PROMOTING COMMUNITY-BASED CANCER CONTROL PROGRAMME IN NIGERIA: THE LAPO-C4 INITIATIVE

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Outline

• Introduction
• How our knowledge of cancers informed LAPO-C4
• LAPO-C4 management
• Conclusion: looking ahead
Acronyms

• CBO: Community-based organisation
• HPV: Human papillomavirus
• LAPO: Lift Above Poverty Organisation
• LAPO-C4: LAPO Community Campaign for Cancer Control
• NGO: Non-governmental organisation
• PHC: Primary Health Care
INTRODUCTION
Objectives: Why are we here?

Communicate on...
- ‘Who’ is LAPO?
- What is LAPO-C4?
- How our knowledge of cancers informed LAPO-C4?
- What is the story of LAPO-C4?
- What lessons can we learn from LAPO-C4?
- Looking ahead about LAPO-C4

Advocate to all...
Governments at all levels and their agencies, non-governmental organisations, communities, the international community and individuals to
- extend
- support and
- replicate
LAPO: Lift Above Poverty Organisation

• A non-governmental and not-for-profit development organisation.

• Founded by Dr Godwin Ehigiamusoe in 1987.

• Committed to poverty alleviation through sustainable and responsive social and economic empowerment of vulnerable and disadvantaged groups in Nigeria.

• **LAPO** is alive, undoing poverty from lives...
Vision
• To be the leading institution enabling prosperity, excellent health and social justice in Africa

Mission
• To use innovative approaches to provide financial, health and social services to stakeholders in a sustainable manner

Values
* Excellence * Integrity * Innovation
* Accountability * Teamwork
LAPO... *cont’d*

**Key Programmes**

- Health
- Gender Equity and Social Justice
- Social Change Advocacy
- LAPO Rural Development Initiative (LARDI)
What is LAPO-C4?

LAPO-C4...

• It stands for LAPO Community Campaign for Cancer Control
• It was conceived by the founder of LAPO, Dr Godwin Ehigiamusoe.
• It is a novel grassroots mass approach to prevent cancers and their effects on life, health and livelihood through lifestyle modification, early detection and prompt treatment.

• LAPO IS THE FIRST NGO IN THE WORLD KNOWN TO UNDERTAKE A MULTI-STATE COMMUNITY CAMPAIGN FOR CANCER CONTROL
• **LAPO-C4** is rooted in the following fundamentals:
  • Cancer deaths are increasing globally and locally.
  • Cancers can be prevented, detected and treated early to prevent death.
  • The poor continue to be the most vulnerable in the society.
  • Women are more vulnerable to cancer on two grounds:
    • Poverty is more prevalent among women than men
    • Women have organs (such as the female breast and the cervix) that are uniquely susceptible to cancer.
Project objectives

• To increase awareness of cancer among rural men and women in target states by 25% by 2021
• To promote early detection as routine practice in the target population
• To advocate for policy and practice change for improved awareness, screening and care for cancer patients in Nigeria
• To advocate for subsidized cancer screening services at PHC level
• To advocate for subsidised treatment for cancer for the less privileged in Nigeria
Key interventions

• Advocacy
  • This targeted federal and state ministries of health, federal and state agencies in charge of primary health care and government agencies in charge of cancer control
  • The aims were to promote policy and practice change to strengthen and extend cancer screening at primary health care level; subsidise cancer treatment for vulnerable individuals and increase funding for cancer research in Nigeria

What is LAPO-C4?
Key interventions cont’d

• Screening
  • Upgrade partner health facilities to provide cancer screening services
  • Delivery of cancer screening services
  • Referral for cancer screening, diagnosis and treatment
Key interventions cont’d

• Building community partnerships
  • Appointment and engagements of campaign ambassadors who are known personalities and influencers.
  • Building linkages with community-based organisations
  • Building effective synergy with
    • Critical groups such as religious organisations
    • Primary health care centres
Key intervention activities cont’d

• Health information, communication and education
  • Development and deployment of billboard messages, posters, handbills, documentaries, jingles, stickers
  • Road shows, location outreaches
  • Electronic (TV/radio), media bliss, radio jingles in English and selected local languages; billboard and posters
  • Social media (Facebook, Instagram, etc.)
Key intervention activities cont’d

• Enabling community ownership of LAPO-C4 for project sustainability through
  • Communication and advocacy
  • Establishment of community committees for cancer control
HOW OUR KNOWLEDGE OF CANCERS INFORMED LAPO-C4
What is cancer?

- Cancer is an abnormal and uncontrollable multiplication of cells of any part of the body which then grow beyond their boundaries to invade and destroy healthy tissue.
- The spread of cancer cells is called metastasis and is the major cause of cancer deaths.
What causes cancer?

• Genetic factors: susceptibility and protection

• Environmental factors
  • physical carcinogens, such as ultraviolet and ionizing radiation;
  • chemical carcinogens, such as asbestos, components of tobacco smoke, aflatoxin (a food contaminant), and arsenic (a drinking water contaminant); and
  • biological carcinogens, such as infections from certain viruses, bacteria, or parasites.
Risk factors of cancers

• Age
  • Accumulation of the effects of exposures over time
  • Less effective mechanisms for cellular repair with age

• Lifestyle
  • Tobacco use
  • Alcohol use
  • Unhealthy diet
  • Physical inactivity

• Air pollution
  • Cancer-causing infections (e.g. Helicobacter pylori, human papillomavirus, hepatitis B virus, hepatitis C virus, and Epstein-Barr virus)
  • HIV substantially increases the risk of cancers such as cervical cancer.
Cancers – more facts

• Cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or one in six deaths, in 2018.

• Breast, cervical, colorectal, lung and thyroid cancer are the most common globally in women.

• Lung, prostate, colorectal, stomach and liver cancer are the most common globally in men.
Cancer in low- and lower-middle-income countries, including Nigeria

- Approximately 70% of deaths from cancer in the world occur in these countries
- Cancer-causing infections are responsible for approximately 30% of cases
- Late-stage presentation and lack of access to diagnosis and treatment are common
- Comprehensive treatment is reportedly available in more than 90% of high-income countries but less than 15% of low-income countries
# Estimated number in 2020, all cancers, all sexes, all ages

## New cases

<table>
<thead>
<tr>
<th>Place</th>
<th>Number</th>
<th>Crude rates per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>19,292,789</td>
<td>247.5</td>
</tr>
<tr>
<td>Africa</td>
<td>1,109,209</td>
<td>82.7</td>
</tr>
<tr>
<td>Nigeria</td>
<td>124,815*</td>
<td>60.5**</td>
</tr>
</tbody>
</table>

* Second highest in Africa

** Higher than 10 other African countries

342 new cases every day; 14 - 15 every hour

57 new cases in the 4 hours of this event

## Deaths

<table>
<thead>
<tr>
<th>Place</th>
<th>Number</th>
<th>Crude rates per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>9,958,133</td>
<td>127.8</td>
</tr>
<tr>
<td>Africa</td>
<td>711,429</td>
<td>53.1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>78,899*</td>
<td>38.3**</td>
</tr>
</tbody>
</table>

* Second highest in Africa

** Higher than 4 other African countries

216 deaths every day; 9 every hour

36 deaths in the 4 hours of this event
The structure of the breast

BREAST PROFILE
A: ducts
B: lobules
C: dilated part of duct to hold milk
D: nipple
E: fat
F: pectoralis major muscle
G: chest wall/rib cage

ENLARGED VIEW
A: normal duct cells
B: basement membrane
C: lumen (center of duct)
How common is breast cancer in Nigeria?

• About 500,000 new cases diagnosed in Nigeria annually.
  • increasing prevalence
  • afflicts relatively young women
  • runs an aggressive course
  • late presentation to hospital – the major problem
• Peak age incidence is 43 years
• Average age is 47 years
• 12% of patients younger than 30
• 4-9% of all breast cancers occur in males
Breast cancer risk factors

- Female sex
- Increasing age
- Maternal relative with breast cancer
- Abnormal genes (BRCA 1, BRCA 2 genes)
- Zero or low parity
- Late age at first pregnancy
- Failure to breastfeed

- Longer reproductive span (early menarche <12yrs, late menopause >50yrs)
- Obesity
- High dietary fat and alcohol intake
- Tobacco smoking
- Previous breast lesion with atypical changes
- Previous breast cancer
Breast cancer risk factors cont’d

• About 21% of all breast cancer deaths worldwide are attributable to
  • Alcohol use
  • Overweight
  • Obesity
  • Physical inactivity
Breast cancer risk factors *cont’d*

• The higher breast cancer incidence in developed compared to developing countries can partly be explained by dietary effects combined with later first childbirth, lower parity, and shorter breastfeeding.

• The increasing adoption of western life-style in low- and middle-income countries is an important determinant in the increase of breast cancer incidence in these countries.
Prevention and control:
breast self examination
Breast self examination

• Steps 1-3 involve visual inspection of the breasts with the arms in different positions.
  • She looks in the mirror for signs of dimpling, swelling, or redness on or near the breasts.

• Step 4-6 involve palpation with the pads of her fingers (4 – breasts, 5 – nipple; and 6 – breast while lying down
  • She feels for lumps (either superficial or deeper in tissue) or soreness
The mammogram
Treatment of breast cancer

• Psychological support
• Reassurance
• Surgery
• Chemotherapy
• Radiotherapy
• Supportive treatment
Advanced breast cancer in Nigeria

Before operation

After operation
The cervix
Cervix as seen through a speculum

Cervix
Cancer tissue
Vaginal wall
How common?

• Over one million women worldwide are living with cervical cancer.
• Majority of cervical cancer cases (>80%) occur in low- and middle-income countries.
Cervical cancer is the second most common cancer in women living in less developed regions with an estimated 445,000 new cases in 2012 (84% of the new cases worldwide).

In 2012, approximately 270,000 women died from cervical cancer; more than 85% of these deaths occurring in low- and middle-income countries.
Risk factors

• Cervical cancer is a consequence of a long-term infection with some types of human papillomavirus (HPV).
• There are more than 100 types of HPV.
• HPV is mainly transmitted through sexual contact and most people are infected shortly after the onset of sexual activity.
• Two HPV types (16 and 18) cause 70% of cervical cancers and precancerous cervical lesions.
Risk factors cont’d

• Risk factors for HPV persistence and development of cervical cancer
  • Early first sexual intercourse
  • Multiple sexual partners
  • Tobacco use
  • Immune suppression (for example, HIV-infected individuals are at higher risk of HPV infection and are infected by a broader range of HPV types)
Prevention and control: screening

• Cervical cancer screening is testing for pre-cancerous lesions and cancer among women who may have no symptoms.
• It detects the cancer at an early stage, enabling women to receive highly effective treatment.
• Screening followed by adequate treatment is recommended for every woman aged 30 every 5 to 10 years if the screening test is negative.
Prevention and control: vaccination

• Vaccines against HPV 16 and 18 have been approved for use in many countries.
• The vaccines may also have some cross-protection against other less common HPV types which cause cervical cancer.
• WHO recommends vaccination for girls aged 9-13 years as the most cost-effective public health measure against cervical cancer.
Prevention and control cont’d

• Boys are also targeted because they benefit from the vaccine as it protects against anogenital warts and cancers.

• Health education should address
  • safe sexual practices, including delayed sexual debut
  • promotion and provision of condoms for those already engaged in sexual activity
  • warnings about tobacco use, which often starts during adolescence
  • male circumcision
Treatment

• If treatment is needed to excise abnormal cells or lesions, cryotherapy (destroying abnormal tissues by freezing) is recommended.

• If signs of cervical cancer are present, treatment options include surgery, radiotherapy and chemotherapy.
The prostate gland

- It is part of the male reproductive system.
- It is located at the base of the urinary bladder, enclosing the first part of the urethra.
Bladder
Urethra
Penis
Prostate
Rectum
Scrotum
Bladder
Seminal vesicle
Prostate
Cancerous tumor
Prostate cancer

- 31.7% of cancer deaths in males in Nigeria are due to prostate cancer
Risk factors

• Black race
• Age above 40 years
• Positive family history
• High fat diet (tentative risk factor)
• High serum androgen levels
• Prolonged sexual abstinence in middle-aged adults
Prevention

• Health education

• Screening
  • Primarily
    • Prostate-specific antigen (PSA) levels
  • Secondarily (other methods)
    • Digital rectal examination
    • Ultrasonography
  • High risk individuals need immediate screening and follow-up.
  [Diagnosis – biopsy]
Treatment

- Psychological support
- Early stage
  - Prostatectomy
  - Radiotherapy
- Late stage
  - Hormone therapy
  - If pathological fracture occurs: bilateral orchidectomy plus internal fixation
The liver

Picture 1: Location of the Liver

Picture 2: Lobes of the Liver
Normal liver  Cancerous liver
Liver cancer

• In Nigeria, 21.5% of cancer deaths in men and 10.0% in women are due to liver cancer

• The commonest risk factors of liver cancer in Nigeria are
  • Alcohol consumption
  • Hepatitis B and C viral infections
  • *Aspergillus* infections from consumption of mouldy grains and fish
Prevention and control

• Health education
• Prevention of risk factors, including their early diagnosis and prompt treatment
• HB vaccination @ Birth, +6 weeks, +14 weeks

[Diagnosis – biopsy]
Burkitt’s lymphoma

Retinoblastoma

CHILDHOOD TUMOURS
Nephroblastoma

Malaise

Hypertension

Palpable abdominal mass

Hematuria

Fever
Childhood tumours

• About 3.3% of childhood deaths in Nigeria are attributable to tumours, including cancers
  • Common types: brain tumours, leukaemias, Burkitt’s lymphoma, retinoblastoma, nephroblastoma, lymphomas and sarcomas.

• Malaria is a risk factor for Burkitt’s lymphoma.

• Prevention: present the child early in the hospital for early assessment and treatment if a swelling is noticed in or on the body.
Why **LAPO-C4** targets these cancers

- Cancers cause death and advanced forms are often irreversible causes of death.
- The adult cancers targeted are
  - among the commonest types of cancers in Nigeria
  - preventable (primordial and primary prevention) through lifestyle changes
  - detectable at early stages (secondary prevention) through screening services
- The childhood cancers targeted are
  - the commonest in childhood
  - detectable at early stages (secondary prevention) though caregivers’ vigilance
- Targeting these cancers improves and prolongs life.
Project Coordination Structure

- Project Steering Committee
- Project Management Team
- Project Implementation Team
# Project Coordination Structure cont’d

<table>
<thead>
<tr>
<th>SN</th>
<th>STRUCTURE</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Project Steering Committee</td>
<td>Overall delivery of project and project policies and strategies.</td>
</tr>
<tr>
<td></td>
<td>LAPO’s Board Committee on Health and Social Development</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Project Management Team</td>
<td>Planning, implementation, monitoring and evaluation of project activities and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meeting targets.</td>
</tr>
<tr>
<td></td>
<td>LAPO’s Management Committee</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Project Implementation Team</td>
<td>Day-to-day implementation of project activities in line with workplans</td>
</tr>
<tr>
<td></td>
<td>LAPO’s Management Committee plus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project Managers of CBOs</td>
<td></td>
</tr>
</tbody>
</table>
1. Visioning
2. Planning for planning
3. Situation analysis
4. Ranking priorities
5. Setting objectives
6. Specification of interventions
7. Constraint analysis & specification of strategies
8. Selection of strategies
9. Detailed programming & resource specification
10. Continuous re-planning during implementation
11. Continuous monitoring & evaluation

LAPO-C4 Planning Cycle Model
1. Call for proposals from CBOs
2. Advocacy to SMOHs & FMOH; National Cancer Control Prog
3. Selection of CBOs: proposal reviews & site visits
4. Board approval of recommended CBOs for funding
5. Production of ICE materials
6. Development of documentaries & brandings
7. Engagement of ambassadors
8. Engagement of CBOs
9. Project inception workshop
10. Grant release to CBOs
11. Field implementation
12. Monitoring (Desk review)
13. Project (programme & financial) reports & reviews
14. Present project at LAPO FORUM
# CBO selection process

<table>
<thead>
<tr>
<th>STAGE</th>
<th>ACTIVITY</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Proposal review</td>
<td>24 excluded from 49 = 25 shortlisted</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Exclusion of ineligible submissions</td>
<td></td>
</tr>
<tr>
<td>Stage 2</td>
<td>Proposal review</td>
<td>17 shortlisted</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Screening and scoring shortlisted CBOs</td>
<td></td>
</tr>
<tr>
<td>Stage 3</td>
<td>On-site validation</td>
<td>13 CBOs selected at inception</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Assessment of resources and systems required for the project</td>
<td>Edo (5) Imo (3) Rivers (2) FCT (2) Lagos (1)</td>
</tr>
</tbody>
</table>
PREVENTING CANCER IN CHILDREN

Cancer can occur even in children. Parents should observe their children for any of the following signs:

**SINGOS OF CANCER IN CHILDREN**

- Continued unexplained weight loss, Headaches, often with early morning vomiting.
- Increased swelling or persistent pain in bones, joints, back, or legs.
- Lump or mass, especially in the abdomen, neck, chest, pelvis, or lymph nodes.
- Develops excess rash, bleeding or bruising on the skin.
- Constant infections.
- A white spot in the pupil of the eye.
- Nausea which persists or vomiting without nausea.
- Constant tiredness or noticeable paleness.
- Eye or vision changes which occur suddenly and persist.
- Recurrent or persistent fever of unknown origin.

If you observe any of these symptoms in your child, TAKE THE CHILD TO THE HOSPITAL IMMEDIATELY. Cancer is curable if detected early!

LAPO Community Campaign for Cancer Control in Nigeria (LAPO-C4)

Funded by Lift Above Poverty Organisation (LAPO)

Head Office: 15, Dawson Road, P.M.B 1729, Benin City, Edo State, Nigeria.
Website: www.lapo-ngo.org E-mail: info@lapo-ngo.org Tel: 0306651781, 09096494384.
Connect With Us: www.facebook.com/LAPOC4; www.twitter.com/LOPOC4; www.youtube.com/user/lapo-overpovertyorganisation; www.linkedin.com/pub/lift-above-poverty-organisation/66/1/7c8

Implementation

Cancer can occur even in children. Parents should observe their children regularly for any of the following:

- Swelling anywhere inside or outside the body
- Continued, unexplained weight loss
- Constant tiredness or noticeable paleness

If you suspect any of these symptoms, TAKE THE CHILD TO THE HOSPITAL IMMEDIATELY. Cancer is curable if detected early!
Breast Cancer

Cancer of the breasts is the most common in women. Every woman is at risk of developing the ailment.

Early symptoms of breast cancer include:

- Breast lump or lump in the armpit that is hard, has uneven edges, and usually does not hurt
- Change in the size, shape, or feel of the breast or nipple
- Redness, swelling, or puckering that looks like the skin of an orange
- Fluid coming from the nipple (may be bloody, clear, yellow, green, and not lumpy)

The risk of developing breast cancer increases with:

- Overweight
- Alcohol
- Smoking
- Family History
- Oral Contraceptives
- Hormone Replacement Therapy
- Having No Children

Early detection can prevent pain, high treatment cost and likely death. Regular screening of the breast is important for prevention.

Remember! Breast cancer can be treated if detected at the early stage. Always request for breast screening from your health care provider or visit any hospital today.

LAPO Community Campaign for Cancer Control (LAPO-C4)

Funded by Lift Above Poverty Organization (LAPO)
WOMEN AND CERVICAL CANCER

Every woman is at risk of developing cancer in their lifetime. Breast and cervical cancers are the most common types of cancers in women.

If you experience any of these symptoms:
- Abnormal bleeding during or after sexual intercourse, or between menstruations
- Post-menopausal bleeding
- Unusual/pleasant vaginal discharge
- Discomfort or pain during sex
- Lower back pain

Go for screening in a health centre as it could be cervical cancer. Early detection can save your life!

LAPO Community Campaign for Cancer Control (LAPO-C4)

For more information contact
LAPO-C4 PROJECT PARTNERS
Lagos State: JAKIN - 08057847933; HEARTWELLS - 07066702723; Edo State: RICH - 08033923098; BELLA - 07057314223; PS - 07062336355; Edo State: BECOLIN - 08050686431; FEDCOTE - 0803737156
Rivers State: CADECE - 08032555025; Rivers - SISDEV: 08033966313
Abuja-FCT: WTI - 08033722377; NATIVITY ROMAN - 07033493738

LAPO Community Campaign For Cancer Control In Nigeria (LAPO-C4)

Funded by Lift Above Poverty Organisation (LAPO)

Cervical Cancer

1. Cervical Cancer is the leading cause of cancer deaths in women.
2. It is caused by a virus (HPV).
3. Every year, over 500,000 women worldwide are diagnosed with cervical cancer and more than half of them die of it.
4. Every woman, irrespective of age, is at risk of HPV infection as it can spread through sexual intercourse and skin contact.
5. Early sexual experience increases risk of cervical cancer.
6. Infections coupled with sexually transmitted diseases like chlamydia and herpes may cause cervical cancer.
7. Unregulated usage of contraceptives increases risk of cervical cancer.
8. Women who smoke are two times at risk of cervical cancer.
9. High number of pregnancies also increases risk.
10. Regular pap smear tests decrease by 5 times, a woman’s chances of developing cervical cancer.

Implementation
EVERY MAN IS AT RISK OF DEVELOPING PROSTATE CANCER

THE RISK INCREASES WITH AGE
EARLY DETECTION THROUGH A SIMPLE BLOOD TEST COULD SAVE YOUR LIFE
TAKE ACTION TODAY

COURTESY: LAPO Community Campaign For Cancer Control (LAPO-C4) project in Nigeria
For more information visit any LAPO office or hospital nearest to you: Helplines: 08066981901, 08066646384.

CANCER IN MEN
Cancer of the liver, lungs and prostate are common in men. Most men will develop any of these types of cancer in their lifetime. Prostate cancer is the most common.

The World Health Organisation (WHO) confirms that many cancer cases can be prevented or cured if detected early and treated.

THE RISK OF DEVELOPING CANCER INCREASES WITH AGE IN MEN.
What Can You Do To Prevent Cancer?
- Avoid smoking
- Avoid alcohol
- Exercise regularly
- Eat balanced diet rich in vegetables and fruits

Go for Cancer Screening Today!
LAPO Community Campaign for Cancer Control (LAPO-C4)

Implementation
Liver Cancer

Causes
- Drinking alcohol (especially ogogoro or kainkain)
- Eating spoiled dried or smoked fish
- Eating spoiled grains such as groundnut or corn
- Infected with Hepatitis B virus

What to do
- Avoid causes of liver cancer
- Go for Hepatitis B test
- See your doctor for checkup if you have a high risk

LAPPO Community Campaign For Cancer Control In Nigeria (LAPPO)

Funded by Lift Above Poverty Organisation (LAPO)

Lagos State: JAKIN - 09035787439; HEARTWELLS - 07066709729; Edo State: RICH - 080330226
BELLA - 07035710223; PFS - 07063050635; Ikorodu State: BEDOLIN - 08035068451; FECCODE - 680375
Rivers State: CADEC - 08032650025; Rivers - SISDEY - 08033096513
Abuja - CC: WIFI - 08037733377; NATHAN: RONAN - 07034037338

Implementation

CAUSES
- Drinking alcohol (especially ogogoro or kainkain)
- Eating spoiled dried or smoked fish
- Eating spoiled grains such as groundnut or corn
- Infected with Hepatitis B virus

WHAT TO DO?
- Avoid causes of liver cancer
- Go for Hepatitis B test
- See your doctor for checkup if you have a high risk
WORLD CANCER DAY 2021
Implementation
Implementation
# Some observations and interventions

<table>
<thead>
<tr>
<th>SN</th>
<th>Observation</th>
<th>Intervention (concurrent and future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PHC management transferred to State PHC management from LGA level nationwide</td>
<td>Additional advocacy visits with additional funding</td>
</tr>
<tr>
<td>2.</td>
<td>Delayed approval of collaboration with PHC centres</td>
<td>Request for collaboration will be commenced earlier</td>
</tr>
<tr>
<td>3.</td>
<td>Transfer of trained PHC personnel</td>
<td>Trained personnel were empowered to train their replacers</td>
</tr>
<tr>
<td>4.</td>
<td>Poor spatial access to cancer screening and diagnostic centres</td>
<td>LAPO-C4 upgraded 56 PHC centres for free cervical, breast and prostate screening through monthly supplies of screening kits</td>
</tr>
<tr>
<td>SN</td>
<td>Observation</td>
<td>Intervention (concurrent and future)</td>
</tr>
<tr>
<td>----</td>
<td>-------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>Poor commitment and dropout of some community volunteers with delay in meeting targets</td>
<td>Improved volunteer stipends in next project cycle</td>
</tr>
<tr>
<td>6.</td>
<td>Poor performance (inadequate value for money) of some CBOs</td>
<td>Disengagement of 5 CBOs; regular re-training and mentoring of CBOs</td>
</tr>
<tr>
<td>7.</td>
<td>Irregular supplies and disbursement</td>
<td>Setting up separate project management accounts; improved disbursement management</td>
</tr>
<tr>
<td>8.</td>
<td>Referral letters from PHC centres must emanate from SPHCDA in Imo State</td>
<td>Advocacy is needed with Imo State SPHCDA</td>
</tr>
</tbody>
</table>
## Some observations and interventions cont’d

<table>
<thead>
<tr>
<th>SN</th>
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<th>Intervention (concurrent and future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Insufficient and delayed production of IEC materials, referral forms, service registers, advocacy bags and <strong>LAPO-C4 T-shirts</strong></td>
<td>Improved timeliness in next cycle.</td>
</tr>
<tr>
<td>10.</td>
<td>Screening at secondary health facilities too expensive</td>
<td>High-level advocacy in next cycle</td>
</tr>
</tbody>
</table>
Input, process, output, outcome, impact...

• What we addressed were input, process, output and outcome evaluations.

• These standard approaches helped us to appreciate the extent to which proximate determinants were reduced.

• Impact evaluation – measuring reduction in cancer deaths – was ideal but not feasible.
Dual approach

We tried to answer the following questions

• How well did we plan?

• How well did we implement?

• To what extent were the objectives fulfilled?

• How well did we monitor and evaluate during the programme?

• Could we have had better outputs and outcomes in the circumstance?

• Where and how could we have done better?

• Internal evaluation

• External evaluation

Both addressed in other presentations
### Performance scores

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>TARGETED TOTAL*</th>
<th>ACTUAL TOTAL</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>33,110</td>
<td>45,963</td>
<td>138.8%</td>
</tr>
<tr>
<td>Referral for screening</td>
<td>62,797</td>
<td>32,384</td>
<td>51.6%</td>
</tr>
<tr>
<td>Referral for treatment</td>
<td>450</td>
<td>547</td>
<td>121.6%</td>
</tr>
<tr>
<td>Media campaign (TV/Radio, social media, bus branding, billboards, etc.)</td>
<td>12,227,064</td>
<td>14,472,707</td>
<td>118.4%</td>
</tr>
<tr>
<td>Community sensitization</td>
<td>2,010,113</td>
<td>3,281,723</td>
<td>163.3%</td>
</tr>
<tr>
<td>IEC materials</td>
<td>1,801,000</td>
<td>1,768,470</td>
<td>98.2%</td>
</tr>
<tr>
<td><strong>GROSS TOTAL</strong></td>
<td><strong>16,134,534</strong></td>
<td><strong>19,601,794</strong></td>
<td><strong>121.5%</strong></td>
</tr>
</tbody>
</table>

*Total number of persons targeted with the respective interventions*
**SWOT: Strengths**

- *Dr Godwin Ehigiamusoe – a quintessential visioner!!!*

- LAPO possesses and deployed experienced, competent and skilled human resources for the project.
  - Managers and programme officers
  - Technical officers
  - Internal and external consultants

- LAPO drew from revenue internally generated from LAPO systems

- LAPO has organisational experience in managing large projects
SWOT: Weaknesses

• Resources were not sufficient to provide more cancer screening, diagnostic and treatment services, and to train more health workers on cancer screening practices.

• Despite organisational experience and expertise, the unique field experience now gained in managing CBOs was initially lacking. This informed re-training and replacement of CBOs.

• International development agencies in the health sector were not specifically engaged for support, such as provision of cancer screening kits.
SWOT: Opportunities

- CBOs were available in all project states
- The Federal Ministry of Health, through the National Cancer Control Programme, provided policy direction, political will, and statutory endorsement for the project.
SWOT: Threats

• There was no precedence in community campaign for cancer control – no prior experience of other organisations to facilitate project management.

• Health facilities, considered at their respective levels, were inadequate in the required facilities and human resources for screening, diagnosing and treating cancers.

• System changes at the PHC level imposed new demands
  • Shifts in management to state agencies necessitated repeat advocacies
  • Transfers of trained personnel necessitated the training of replacers
SWOT: Threats cont’d

• Some CBOs lacked satisfactory experience and resources to manage the project

• COVID-19 lockdowns had several negative effects
  • They halted several outreaches, interrupted health services and made available health services inaccessible.
  • They halted several businesses, thus limiting availability and access to resources to fund the project
LAPO Community Campaign for Cancer Control

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2Department of Community Health, School of Medicine, University of Benin, Benin City, Nigeria (Sabbatical Consultant to LAPO).

Introduction

The organization
Lift Above Poverty Organization (LAPO) is a community development non-profit, non-governmental organization (NGO) focused on the empowerment of the poor and the vulnerable across Nigeria.

Rationale
In Nigeria, about 72,000 people die from cancer annually. Primary and secondary prevention are essential cancer control.

Project definition and objectives
LAPO-C4 (LAPO Community Campaign for Cancer Control) is a 2-year initiative with a goal to reduce cancer deaths through
- Cancer-related health promotion;
- Early detection of cancer;
- Health facility upgrade for cancer screening;
- Advocacy for relevant policy review and implementation.
The project focuses on breast, cervical, prostatic and childhood cancers.

Expert-led dialogue session on cancer control with Federal Ministry of Health, Edo State Ministry of Health, NGOs, community physicians, surgeons, labour unions of physicians and nurses, etc
- Health facility upgrade for cancer screening.
- Development and maintenance of project database.
- Formation of LAPO-C4 Consortium with the CBOs for project sustainability.

SWOT Analysis

Strength: LAPO-C4 is an initiative of the lead implementer and not donor-driven. This enables a strong institutional and social will to succeed.
Weakness: There are important supply gaps (deficient cancer screening equipment and skills) in primary and secondary health facilities.
Opportunity: The demand is strong (high acceptability of project services).
Threat: There is uncertainty about desired government response to provide adequate cancer screening equipment and skills in health facilities. Prolonged absence of screening services and client fatigue towards referrals can result in negative feedback for H3B.

Conclusions

NGOs, through networked and scaled-up public-private partnership, can contribute to BCC and screening services for cancer control.
Health facility upgrade for cancer screening is increasingly needed as the project progresses.
Project extension will require additional funding and wider stakeholder response.
Policies should specify standards and roles for
CONCLUSION: LOOKING AHEAD

Our perspectives and recommendations towards a better future
Concluding...

- We have examined the
  - Conception
  - Inception and
  - Management of LAPO-C4

- We shall now:
  - Review the lessons learnt
  - Think ahead
  - Advocate for a better future for cancer control
Lessons learnt...

• The private sector is capable of developing and managing Private-Public-Community partnerships for disease control at multi-state level.

• A beneficial disease control programme may contain a cocktail of relatively simple and multi-option interventions – health communication, screening, referral and advocacy – targeting pre-disease states and early stages of a disease.

• **LAPO-C4** is acceptable to community members and institutions.
Lessons learnt... cont’d

• **LAPO-C4** is comprehensible and practicable by community members and institutions.

• Community members and institutions can collaborate and advocate for cancer control in their communities if supported with required information and resources.

• The **LAPO-C4 model** for community engagement for cancer control is an effective, efficient, feasible, plausible and replicable programme in resource-limited settings, such as Nigerian communities.
Thinking ahead...

• Deploy social media much more to improve information, communication and education – targeting virtual communities
• Deploy digital health communication technology – especially mHealth – to facilitate personal service and improve linkage to health management information systems
• Sustain support for community ownership towards strengthening communication, advocacy and services
Thinking ahead... cont’d

• Advocate for improvement in services that control the proximal determinants of cancer
• Mentor and support NGOs towards C4 programmes
• Provide leadership in C4 advocacy and bring C4 to public domain
• Intensify engagement of the international community towards extending C4 to a global level
We advocate to...

• Governments at all levels and their agencies to act big:
  • Federal Ministry of Health and state ministries of health can launch national and state “C4” as vertical or integrated programmes with multilateral collaborations.
  • The Federal Ministry of Health, in collaboration with the Federal Ministry of Science and Technology should lead in the development of appropriate local technology for the screening and diagnosis of cancer.
  • Federal and state governments can subsidise the cost of screening, diagnosis and treatment of cancer.
We advocate to...

• NGOs to replicate or develop their own versions of LAPO-C4
• Communities to extend LAPO-C4 by organising their own initiatives to tally with local festivals
• Individuals to initiate and support efforts and further advocacies
• The international community to support local initiatives in cancer control, including the promotion of transfer of technology in this regard.
• The World Health Organisation to engage with LAPO to develop and initiate a Global-C4 programme
We advocate to...

- Governments, the private sector, local communities and international development agencies can develop partnerships, e.g. public-private-partnerships, for cancer control, including cancer research.

WE ALL CAN SUPPORT LAPO-C4 IN ITS COMING CYCLES!
LET’S ALL TAKE ACTION TO STOP CANCER AND CANCER DEATHS!!
Eventually, we look forward to...

A Nigeria where communities, in the spirit of self-reliance and self-determination, supported by adequate and subsidised health services, take engage in cancer control so that cancer deaths continuously reduce and people are enabled to live better and longer.
Eventually, we look forward to... cont’d

A world where, following the leadership of LAPO, governments and international agencies empower communities and health services in a sustained and decisive global battle against cancer till we have a world that is a better place for all.