



Health care Rescue centre

Real solution to health care

**Free Breast and Cervical Cancer
Screening and Education Outreaches
in Nyamira County**

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Project Concept Proposal

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1.0 Introduction and Background

The cancer burden has continued to rise with the disease now considered a leading cause of death globally, which together with cardiovascular, diabetes and chronic respiratory diseases cause over 60% of global mortality every year.

The World Health Organization (WHO) estimates that 7.9 million people die annually of cancer which constitutes close to 13% of deaths worldwide; and 84 million people will die in the next 10 years if there is no action to prevent and control the disease. It has also been projected that 80% of all cancer deaths occur in low and middle-income countries, such as Kenya, where there are limited or non-existent resources for prevention, diagnosis and treatment of cancer.

This pattern is true in Kenya where cancer ranks third as the leading cause of death after infectious and cardiovascular conditions. In Kenya, it is estimated that the annual incidence of cancer is about 28,000 new cases with an annual mortality of 22,000 cases.

Over 60% of those affected are below 70 years while the risk of getting cancer before 75 years of age is 14% and the risk of dying of it is estimated at 12%. The leading cancers in women are breast, cervical and oesophagus. In men, oesophagus, prostate cancer and Kaposi's sarcoma are the most common.

The HIV and AIDS pandemic is also augmenting the rate of HIV-related cancers in Kenya, with 60% of new cancers being associated with HIV and AIDS. Kenya is severely affected by the AIDS epidemic, with a prevalence rate of 13.6%. Regional statistics also show that, seventy percent of cervical cancer cases in Sub-Saharan Africa are caused by the human papilloma virus (HPV), which is also sexually transmissible.

The global response agenda is fundamentally rooted on reducing the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population. There is conviction within the health fraternity and amongst development practitioners in cancer services that the cancer burden is preventable.

The WHO reports that: *Cancer is to a large extent avoidable. Many cancers can be prevented. Others can be detected early in their development, treated and cured. Even with late stage cancer, the pain can be reduced, the progression of the cancer slowed, and patients and their families helped to cope. (WHO Cancer Control Series 2007)*

The focus in any public health response has therefore been placed on the four (4) key components of cancer control: Prevention, Early Detection, Treatment and Palliative Care. Early detection of cancer has been identified as a key strategy in reducing cancer deaths.

2.0 Statement of the Problem

Despite the acknowledgement that the existing cancer burden is preventable, new cases and deaths remain high and this is mainly due to the lack of information and knowledge that would facilitate prevention and early detection amongst the general population.

Individuals are not aware of the basic facts of the disease, its risk factors and how to minimize exposure to the risks. Like in many other developing countries, the majority of Kenyans have continued to engage in lifestyles that continue to place their health at risk of cancer and these include smoking, alcoholism, lack of physical activity and unhealthy diets.

There is a large cancer knowledge gap among general population of Kenya. In addition to the knowledge gaps on prevention, the majority of the cancer patients present themselves with the condition very late resulting in less chances of treatment success. Early diagnosis not only increases the chances of treatment success but results in lower and affordable treatment cost. Late diagnosis is mainly due to lack of knowledge among patients who consult clinics when they are at advanced stages.

Several empirical studies prove that improved survival rates for cancer depend upon the diagnosis of cancer at an early stage. However, the disease is not being treated with the urgency it deserves due to the widespread lack of knowledge. Although there is overwhelming evidence on the relationship between cancer and STIs including HIV and AIDS, there is also very limited integration of prevention and management services for these conditions. This is coupled with a weak referral system.

Currently, there are funding constraints and inadequate skills for cancer prevention and control. This scenario therefore, calls for an urgent availing of cancer screening services and information dissemination to dispel all the myths and misconceptions. The current scenario calls for a well-integrated approach to the national cancer response.

3.0. Justification of the cancer screening and education outreaches

Cancer accounts for approximately 18,000 deaths annually in Kenya, with up to 60% of fatalities occurring among people who are in the most productive years of their life. Men are most commonly diagnosed with prostate or esophageal cancer, and women are most frequently affected by breast and cervical cancer.

Cervical cancer is the leading cause of cancer death among women in the developing world. In Kenya it kills more people, male or female, than any other cancer and creates a heavy burden for women in the prime of life, for their families, and for the health care system.

However, prevention and screening is hardly available or accessible to most people in Kenya, especially in rural and marginalized areas. Most cases are often undiagnosed or misdiagnosed, which is partly due to inadequate healthcare infrastructure.

The issue is exacerbated further by a faulty national health insurance plan that doesn't allow patients to afford medical services. The health system is inadequately designed and resourced – particularly for people with cancer – with poorly equipped hospitals, a low doctor to patient ratio, and a lack of access to affordable drugs. These factors lead to late presentation, complications and meager patient follow-up.

Widespread lack of awareness and accurate information about cancer is another reason why screening is rare and many cancers are detected when it is too late to treat effectively. Several cultural myths exist regarding cancer, which are critical obstacles to expanded cancer control and care in Kenya, especially when it comes to early detection. One popular myth is that cancer is caused by curses from ancestors and elders. In such cases, people even believe that you can get the disease from those who have it.

Although developing countries bear 80% of the cancer burden, only about 5% of global resources devoted to cancer are found in these countries. Most cancer care services in Kenya are concentrated within a 5 km radius of each other in Nairobi, making it difficult for most Kenyans to access necessary care. The public national hospital hosts most of Kenya's oncology expertise and technology. About 78% of Kenyans live in rural areas, and this means that many patients requiring care may travel up to 600 km to access cancer services. The wait time for treatment at Kenyatta National Hospital is extremely long, and this is a problem, as there is a narrow window of opportunity to treat cancer effectively.

The other option of private cancer care is not actually an option for the majority of Kenyans, as treatment costs in these hospitals are so astronomical that many patients travel to India for cancer treatment instead. More effort and resources are therefore needed to make treatment more widely available and accessible.

4.0 Project Intent - Proposed Response Strategy

It is within the context and backdrop of the increasing cancer burden and the notable gaps in cancer screening, awareness and prevention amongst the general populace that Health Care Rescue Centre, a local NGO, hereby proposes an outreach intervention project named: **"Free Breast and Cervical Cancer Screening and Education Outreaches"**.

In line with the identified need, the project goals and objectives are aimed at providing cancer information and mobile screening services in rural areas:

4.1. Project Goal: To reduce late presentation (3rd and 4th stages) of common cancers (cervical and breast cancer) through cancer information dissemination and screening.

4.1.1. Specific Objectives:

- i. Educate the rural communities especially women in remote areas about risk factors and preventive measures of cervical and breast cancer
- ii. Screen the women of cervical cancer, treat precancerous lesions and facilitate treatment of identified cases
- iii. Provision of psychosocial support and referral channels to rural women diagnosed of cancer.

4.2.0. Project Design

This project will see Healthcare Rescue Centre conduct cervical and breast cancer screening and education outreach programmes in rural Kenya aimed at screening of cervical cancer, treatment of precancerous lesions and doing clinical breast examination for women in selected remote areas.

This is a triple-pronged approach project through which the organization intends to offer three mobile services (mobile cervical and breast cancer education, mobile screening and treatment) all at the same time. This is because once educated of cancer the women need the screening facilities, referrals and follow up for treatment services.

The cancer information dissemination is an integral component of this project. Information will be disseminated during community outreach meetings through the development and distribution of IEC materials with high impact messages on basic facts on cancer, prevention and early detection guidelines and/or recommendations. The IEC materials will include posters and flyers, which will be distributed to all the areas of operation.

The organization is also considering recruiting female community health volunteers in remote areas and building their capacity to disseminate cancer information in their respective wards. These volunteers and other community leaders will provide a conduit through which rural women will be mobilized for screening and treatment.

Healthcare Rescue Centre will work collaboratively with the Ministry of Health and County Governments and will also make use of these partnerships to lobby and advocate for the development and rollout of cancer management protocols as well as resource mobilization for the necessary equipment that will facilitate early detection and diagnosis.

This mobile cancer education and screening outreach programme will also combine cancer education for all age groups including in school and out of school youths thereby laying a foundation for all future cancer intervention programmes.

5.0. Expected Results

This project will be managed using a Results Based Management approach. The above-mentioned strategic actions are envisaged to contribute to the realization of results in the short, medium and long term. The results chain that recognizes results at four key stages is therefore a suitable framework to describe the expected results, namely: Inputs and Processes, Outputs, Outcomes and Impact.

- a) **Inputs and Processes:** The inputs in this project will primarily be the finances for staffing, transport, computers, venues and road shows; human resources and materials such as vehicles and IEC materials. The key processes relate to the activities, which include cancer education, screening, clinical breast examinations, cryotherapy, advocacy, distribution of IEC materials, community dialogue meetings, trainings and advertisements. These activities are expected to produce results immediately and/or in the very short term, the outputs.
- b) **Outputs :** The outputs expected in this project are:
 - ✓ Improved access to accurate and adequate cancer Information
 - ✓ Improved access to cervical and breast cancer screening services
 - ✓ Improved early detection and treatment of cervical and breast cancers
- c) **Outcomes:** In the medium to long term, some behavioural changes are expected to set in amongst the recipients of the awareness campaigns due to a culmination of continued exposure to information and discussions at the community level. These changes, referred to as project outcomes, may be witnessed beyond the project implementation timeframe.

The outcomes envisaged under this initiative include: adoption of safer practices, improved uptake of cancer screening services and reduction in the late presentation (Stage 3 and 4) of cancers at health facilities.
- d) **Impact:** Due to the strong emphasis on prevention and screening, it is expected that the project will contribute to the broad and long-term change in the cancer incidence, morbidity and mortality of cancer in Kenya, the **Impact**. It is important to note that changes at impact level are usually as a result of a combination of response strategies and interventions and therefore is plausible to consider this project as having a contribution to this desired change.

6.0 Project Implementation

The project will be implemented in Nyamira County, in all the five sub-counties by the support of the County Government of Nyamira from 26th to 30th October 2015. The outreach team will be traveling to all targeted areas for camping in respective areas. The outreach team will consist of the executive director, one programme officer and two project support officers, six doctors, and six relevantly trained nurses, one driver and ward based community health volunteers.

Community participation is considered very crucial in this project thus the volunteers will be recruited to enable easy mobilization of people for participation in both screening and education programmes.

Healthcare Rescue Centre will work collaboratively with the County Government of Nyamira, communities and other stakeholders to mobilize the communities. Rural health centres, dispensaries, ward meeting places, schools and churches will be used as the screening centres. Daily review meetings will be held at community, regional and national level to assess the progress and make timely adjustments.

Risk Area	Risk likelihood	Risk level	Risk mitigation
Continued capacity gaps in the formal health system	Medium	Medium	Strengthen advocacy for establishment of Cancer Detection Guidelines and procurement of detection and diagnostics materials
Political uncertainties	High	High	Maintain a nonpolitical stance, clear focus on the core objectives, linkages internally and externally
Economic uncertainty	Medium	Low	Resource mobilization
Funding scale down	Medium	Medium	Local fundraising initiatives to complement external sources

8.0 Monitoring and Evaluation

For the improvement of interventions, monitoring of activities, finding the constraints and evaluating the effectiveness are major important feedback mechanisms.

Follow up activities should also be carefully monitored for the fulfillment of the concept of free cancer camps. Monitoring and evaluation will provide a feedback on camp activities as well as information on the impact of the services provided.

Some indicators that will be measured for this assessment include:

- i. Measuring the progress
- ii. Finding whether the set targets are achieved
- iii. Documenting success stories
- iv. Filing of project reports
- v. Documenting challenges, lessons learnt and recommendations

9.0 Project Benefits

This project presents a unique and distinct advantage of having multi-directional benefits that are witnessed and experienced at different levels in the lives of ordinary, poor Kenyans.

Some of such benefits are:

- i. The project will contribute to improved quality of life for ordinary poor Kenya who do not have access to proper medical care
- ii. The project will play a pivotal role in supporting Kenya's fight against cancer thus presenting a model of Public Private Partnerships that may be replicated and created for a more sustained healthcare system.
- iii. The project demonstrates a high value for money due to the envisaged high benefits. The design allows for wider reach and further replicability through the community model
- iv. The implementation strategy and collaborative partnerships with the Ministry and County Governments will facilitate ownership and sustainability

- v. The dissemination strategy through advertisements, IEC materials, banners, flyers and logos provides a good platform for a nationwide visibility of funders on a commendable cause of enhancing the wellbeing of Kenya
- vi. The project gives rural people an opportunity for cancer screening and education services since most of the screening and treatment services are highly centralized
- vii. This is a first project of its kind hence it gives an opportunity to document lessons learnt that will be used in the implementation of similar projects elsewhere.

10.0 Capability Statement

The Health Rescue Centre of Kenya (HRC) is a local NGO which was founded and registered in 2014 by a group of young health care professionals who saw the need to address health issues affecting the marginalized communities especially in the rural areas and slums.

As a nonprofit organization, our main goal is to make health care affordable and accessible to millions of people in the rural areas and slums. Our long term aim is to come up with clinical posts in different levels of the community staffed with full time qualified doctors in order to meet the major gap existing in health care provision in the rural areas, which include reproductive health.

We are dedicated to improving the health care delivery to the less privileged by proving high standards of compassionate healthcare. While the government spends millions of shillings each year, there is still never enough to reach the insurmountable need of affordable, accessible and quality health care especially for the poor majority in rural and slum areas. There have been continuously a large number of patients who are unable to access health care and this is as a result of inequitable resources across the country, including healthcare resources, as well as the low doctor to patient ratio in Kenya.

It's for this reason that HRC has been conducting Free Medical Camps allover Kenya so as to help to alleviate an already stressed out and overwhelmed healthcare system. In order to reach as many poor and disadvantaged people as possible, our programs usually require a significant amount of support from donors, well-wishers, pharmaceutical companies and medical suppliers.

During such camps, several doctors and healthcare practitioners donate their time and skills whole year-round implementing camp activities while monitoring and evaluating

measures required to ensure the program is being administered properly on the ground. The aim of these camps is to increase access to quality medical care so as to decrease the burden of curable diseases afflicting the poor which sometimes result in unnecessary deaths. The medical camps have also been uniquely involving surgeries to the underprivileged in rural societies.

For instance, in the multi-disciplinary free medical camp held at Kisii Level 5 hospital from 1st – 5th December 2014, at least 300 patients accessed free surgery services, while over 5,000 others were treated with common clinical ailments for free.

Currently, HRC is run by five volunteers who dedicate at least 50% of their time per month to ensure the organization runs smoothly. The volunteers are mostly based in the organization's office in Kisii town.

Mission: Healthcare Rescue Centre is dedicated to improving the healthcare delivery to the less privileged by providing high standards of compassionate healthcare, yet accessible and affordable.

Budget Estimate

A summary of the logistical needs is herein given below. However, a detailed budget on Excel sheet has been attached.

- i. IEC Materials = 150,000
- ii. Vehicle Hire = 25,000
- iii. Hire of Sound System = 75,000
- iv. T-Shirts = 125,000
- v. Hire of Tents = 60,000
- vi. Hire of Chairs = 6,000
- vii. Hire of Tables = 5,000
- viii. Cancer Screening and Treatment = 750,000
- ix. Meals and Refreshments for Doctors, Nurses and Volunteers = 75,000
- x. Transport Allowance for Doctors = 75,000
- xi. Transport Allowance for Nurses and HRC staff = 105,000
- xii. Transport Allowance for Community Health Volunteers = 35,000
- xiii. Printing and Photocopy = 15,000
- xiv. Communication Costs = 10,000
- xv. Paper supplies and printing costs = 15,000

TOTAL = KSHS. 1,526,000