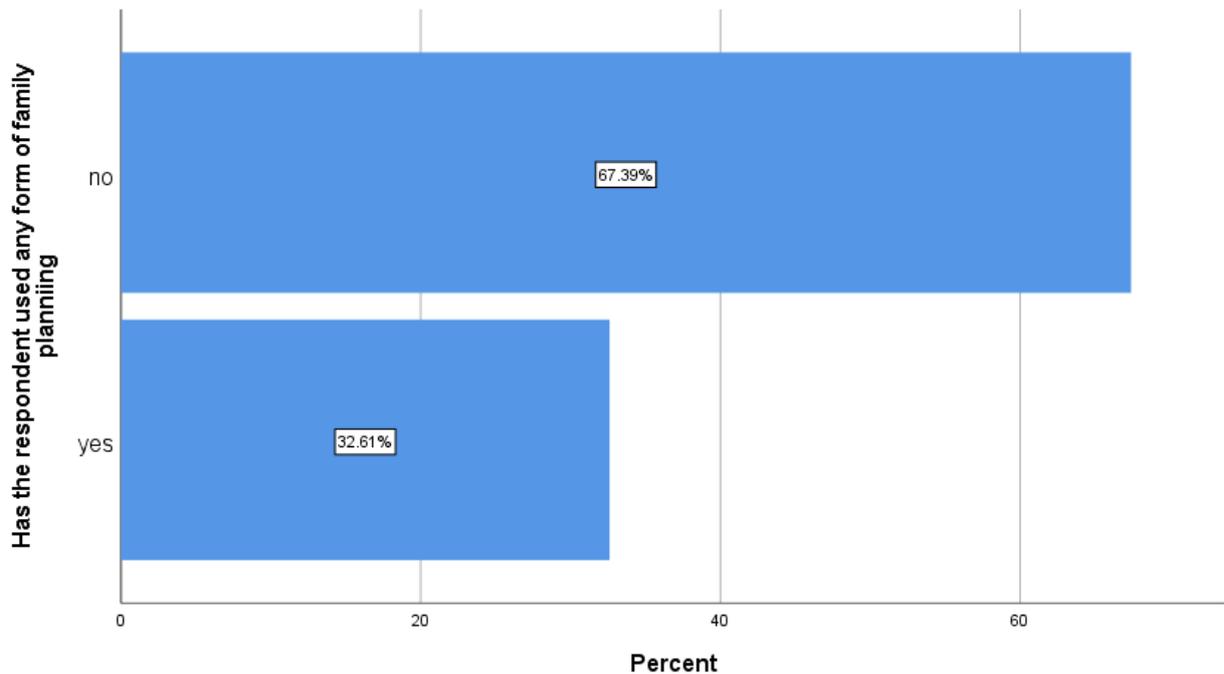
Figure 1.5



21.74% of the respondents engaged reported that a close or distant family member(s) had suffered from cancer or in some cases had succumbed to cancer. This is a shocking and significant number considering how small the sample size is.

This data clearly shows how rampant and widespread cancer has gotten in various parts of the country in the different counties.

Figure 1.6



67.39% of the respondents engaged said that they have never used in any form of family planning method. For the 32.61% that reported using family planning methods, the most common method mentioned were coils, pills and condoms.

Key Deductions from Survey

- a) Media is the main awareness and sensitization tool on cancer matters in Marimanti area and its environs.
- b) There seem to be low intake of family planning services.
- c) People seemed to know less and be aware of these types of cancer; prostate, throat and stomach.
- d) For a good number of the individuals who attended the medical camp it was their first-time getting cancer screening.
- e) Most of the individuals who were served fall in the age group of 35-75
- f) There is a substantial number of people whose relatives and close friends have been ravaged by cancer.

Recommendations

1. There is need for more cancer sensitization around Marimanti, its environs and even the whole county.

2. The relevant county health care workers can do more research on the uptake of family planning services within the county.
3. The county can also carry out a situation analysis on cancer incidence rate and impact on the affected families.
4. A good number of pupils served in the medical camp had various teeth issues like cavities among others. Possibly the relevant authorities can begin oral hygiene campaigns targeting the schools within the county.

Gallery



Gallery



OUR PARTNERS



THARAKA
NITHI
COUNTY



KOMAROCK MODERN
HealthCare
your pillars to better health



NARGIS
DUTT
FOUNDATION
life matters



ST.THERESA MISSION
HOSPITAL - KIIRUA
-To Love and To Serve -



NALEDI INITIATIVE



P.O BOX 1810, 60200 MERU
Info@nalediinitiative.org/nalediinitiative@gmail.com
+254 720 391 226/+254 736 868 948