



THE JADUDI REPORT

SEPTEMBER 2015



AFRICA
CANCER
FOUNDATION

CANCER IN KENYA

Cancer currently ranks among the most common causes of illness in Kenya, and is the leading cause of death after infectious and cardiovascular diseases, killing about 60 Kenyans each day. It is estimated that approximately 7% of all deaths in the country are caused by cancer each year and that the majority of those being treated are below the age of 70 years¹. Existing evidence shows that close to 37,000 new cancer cases are diagnosed yearly, and that cancers result in an annual mortality of over 28,000². These estimates are conservative and could in fact be higher given that many cases go unreported and unaccounted for.

A variety of risk factors are associated with cancer, including genetic, biological, environmental and behavioral elements. Some of the common risk factors include exposure to tobacco, alcohol misuse and interacting with cancer-causing substances in the environment. Certain infectious diseases also pre-dispose people to contracting various types of cancers, for example HIV (Kaposi sarcoma), Human Papilloma Virus (cervical cancer), *Helicobacter pylori* (stomach cancer) and Hepatitis B and C (liver cancer). The most common types of cancers affecting Kenyan women are cancers of the breast, oesophagus, and cervix, while the most frequently seen cancers among Kenyan men affect the prostate and oesophagus, with high cases of Kaposi sarcoma particularly among men.

Not only is the burden of disease high, the country also faces major challenges in terms of availability of data around cancer, a problem which is shared by the majority of countries on the continent. Cancer registration is considered to be fairly new in Kenya, and there is little surveillance on the national pattern of the disease outside Nairobi and Eldoret where the two existing registries are located³. Currently, national population level data on cancer does not exist, meaning that individual cases are not systematically recorded at each of the various health institutions where cancer is identified, including laboratories, hospitals and oncology clinics across the country. As a result, there is limited information about the actual scale of disease at a national level, including number of new diagnoses, deaths and demographic information (such as gender, age, and location) about those who are being diagnosed and treated for cancer and those who are being lost to the disease. Lack of important surveillance information affects the level and quality of advocacy and policy development work that can be done, as this type of information provides a critical foundation for cancer control, monitoring and national programming.

While cancer has been recognized as one of the foremost non-communicable diseases affecting Kenyans today, the country faces immense challenges with respect to specialized equipment and quality care for cancer patients. Diagnostic and cancer management equipment are limited, and tend to be centralized in the major cities. In addition, there are only a few number of cancer specialists available in the country. Recently published findings from the Apollo Cancer Conference 2014 reveal that as of last year, there were a total of 10 qualified oncologists and 20 other doctors treating cancer in the country. The human capacity to treat cancer in Kenya is limited, and it is estimated that the ratio of new cancer patients per oncologist per year currently stands at 2,800⁴.

1:2,800

THE RATIO OF NEW CANCER PATIENTS PER ONCOLOGIST PER YEAR

- 1 Ministry of Public Health and Sanitation and Ministry of Medical Services, Kenya. *National Cancer Control Strategy 2011-2016*
- 2 Kenya National Strategy for Non-Communicable Diseases 2015-2020.
- 3 Korir, A., Okerosi, N., Ronoh, V., Mutuma, G. and Parkin, M. (2015), *Incidence of cancer in Nairobi, Kenya (2004-2008)*. *Int. J. Cancer*, 137: 2053-2059. doi: 10.1002/ijc.29674
- 4 Parikh, P. M., Raja, T., Mula-Hussain, L., Baral, R. P., Ingle, P., Narayanan, P., ... Reddy, P. (2014). *Afro Middle East Asian symposium on cancer cooperation*. *South Asian Journal of Cancer*, 3(2), 128-131. <http://doi.org/10.4103/2278-330X.130452>

Recently, the suspension of radiotherapy treatment in the country's largest public and referral hospital due to the collapse of existing equipment placed hundreds of lives at risk.⁵ There are only 8 radiotherapy machines in the country, and Kenya does not have a specialized cancer hospital, although 4 hospitals house cancer departments⁶. Not only is the country poorly equipped to treat cancer, treatment is extremely expensive, both locally and outside the country. It is estimated that every year, up to 10,000 Kenyans spend over KES11 billion (approximately USD104 million) seeking cancer treatment abroad⁷. Financial distress and devastation is a reality for many Kenyan families affected by cancer.

AFRICA CANCER FOUNDATION

While it may not be immediately possible to eliminate cancer, one important initiative in Kenya seeks to reduce the burden of this disease in the country. The Africa Cancer Foundation (ACF) was formed in July 2011 with a mission to promote the prevention of cancer and provide holistic solutions to people affected by cancer in Africa. One of the specific goals of the foundation is to strengthen relevant sectors of society for the screening, control and management of cancer. The foundation provides capacity building support to individuals on awareness creation about cancer, cancer prevention, and policy development support. ACF also works with a consortium of cancer organizations including the Kenya Network of Cancer Organizations (KENCO) to provide support to cancer patients.

During its lifetime, ACF has made significant contributions towards cancer screening and education. The foundation has screened over 12,000 people in 10 counties across Kenya, more than any other organization or national institution in the country. ACF has also published materials and guidelines for both patients and caregivers on various types of cancers. In addition, the foundation has supported numerous initiatives to help Kenyans with cancer access information and treatment to improve their quality of life in diverse ways. Recently, ACF has carried out research in 9 counties to assess the existing capacity to diagnose and treat various cancers. The findings revealed that most cancer services are concentrated in Nairobi, followed by the large urban centres of Kisumu and Mombasa.

Africa Cancer Foundation has also made important contributions towards national policy. The foundation spearheaded the development of the National Guidelines for Cancer Management in Kenya by bringing together the two Ministries of Health (formerly the Ministry of Medical Services and Ministry of Public Health and Sanitation) in the previous administration. This culminated in the launch of the guidelines by the Ministry of Health in August 2013, following the regrouping of the ministries. ACF handed over 200 copies of the guidelines to the College for Health Sciences (University of Nairobi) on 28th September 2015. The guidelines are to be disseminated by the Ministry of Health through training to representatives of the 47 counties.

KES 11,000,000,000

(APPROXIMATELY USD 104 MILLION)

SPENT BY 10,000 KENYANS SEEKING CANCER TREATMENT ABROAD

5 *Daily Nation*, 18 March 2015. "Hundreds of lives at risk as Kenyatta National Hospital cancer machines collapse."

6 *Parikh, et. al.* 2014.

7 *Daily Nation*, 9 May 2015. *Cancer patients spend Sh11bn on treatment abroad, Health CS James Macharia says.*

#1MILLIFORJADUDI

Emmanuel Otieno (popularly known as Jadudi) is a 24 year old Kenyan university student who has lived the reality of a brain cancer diagnosis. Jadudi, who comes from a humble background, was diagnosed with a brain tumor in 2012 and has since endured three excruciating brain surgeries, in addition to a range of debilitating side effects. The financial burden of surgeries and chemotherapy has taken a toll on his family, and continues to do so. Upon learning that he needed a fourth surgery, Jadudi reached out to Zawadi Nyong'o, of the Africa Cancer Foundation, who engaged writer Jackson Biko. Biko shared Jadudi's story on his blog. Zawadi then developed and spearheaded a social media crowd-funding strategy to drive the #1MilliForJadudi campaign. Zawadi and Biko generously volunteered their time to support this online campaign to mobilize Kenyans to raise funds for Jadudi's surgery in India. The #1MilliForJadudi campaign was launched, with the goal of raising KES1 million (USD9,492) towards this worthy cause.

THE RESULTS

The #1MilliForJadudi campaign succeeded in raising KES7,256,096 (approximately USD68,681)⁸ via MPESA mobile money contributions only, in a record time span of 3 days. The campaign began accepting contributions on 4th August 2015 and closed on 6th August 2015. An analysis of the campaign revealed that a total of 12,262 unique contributors from across Kenya made donations towards this cause, with contributions ranging from as little as KES1 (less than USD1) to as large as KES25,000 (USD237). The average donation was KES566 (USD5.40), and about 45% of the crowdfunders contributed KES500 (USD4.75) or more. Among them, 567 people made repeat donations using the same platform.

The great success of the campaign warranted a deeper analysis about how Kenyans interacted with the campaign, and a brief mobile survey was carried out with 982 Kenyans. The survey captured both men and women almost equally, with the majority (81%) living in Nairobi, and most (85%) falling either in the 20s or 30s age bracket. About half (51%) of all survey respondents indicated that they had never participated in a social media campaign before.

Of all the survey participants, 30% had heard about the campaign and had subsequently made a contribution, compared with 63% who were aware but did not make a monetary donation. Among the participants who were aware of the campaign and had contributed, over half (51%) had learned of the campaign specifically from Twitter, and a large proportion (77%) indicated that they had either been affected by cancer personally or knew someone who had been.

While the campaign was initiated on the Twitter platform, it developed a life of its own on other social media channels including Facebook and Instagram, as well as mainstream media. An analysis of the social media statistics for the campaign found that the #1MilliForJadudi hashtag originated in Kenya in 93% of the cases. Though the crowdfunding took place in Kenya, the social media impact was far reaching and universal. There were 187 million estimated impressions⁹ from 19,527 Twitter mentions, generated by 9,640 users. The bulk of the Twitter mentions (79%) were comprised of retweets, with 15,464 retweets disseminated among users who relayed the hashtag.

The #1MilliForJadudi campaign represents by far the most successful social media crowdfunding campaign in Kenya, and arguably, in the region. In the words of Zawadi Nyong'o, a social media galvanizer, an Africa Cancer Foundation volunteer and together with Jackson Biko, the force behind this powerful social media campaign:

"Crowdfunding is much like a bushfire. It may start in a small area, but with the wind blowing in the right direction, and nothing standing in the way of the fire, it spreads fast. In the case of this campaign, it spread so fast that we had to intentionally stop it. I don't think anyone has ever tried to raise money in Kenya and asked people to stop contributing because they had surpassed their goals."

8 While an initial figure of KES6.4 million (USD60,770) had been announced to the public, additional contributions were received after this announcement as a result of increased awareness. This figure represents the total amount that was collected via the M-PESA paybill number until its official closure.

9 Estimated impressions means the possible reach based on followers of those who engaged with the hashtag. For example, if 3 people who have 1 million followers each tweeted, shared, or were mentioned in the hashtag, 3 million (3x1 million) would be the estimated impression.

WHAT NEXT?

Jadudi's case is not unique - there is an estimated 39,000 new cases of cancer every year in Kenya. Many of these cases can be prevented, or detected and treated early, saving thousands of lives, and millions of dollars. Please join the Africa Cancer Foundation (ACF) in realizing our vision of "A Cancer-Free Africa". To do this, we hope to build Africa's first fully equipped state-of-the-art public cancer treatment and research center in Kenya.

What can you do ?

- + Start with you. Get screened. Early detection saves lives
- + Learn about cancer and cancer caregiving
- + Volunteer/Become a member of ACF
- + Make a donation to ACF

ACKNOWLEDGEMENTS

This report would not have been made possible without the amazing pro-bono contributions of several people. It was an incredibly collaborative process that brought together various experts in their respective fields : **Emukule Ekirapa** for the mobile data analysis and for conceptualizing and coordinating The Jadudi Report; **Louis Majanja** & the mSurvey team for providing the survey platform; **Musa Omusi** for the amazing graphic design work; **Leo Faya** for the social media analysis; **Carolyn Njihia** for writing the report; **Dorothy Nyong'o** and the **Africa Cancer Foundation team** for providing the mobile payment data and co-editing the final report; and **Zawadi Nyong'o** for co-editing the report, and designing and driving the social media strategy to disseminate the mobile survey.

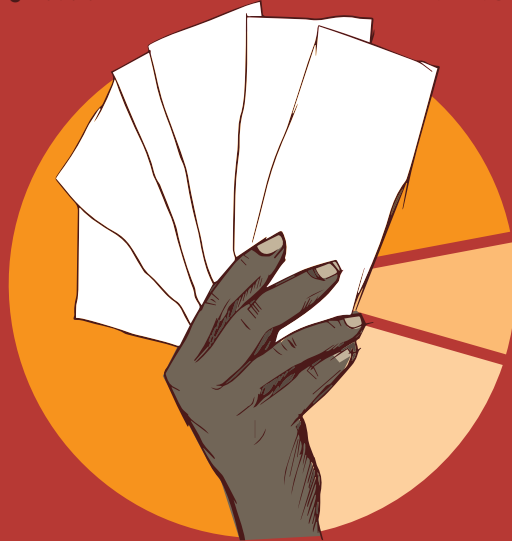
CONTACTS

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#1MILLIFORJADUDI

STARTING AUGUST 4, 2015 10:00 AM

ENDING AUGUST 6, 2015 01:00 PM.



Crowdfunding Analysis

12,262

UNIQUE CONTRIBUTORS

+

12,886

TRANSACTIONS

567

REPEAT
CONTRIBUTORS

AMOUNT RAISED
BY REPEAT
CONTRIBUTORS
USD 4,783

AVERAGE AMOUNT SENT BY
REPEAT CONTRIBUTORS : **USD 4**

MINIMUM : USD .01
AVERAGE TRANSACTION: USD 5
MAXIMUM : USD 240



5523 PEOPLE CONTRIBUTED USD 5
OR MORE TO THE CAMPAIGN



USD 56,288 WAS RAISED BY THOSE
WHO CONTRIBUTED USD 5 OR MORE*

USD 10 WAS THE AVERAGE DONATION

USD
=
70,159

RAISED

1 USD = KES 104


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STARTING AUGUST 4, 2015 10:00 AM

ENDING AUGUST 6, 2015 01:00 PM.



Social Media Analysis

19,527

TWITTER MENTIONS

+

9,640

USERS

MENTION TYPE*

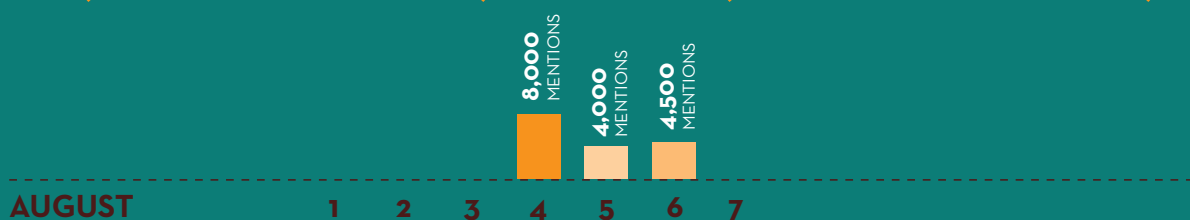
(percentage of people who engaged with types of tweets)

RETWEETS : 79%
REGULAR TWEETS : 18%
@ TWEETS : 2%

ENGAGEMENT LEVEL

(percentage of people who sent out tweets)

72% - 1 tweet
23% - 2 - 4 tweets
3% - 5 - 7 tweets
2% - 8 or more tweets



AUGUST

1 2 3 4 5 6 7

= **187,000,000**
ESTIMATED IMPRESSIONS

* RETWEETS : 15,464 MENTIONS REGULAR TWEETS : 3,587 MENTIONS @ TWEETS : 476 MENTIONS



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STARTING AUGUST 4, 2015 10:00 AM

ENDING AUGUST 6, 2015 01:00 PM.



Mobile Survey Analysis

63%

HEARD ABOUT THE CAMPAIGN
BUT DIDN'T CONTRIBUTE

30%

HEARD AND CONTRIBUTED
TOWARDS THE CAMPAIGN

51% HEARD OF
THE CAMPAIGN
ON TWITTER

23% PARTICIPANTS HAD BEEN
OR KNEW SOMEONE WHO
HAD BEEN AFFECTED BY CANCER

51% FEMALE | 56% were in their 20's
29% in their 30's
11% in their 40's

51% HAD NOT PARTICIPATED
IN A SOCIAL MEDIA
CAMPAIGN BEFORE

253 PEOPLE WOULD LIKE TO VOLUNTEER AT ACF
81% OF PARTICIPANTS WERE FROM NAIROBI,

* 982 SURVEY PARTICIPANTS


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