



## A REPORT ON INTEGRATED

## HEALTH OUTREACH



**ORGANISED BY UWOCASO ON 29<sup>th</sup> AND 31<sup>st</sup> JULY 2023**

**Supported by;**



## **INTRODUCTION**

Uganda Women's Cancer Support Organization (UWOCASO) in partnership with Kamwokya Community Caring Center in Kamapala and Kajjansi HCIV in Wakiso district organized a two days integrated outreach to increase and intensify the awareness about integrated vaccines in routine vaccination schedules during ICHDs among 1000 child bearing women at two sites that is; Kajjansi HCIV and KCCA primary school which is found in suburb of Kamwokya in the districts of Wakiso and Kampala respectively targeting the general population. During the outreaches the attendees at the two sites were over 600 people and they received a variety of services which included; Hepatitis B screening and vaccination, cervical, prostate, and Breast cancer screening, HPV vaccination for young girls between 10-15years, HIV Testing and Counseling (HTC) as well as Health education by health workers, UWOCASO survivor and also through Music Dance and Drama.

The outreach was graced with representative from Ministry of Health (MoH), Uganda Cancer institute (UCI), Local Leaders, Development partners, NGOs, health workers, Village Health Teams (VHTs), UWOCASO survivors/staff and community members. This was an opportunity for community members to understand the roles of each institution and getting to know the best practices of cervical cancer screening and HPV vaccination visa via the rumors they have been hearing from their neighbors and colleagues.

It was also a prospect for UWOCASO to engage and create awareness about cancer to the general population focusing on the importance of vaccination and early screening. This was a form of platform to engage stakeholders, like health workers, parents or guardians and Leaders to understand the importance of Vaccination and early screening as they dispel the myths and misconceptions associated with vaccination especially HPV vaccine. UWOCASO being the main partner implementing cancer activities in the district supported the two integrated outreaches at the two sites.

## **OUTREACH OBJECTIVES**

- To increase awareness about cancer and the integrated vaccines in routine immunization schedules and
- Conduct integrated vaccination for children and adults as well as cancer screening and treatment

## **PRE ACTIVITIES**

### **Preparatory meetings.**

UWOCASO organized several planning meetings which included; coordinating team meeting and consultative meetings with partners. These meetings were held to make important decisions and assign tasks to each member of the team so as they can work throughout the timeline the group develops. The team developed the plan, committed to the plan and discussed the activity scope and outcomes.

### **Mobilization drives**

The climax of the integrated outreaches had to bring on board members of the community within the sub county and the children around. The mobile drive with the sound truck “ come for vaccination and cancer screening; “ prevention is better than cure; early detection saves life” that calls for people to be

responsible for ensuring that; girls between the age of 10-15years who have never engaged into sexual acts should go to HPV vaccination, women 25years and above go for cervical and breast cancer screening and men 45year and above prostate cancer screening and all participants were encouraged to go for Hepatitis B screening and vaccination. The Village Health Teams supported the mobilization drive for UWOCASO within their respective communities using door to door and community radios.

### **Radio talk show**

UWOCASO team held one Radio talk show to sensitize the listeners about the importance of HPV vaccination and early screening for cervical cancer. This also intended to mobilize the mass for the two



integrated outreaches to come for free health services. The Radio talk show was hosted by Record Radio on women voice program; and listeners were able to call in and ask questions for clarity. The listeners were able to understand the importance of HPV vaccination and cervical cancer screening as well as where to get the appropriate information and services related to cancer issues. Key questions were raised which included; Do they vaccinate all cancers? Why do vaccines available for only girls? Do men get cancer of the breast? Where do we go for cancer screening and at what cost? The representatives from

UWOCASO were able to respond to the listeners and encouraged them to always seek medical support from the qualified health practitioners.

## **OUTREACH ACTIVITIES**

### **HEALTH EDUCATION AND EDUTAINMENT**

#### **Health talk**

The health education talks were conducted through talks by health workers and survivors at both sites and 300 people (100-male; 200-female) were reached at Kamwokya and 430 people (120-male, 310-female) were reached at Kajjansi. These health education talks aimed at giving facts and dispelling myths and misconceptions associated with vaccinations and cancer screening to the community members. It informed the general population the consequences of late cancer screening because cancer is very dangerous when detected late. The team emphasised to the community members not to wait for signs because by the time you see signs it might be too late to get cured of cancer. It's always consult health workers in case of any concern regarding cancer or other health issues instead of getting false information from the community and unqualified personnel.

## Music Dance and Drama (MDD)

Music Dance and Drama (MDD) was another approach used to share information about vaccination and cancer screening to community members. This was done by Mulago positives of TASO Mulago.

This aimed at learning by entertaining general population because most people believe in practices than theory. Also they don't get bored; instead MDD attracts attention and concentration of the audience. This drama focused on myths and misconceptions about vaccines and screening as well as their benefits.



This resulted in educating all participants at the

outreach hence seeking health services. In this case, they were encouraged to seek proper assistance from qualified health personnel to have health communities with health mind.

## Sharing Testimony

During the integrated outreach, UWOCASO survivors shared testimonies about their cancer journey to the audience;

Meet Akello Caroline a cancer survivor, who is a stage IV cancer survivor having been treated by three lines of chemotherapy; she was first diagnosed with breast cancer at the age of 31 years in 2018 and her cancer was at stage III which is hard to treat. She went through the process of treatment that is; surgery, Radiotherapy and Chemotherapy and after treatment, Akello was again diagnosed by metastatic breast cancer in the spinal cord and Lungs. At that moment, she lost hope but she didn't give up completing her treatment. A lot of check-ups was done on her by the doctors at Uganda Cancer Institute and got support from Uganda Women's Cancer Support Organisation (UWOCASO) and she was able to complete her last treatment in 2022. She went back for check-up and the good news was Carol had no cancerous cells in her body. Currently, Carol is on maintenance treatment and UWOCASO has supported her throughout the cancer journey up to now. In her testimony, she emphasised that, early screening and diagnosis as well as vaccination for the preventable cancers. "If found with cancer please adhere to treatment". She mentioned

## Provision of health services

During the integrated outreach at Kamwokya and Kajjansi HC IV diverse health services were offered which included Health education, Hepatitis B screening and vaccination, cervical, prostate, and Breast cancer screening, HPV vaccination, and HIV Testing and Counselling (HTC). 430 people at Kajjansi HC IV and 300 people at Kamwokya attended the integrated outreach and received health education.

Many people received various health services according to their interests and in that male involvement was observed as it was notice that men came for health services. See details in the table below.

Facility	Items	Cervix	Breast	Prostate
<b>Kamwokya Primary school- 29/07/2023</b>				
	<b>Total educated</b>	<b>300(Male=100, Female=200)</b>		
	Number screened	79	96	62
	Number positive on VIA, PSA or has lumps in breast.	11	00	00
	Number referred for Biopsy	05	00	N/A
	Number referred for papsmear	08	N/A	N/A
	Other conditions	04	00	00
	Number on mammography	N/A	00	N/A
	Number referred to UCI	01	00	00
	Number referred to Mulago hospital Kawempe	13	00	00
<b>Kajjansi HC IV – 31/07/2023</b>				
	<b>Total educated</b>	<b>430 (Male=120,Female=310)</b>		
	Number screened	77	79	40
	Number positive on VIA, PSA or has lumps in the breast	08	06	00
	Number referred for papsmear	09	00	n/a

	Number highly suspicious	00	06	00
	Other conditions, (infections)	10	00	00
	Number done mammography	n/a	00	n/a
	Number referred to Mulago Kawempe	09		10
	Referred to UCI	00	06	00

### Hepatitis B: Screening and vaccination and HPV Vaccination

Facility	Screening		Vaccination	
		<b>Total screened (134)</b>		
<b>Kamwokya KCCA p/s</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
Number screened negative/vaccinated	88	46	82	27
Number screened positive	04	01	N/A	N/A
Number not vaccinated	00	00	06	19
<b>Kajjansi HCIV</b>	<b>Total screened (143)</b>			
Number screened / vaccinated	102	41	78	37
Number screened positive	03	00	N/A	N/A
Number not vaccinated	00	00	24	04
<b>HPV Vaccination</b>	Kamwokya KCCA p/s		Kajjansi HCIV	
<b>HPV</b>	4		6	

At the site of Kamwokya a total of 134 people screened of Hepatitis B but only 109 people were vaccinated meaning 25 people didn't go for vaccination and they were negative. At Kajjansi HCIV site, a total 143 people were screened for Hepatitis B and 115 people got vaccinated and 28 people were not vaccinated yet they were negative. This means that, 53 people didn't go vaccination not because the vaccines were finished but because they lacked information on the importance of vaccinating the

preventable diseases. Still to note that, our communities still have the wrong perceptions about vaccination which exposes them to preventable diseases and report late for treatment. In this regard, community members need to be sensitized on the importance vaccination and early screening.

## Community Dialogue



UWOCASO conducted a community dialogue to assess the community understanding of vaccination especially HPV vaccine. The dialogue was engaged by community members, health workers, survivors, technical team from MoH, Uganda Cancer Institute and NGOs as well as local leaders. The community members were able to bring out their concerns regarding HPV vaccine and the technical team were able to answer their concerns and informed them the way forward in regards to challenges

encountered by communities. It was observed that, at both sites community members have similar concerns and beliefs in regard to vaccinations and cancer screening and these highlighted below;

Communities still have myths and misconceptions about vaccines. For example thinking that, HPV vaccines cause Infertility among young girl; polio vaccines kills' children, kids fall sick continuously when vaccinated. This shows that, negativity people have is not based on facts but rather by rumours from their friends/ neighbours; and these have created bias on HPV vaccination to the young girls.

It was noted that, patients to health workers' relationship is not good especially in the Public health facilities. As health service consumers feel health providers are not welcoming them in a polite way as it's done in private hospitals/ clinics. This shows that, there is still a gap between these two parties within our public health facilities. Health consumers claim that, the health providers are rude and don't have time for patients to give more information about the services which leavess them with no options rather than going to Private health centres which are very expensive and others opt to leave it or not vaccinating their children.

Most community members are not aware of the importance of HPV vaccination to our young girls. ***“We need to be educated especially in the rural areas because the information is lacking and we are already biased about what we hear”*** a Participant mentioned. The information about HPV vaccine and cancer in general is inadequate and people don't know where to take for their children for vaccination.

HPV vaccine and cancer services are not available in the Public health facilities especially the lower health facilities yet at the private health facilities one has incur costs which some people cannot afford. The government should provide all services in the public facilities at least from HCIII which is at sub-county level.

Accessibility of HPV vaccine and cancer services is very limited. The health facilities which provide such services are far from their rural settings, yet they don't have transportation to reach the facilities. There's need to extend such services near to the people. For example; conducting such outreaches in hard-to-reach areas.

Most people have bias about government health facilities because they experience a lot of medicine stock outs. For example, a girl might receive the 1<sup>st</sup> dose for HPV vaccine but going back to the second doze you might find the vaccines are finished or no syringes to get the doze which makes a parent/guardian not going back for the without getting the vaccine. In this case, NGOs need to continue reaching out to people with such programs at least on quarterly basis.

Ignorance about the health services which are available at the health facilities depending on the level of the facility. For example; where to go for vaccination and cancer screening and also getting prior information about the services.

## REMARKS

Hajji Cassim Kaggwa Ddumba –HPEC MoH, in his remarks, he responded to the Participants' concerns in line with issues discussed. He argued that, most community members have the same perceptions on vaccines and cancer in general across the country and more sensitization still is needed on the benefits of vaccination as well as dispelling the myths and misconceptions.

Participants were encouraged to go to public health facilities because all services are free of charge including vaccinations compared to private health facilities where you have to pay some money. He emphasized that, all public health facilities at all levels give HPV vaccine and appealed to participants go and embrace the services which are free. MoH has been mobilizing communities and sensitization about HPV vaccine and it will continue with the engagements of informing people on ICHDs.

Dr. Jethro Alfred from Uganda Cancer institute(UCI) also shared his remarks and responded to people's concerns associated with cancer issues. UCI is planning to engage VHTs through trainings in cancer to give support in sensitizing communities about cancer issues and HPV vaccination so that they can endeavor have access to those services.

He further informed participants that, cancer is very expensive to be treated and get cured. Meaning the best ways to prevent the disease is through vaccination and early screening. Other preventive measures include avoiding smoking eating healthy and exercise should also be considered

Betty Iriwasi senior nursing officer; MoH-UNEPI informed participants that, Hepatitis B is spread like HIV but it's commonly spread during birth. During the process of giving birth a health worker has to be very careful to save the new born baby and after delivery a child is given Hepatitis B vaccine. This means that, mothers should deliver from health facilities with qualified health workers. She shared some common signs of Hepatitis B like yellowing of eyes, more lighting of the skin, Nausea among others. Participants were argued to go for vaccination because Hepatitis is deadly and affects the liver but the good news, vaccines are available for free in all public health facilities and there are three dozes, 1<sup>st</sup> doze and 2<sup>nd</sup> doze after 4weeks and 3<sup>rd</sup> doze after 6weeks. The Ministry of Health will continue partnering with NGOs to see that our communities get the required health services. She emphasized



Mr. Kazungu Zampyeri MoH-Cold Chain gave remark and acknowledged UWOCASO and other partners in joining efforts to reaching out to communities with such tremendous services. MoH is spearheading the immunization program within the country. HPV vaccination is done prevent young girls from acquiring the Human Papilloma Virus which affects the cervix and in long run it can lead to cervical cancer. The vaccination is done in all public health facilities across the country. He called upon all participants and stakeholders to be agents of change in dispelling the myths and misconceptions associated with. He further added that, Hepatitis B is very dangerous and the treatment is very expensive, consider prevention through embracing vaccination.

### Questions from participants

1. How can you help a young girl below 11years was raped
2. Does HPV affects cervix only?
3. If my daughter had already engaged not sexual intercourse without me knowing and get vaccinated of HPV what would happen to her
4. Aren't these girls vaccinated with HPV get affected when time comes to give birth
5. What causes breast cancer?
6. Is cervical cancer different from other cancers why are you vaccinating only cancer of the cervix?
7. After getting vaccinated can these girls get affected with cervical when sexually engaged with a person who has a virus?
8. When should one get vaccinated when s late and late vaccination
9. What happens when one misses a second dose?
10. Do men also get cervical cancer?

### Feedback from the health facilities and communities

After the outreach, UWOCASO held feedback meetings to assess the impact of the integrated health outreaches at the two sites namely: Kamwokya KCCA primary school and Kajjansi HCIV. The meetings were attended by VHTs, Health workers and UWOCASO team to share outcomes of the outreached. They gave an insight of what was achieved and challenges encountered, way forward and follow up on cases of cervical, breast and hepatitis B.

During the discussions it was noted that, the two health facilities; Kajjansi HCIV and Kamwokya Caring Center have been screening cervical but only HIV positive women because that is their project target. *"I didn't know that HIV negative women also affected by HPV (cervical cancer) because during the outreach I noticed HIV negative women were VIA positive"*; a health worker from Kamwokya caring Center narrates. There is high positivity of HPV among HIV negative women.

The two health facilities have been referring women with suspicious case of cervical and breast cancer to Mulago Hospital Kawempe, but at times they are not helped from there. In case they are not helped, they give up and come back at a very late stage for treatment at the same health facility referred them. The Health facilities are going to start partnering with UWOCASO to counsel and give guidance to next step at Uganda cancer institute.

High positivity of HPV among young women between the age of 20-35years were more affected at Kamwokya yet the screening for cervical cancer starts at 25years and above living 24years and below

not helped yet they are also affected because these days girls are sexually active starting at the age of 10years.

On HPV vaccination, the turn up still very low and the target is school going age 10-13years and out of school 10-15years. In Uganda we have private schools and government schools, whereby health workers have vaccinated girls in some of the government schools but some children still miss out due to different reasons. The most challenge part is found in private schools where majority of parents are “corporate” and these schools don’t allow such programs basing on the directives of the parents. Few parents from such schools embrace the benefits of HPV vaccination and take their children to private hospital for vaccination living others biased against the vaccine. Corporate companies should be a target of giving information about HPV vaccination because they are not aware about the benefits of HPV vaccination.

Male involvement was noticed in all health service provisions but mostly in screening prostate cancer. It was observed that, when you organize an outreach or event, one should consider services which will benefit men to attract their attention. For example, Kamwokya screened 62 men and Kajjansi screened 40 men, and majority of them missed the service because the screening kits were not enough leaving them with no option but going back home with only information.

Some men had serious complaints as they were experiencing signs of prostate cancer but when checked they were found positive. They were referred to UCI for further investigation but they haven’t report to UCI because they lack money for transport.

On breast cancer screening, 6 people had signs of breast cancer at Kajjansi HCIV and one of them was a man. This indicates that, men are not aware of early signs for breast cancer thinking that breast cancer is for only women. The six cases were referred to UCI but they haven’t reported to UCI due to financial constraints and fear of navigating UCI from Kajjansi to Mulago UCI.

Community members were able to know the health services offered at each health facility. For example; before the integrated health outreach community members in Kamwokya community thought that Kamwokya Caring Center supports only HIV positive clients, after the outreach the health facility started receiving clients for cancer screening and Hepatitis B vaccination.

## **ACHIEVEMENTS**

- 730 people received health education at the two sites which has increased demand at the two health facilities especially Hepatitis B vaccination and cervical cancer screening
- 100 men were screened for prostate cancer though majority of them missed the service due to inadequate kits to use. The team underestimated thinking that men might not come for services as usual.
- 156 women screened for cervical cancer and 175 people cancer screened for breast. This means that people embraced the services and they really lacked them yet they have issues.
- 277 people were screened for HepB and 224 people were vaccinated for Hepatitis B.
- High demand for cervical screening and Hepatitis B vaccination at the Health facilities.

- Music Dance and Drama was high educative whereby most people first watched the skit and went for vaccination/ screening after realizing the dangers of late diagnosis for cancer.

## LESSONS LEARNT

- The integrated Health outreaches have awakened men and women in communities on the importance of early diagnosis and screening, they were able to understand where they could find HPV vaccination and cancer screening.
- Engaging health workers and cancer survivors in promoting cancer education is key because they share best practices to the audience.
- Edutainment sessions are vital because they boost the morale of participants so that they don't get bored during the day, it keeps them going.
- High positivity rate of cervical cancer even among the HIV negative women
- Working with the existing structures is paramount in engaging communities to better outcomes.

## RECOMMENDATIONS

- There is need for more sensitization on HPV vaccination and the dangers of cervical cancer to the population. Many people have issues but they don't know what to do and where to go, so more effort is needed.
- Need to streamline the referral pathway system for cancer patients
- Efforts needed Health education in communities and health facilities. For example through health talks and drama.
- Follow-up and patient navigation of the positive cases ( cervical, breast and Hepatitis B)
- Health education on HPV and cervical cancer screening in corporate companies
- Need to Scaling up the health outreach program to other areas especially hard to reach areas.
- Develop and disseminate information, educational and communication materials about cancer in local languages.
- The acted dram skit should be broadcasted on local radios for learning and educating the population.
- There is a need to train Village Health Teams (VHTs) in cancer prevention in order to support in sensitization and referral.

## Annex: 1 Pictorial



*From L-R; cancer screening, Hepatitis B screening and vaccination and MoH officials with UWOCASO CEO.*

*Annex : 2 Accountability*

<b>FINANCIAL REPORT FOR THE INTERGRATED OUTREACHES</b>			
<b>AT KAJJANSI HC1V IN WAKISO AND KAMWOKYA COMMUNITY IN KAMPALA DIS</b>			
	<b>Activity/ tasks</b>	<b>AMNT IN UGX</b>	<b>AMNT IN USD</b>
1.00	Preparatory and planning activities	5,296,000	\$ 1,431.35
2.00	<b>Execution of outreach activities</b>		
2.10	Community mobilisation and cordination	2,797,000	\$ 755.95
2.20	Tents,chairs /logistics for shelter and immunisation team	1,310,000	\$ 354.05
2.30	Public address system	550,000	\$ 148.65
2.40	Refreshments for participants	1,420,000	\$ 383.78
2.50	Speakers and officials	870,000	\$ 235.14
2.60	Transport facilitation for staff, VHTs and leaders	4,250,000	\$ 1,148.65
2.70	Music Dance and drama	3,000,000	\$ 810.81
2.80	Mc, modulation and rapportuer	1,500,000	\$ 405.41
2.90	facilation of medical teams for screening and vaccination	2,340,000	\$ 632.43
2.10'	Screening and vaccination consumables	1,220,000	\$ 329.73
3.00	coverage(photography/videography)	1,250,000	\$ 337.84
4.00	Materials and events branding	3,030,000	\$ 818.92
5.00	Radio/ TV Talk show	1,060,000	\$ 286.49
6.00	collecting feedback from health facilities and VHTs	1,477,000	\$ 399.19
7.00	Permission and Security services at venues	740,000	\$ 200.00
8.00	Venue cleaning services	70,000	\$ 18.92
	<b>TOTAL</b>	<b>32,180,000</b>	<b>\$ 8,697.30</b>
	Administration/overhead costs	4,827,000	\$ 1,304.59
	<b>Total</b>	<b>37,007,000</b>	<b>\$ 10,001.89</b>

*Submitted by Gertrude Nakigudde  
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