



# **Health care Rescue centre**

**Real solution to health care**

P.O Box 123 - 40200, Kisii  
Opposite Gekomu Primary School

## World Cancer Day

**(4<sup>th</sup> February 2018)**

**Free Breast and Cervical Cancer  
Screening and Education Camp at Kisii  
Teaching and Referral Hospital**

## **Project Concept Proposal**

**CONTACT PERSON:**

**ROSELYNE NYAKONA DAVID**

Executive Director

Health Rescue Centre

Telephone: 0722494852

Email: [nyakonadavid@yahoo.com](mailto:nyakonadavid@yahoo.com)

## **1.0 Introduction and Background**

Established in 2013, Healthcare Rescue Centre (HRC) is a Non-Governmental Organization dedicated to reach the most needy in the community with compassionate healthcare; and improve the living standards of the poor and vulnerable through social-economic programmes. As a nonprofit organization, our main goal is to make healthcare accessible to communities of people in the rural areas, slums or other low resource areas.

The organization's interventions focus on key human livelihood areas such as water and sanitation; environmental protection; non-communicable diseases including cancer, diabetes and heart conditions; maternal and neonatal health; health education and promotion; eye care; ENT; surgery; malaria; HIV/AIDS and TB; leishmaniasis in arid areas; food and livelihood security, poverty alleviation strategies, support to victims of Gender Based Violence including female genital mutilation; orphans and vulnerable children care and support; among other programmes.

HRC envisions equal access to quality healthcare as a basic human right. The organization thus strives to realize this vision through targeted project activities; free medical camps and community outreach events. Mainstreaming of gender, HIV/AIDS, equity, human rights and capacity building across all development activities has and will certainly and significantly continue to influence how HRC works.

## **2.0 Statement of the Problem**

Cancer is the 3rd highest cause of mortality in Kenya (7% of deaths per year, after infectious diseases and cardiovascular diseases). There is an estimated 39,000 new cases of cancer each year in the country with more than 27,000 deaths per year.

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, breast cancer is the most common cancer among women.

Sadly, 70 -80% of cancer cases are diagnosed in late stages in Kenya which complicates the issue. Reasons given for late diagnosis of cancer include:

- 1) Lack of awareness;
- 2) Inadequate diagnostic facilities;
- 3) Lack of treatment facilities;
- 4) High cost of treatment and;
- 5) High poverty index.

There are only 4 radiation centres in the country (Kenyatta National Hospital, MP Shah, Nairobi Hospital, and Aghakhan). If cancer cases could be diagnosed early, there are higher chances of management and prolonged survival. 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. 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. All these factors must be addressed in the fight against cancer is to be won.

### **3.0. 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, hereby proposes an outreach intervention project named: *“Free Breast and Cervical Cancer Screening and Education Outreach”*. The intervention will be implemented on February 4<sup>th</sup> 2018 during the World Cancer Day. In line with the identified need, the project goals and objectives are aimed at providing cancer information and free screening services.

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

#### **3.1.1. Specific Objectives:**

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

#### **3.2.0. Project Design**

This project will see Healthcare Rescue Centre conduct a cervical and breast cancer screening and education outreach programme at Kisii Teaching and Referral Hospital during the World Cancer Day on February 4<sup>th</sup> 2018. HRC aims at screening cervical cancer, treatment of precancerous lesions and doing clinical breast examination for women.

This is a triple-pronged approach project through which the organization intends to offer free services (cervical and breast cancer education, 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. Healthcare Rescue Centre will work collaboratively with the County Government of Kisii and other local actors.

## 4.0. 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 human resource, transport, and IEC materials. The key processes relate to the activities, which include cancer education, screening, clinical breast examinations, cryotherapy, advocacy, and distribution of IEC materials. 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 in terms of health-seeking behaviours 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. 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.

## 5.0 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 will also be carefully monitored for the fulfillment of the concept of the free cancer camp. 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 success
- ii. Finding whether the set targets are achieved
- iii. Documenting success stories
- iv. Filing of project reports
- v. Documenting challenges, lessons learnt and recommendations

## 6.0 Budget Estimates

A summary of the logistical needs is herein given below:

- i. IEC Materials (2,000@20) = 40,000
- ii. Posters for mobilization (1,000@20) = 20,000
- iii. Banners for mobilization (3@5,000) = 15,000
- iv. Branded T-Shirts (100@300) = 30,000
- v. Hire of 3 Tents (3@5000) = 15,000
- vi. Hire of 300 Chairs (300@10) = 3,000
- vii. Cancer Screening and Treatment = 100,000
- viii. Meals for 20 Volunteers (20@1,000) = 20,000
- ix. Allowance for 2 Doctors (2@3,000) = 6,000
- x. Allowance for Nurses and HRC staff (10@2,000) = 20,000
- xi. Communication Costs (5@1000) = 5,000
- xii. Media and Advertisements = 30,000

**TOTAL = KSH. 304,000**