



AMWE MOVEMENT



CANCER PREVENTION AND SCREENING CAMPAIGN MOBILE SCREENING CLINIC

P.O BOX 1810-60200 MERU, KENYA

www.nalediinitiative.org

Email: info@nalediinitiative.org

TEL: +254720391226/+254726459187

Restoring Hope and Dignity for a Bright Future

CANCER PREVENTION AND SCREENING AWARENESS CAMPAIGN

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Project Summary

Project Title:	100,000 Kilometers Challenge fundraising Campaign
Theme:	Save Lives of Women in Rural Communities from Cervical and Breast Cancer in Kenya.
Activities:	<ul style="list-style-type: none"> ➤ Cylothon ➤ Walk/Run ➤ Hiking
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Route:	Cycling: From Kenya International Conventional Centre-Nairobi to Meru National Polytechnic Via Nyeri Town and Nanyuki Town.
Date:	Cylothon and Walk: 18th to 19th February, 2022 Free Cancer Screening Medical Camp: 5th March 2022.
Venue for Next Free Cancer Screening Camp:	Buuri East-Meru County.



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Introduction

Naledi Initiative is a Nonprofit Organization registered in Kenya, serving the vulnerable communities at the grassroots level. Naledi Initiative's approach to community empowerment is based on the idea of the three-legged African traditional cooking place (Jiko). Without one of the legs, the pot will fall. Similarly, the combination of Peace, Health and Capacity building (social-economic), poverty can be eliminated in our society. However, without one of these elements, poverty will continue to have a negative impact on communities.

Naledi Initiative is a team of the volunteers made up of a Technical Working Group (TWG) of medics and non-medics, who have the passion and commitment to serve and change lives in rural communities. The intention is to create a diverse global community with kind, generous hearts and passion to volunteer their experience, skills, knowledge and resources to serve and change lives of vulnerable people in our communities, irrespective of their color, race, tribe, region or language.

In Kenya in general, and Meru County in particular, the cancer burden is exerting tremendous physical, emotional and financial strain on individuals, families, communities and health systems. Naledi Initiative has embarked on cancer screening events in rural areas where majority of people can't access health care due to a number of barriers. These include: high costs, the need to travel long distances, and a lack of health-care literacy.

The vision for the Free Cancer Screening and Medical Camp in Rural Area of Kenya has been a calling of Naledi Initiative's Founder Robert Murithi from Kenya. Robert attended his first Global Youth Peace Summit in Kenya in 2016 after being invited by the Amala Foundation, the founding organization of the Global Youth Peace Summit. During this time, he met people from around the world who created a safe space for him to start a journey of healing after growing up with a single mother and six siblings in challenging circumstances after being chased away from their home by their father. He witnessed the suffering and struggle of his late mother who began to experience heavy menstrual bleeding that continued for extended periods of time. Due to embarrassment and castigatory culture, she hid the problem from him and other siblings for almost a year, using blankets to hinder the blood flow. While frequent and extended trips to the latrine did not go unnoticed by him, he only realized the full extent of the condition when she was no longer able to work in the neighbor's farm to provide food for them for fear that any physical activity would worsen the bleeding and pain. Friends and relatives gossiped about the



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condition, and how frail she had become and others said she had been bewitched. In shame, stigma and trauma, his mother stopped all social interactions and refused to leave the house.

Over the course of the following one year, his mother visited various local clinics and dispensaries in Tharaka, trying desperately to understand the cause of the bleeding but her condition became worse. She was taken to St. Orsola Hospital, Materi, where she was informed that she had cervical cancer stage 3. The only option left was a referral to the Kenyatta National Hospital in Nairobi which is 224.4 kilometers from Marimanti. But there was no money because she depended on hand to mouth work at neighbor's farm. The traumatized and struggling Robert was a first-year student at University. To travel she to Nairobi would cost him an estimated KSh. 100,000 (US\$1,000) in transportation, accommodation, and out-of pocket costs for immediate treatment, as the family had not enrolled in the National Hospital Insurance Fund. Robert abandoned his studies to be his caregiver because she needed special foods as she could not chew or swallow hard food. His work was to cook and feed her every morning, lunch and dinner hours in Meru General Hospital where she succumbed to cancer after 25 days. Due to his personal experience of the struggle, suffering, stigma, trauma and pain his late mother went through, Robert started Naledi Initiative nonprofit organization with intention of creating a safe space for women to heal and find peace in their lives. Naledi Initiative describe the approach to community empowerment through three-legged African traditional Jiko, without one of the legs, the pot will fall, and similarly without combination of Peace, Health and Capacity building (social-economic), poverty will continue to have a negative impact on communities.

“Although cancer is treatable when detected early, it is unfortunate that about 70% of people diagnosed with cancer in Kenya die, with Meru carrying the biggest burden, since cancer has no specific symptoms. The only option is to practice healthy lifestyle and going for early screening” Robert Murithi said.

Robert started advocacy on cancer prevention and screening to rural communities through cycling which as seen many



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According to W.H.O, cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or one in six deaths, in 2018. Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervical and thyroid cancer are the most common among women.

The Kenya National Health-care budget has staggered between 5.5% and 9.5%. This is lower than the target of 15% set forth in the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2013–2017 and the Abuja Declaration. In Kenya, nearly 23% of sick patients do not seek health care due to barriers such as; high costs, the need to travel long distances, and a lack of health-care literacy. The Kenya Household Health Expenditure and Utilization Survey and World Bank data reveal that nearly 1 million Kenyans fall below the poverty line due to health-related expenditures.

In Kenya, cancer is the third leading cause of death after infectious and cardiovascular diseases. From 2012 to 2018, the annual incidence of cancer increased from 37,000 to 47,887 new cases. During the same period, annual cancer mortality rose almost 16%, from 28,500 to 32,987 cancer-related deaths. The number of new cancer cases is expected to rise by more than 120% over the next 2 decades.

The five most common cancers in Kenya are breast, cervical, prostate, oesophageal, and colorectal. The leading cause of cancer deaths in Kenya is cervical, followed by breast, oesophageal, colorectal, and prostate cancers. The rising incidence of cancer, especially in aging populations, may be attributed to an increase in life expectancy combined with the adoption of unhealthy lifestyles. These include a combination of unhealthy dietary habits, consumption of tobacco and alcohol, and lack of physical exercise. An improvement in the diagnostic capabilities for detecting cancer may also have contributed to the increased incidence of the disease.

Cancer control in Kenya is hampered by several factors, ranging from an inadequate cancer care infrastructure (mainly due to financial constraints) and limited specialized human resource capacity, to delayed presentation and a lack of awareness. There is, generally, a low level of awareness about cancer in the general population and among health-care providers, including its risk factors and common prevention and control strategies. A study in rural Kenya showed that, although more than 80% of respondents had heard of breast cancer, fewer than 10% of women and male heads of households had

knowledge of two or more of its risk factors.

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In addition to the lack of awareness, there are several noted gaps in the implementation of the proposed well-intentioned policies for cancer prevention. These gaps include inadequate financing for cancer services, inappropriate use of human resources, limited research and data to support policy formulation, and the concentration of cancer services in urban areas.

Inadequate funding to support cancer care services is one of the biggest obstacles to successful outcomes. Kenya has been unsuccessful in its attempts to roll out universal health coverage for all. Data from the latest government economic survey suggest that almost 80% of the population is not covered by any health insurance plan, public or private.

The state-run National Hospital Insurance Fund (NHIF) provides only 25,000 Kenyan shillings (equivalent to \$250 USD) per patient toward cancer care, whereas cancer treatments usually tend to cost much more than the allotted amount. Most patients end up relying on community fundraising from friends, family, and well-wishers to cover the high costs of treatment, and some forgo treatment altogether.

Non-empirical observation indicates that the Meru region of Kenya has one of the highest cancer rates in the country. The data from the Meru Hospice in Eastern Kenya describes the pattern of cancer in the greater Meru region of Kenya for the period between 2003 and 2018. The larger Meru region encompasses Meru County and the neighboring Tharaka Nithi County. Residents of this region have similar economic and cultural practices and therefore, they may likely share environmental and genetic drivers of cancer. These two Counties have high rates of cancer, yet suffer most of the challenges of access to health facilities highlighted above because they are far from rural areas where most of the vulnerable people live.

WHY A MOBILE CANCER SCREENING UNIT

MEDICAL SAFARIS

In rural Low-Middle-Income Countries (LMIC), there is a big disconnection between the First-Mile suppliers of healthcare services and the Last-Mile end-users. This detachment is due to geographical barriers and shortage of technical, financial, and human resources. The presence of these barriers hinders appropriate and timely interventions in rural areas. Prompt diagnosis and treatment are vital for rural communities.

Rates of cervical, breast and oral cancer in Kenya, especially in Meru region are unacceptably high. Survival from these cancers is low, largely due to late presentation and a lack of early diagnosis and screening programs. The old way of dealing with health issues where people travel long distances in search of medical facilities is one huge obstacle to prompt diagnosis

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and treatment. In view of the large numbers of cancer deaths in Kenya today, we need to rethink new ways of intervention. This involves taking screening and other health services where the people are.

The Mobile Cancer Screening (MCS) model has promise as a means of supporting screening activities, particularly in rural and remote communities where the required information infrastructure is lacking. Our cancer screening program is focused on increasing access to health care in partnership with key stakeholders in Kenya.

Getting screened (early detection) for cancer is one of the most important things you can do to enhance community health. The goal of early detection is to find pre-cancerous or cancer at an early stage before it has had a chance to spread. Also, when found at earlier stages, there are more treatment options.

Cancer control programs are not usually the top priorities of the top-level policymakers and international funders, compared to infectious diseases in low-income countries. The low-income status of many African countries exacerbates this complex situation with either one or no comprehensive cancer centre and opportunistic or health camp-based screening programs. Rural and socioeconomically disadvantaged populations experience the worst difficulties in accessing cancer prevention and early detection services. Limited resources for cancer control are one of the contributors to cancer health disparities. Deliberate efforts are required to outreach such populations with affordable cancer preventive and early detection services.

The implementation of screening and early detection programs is a cornerstone of cancer prevention. Despite evidence that early detection saves lives, global disparities in access to services persist. Barriers to cancer screening include lack of provider availability, community access to screening and community demand for screening. Communities in rural areas access to screening is limited by prohibitive costs or inaccessibility of screening clinics due to distance, hours of operation, or a lack of knowledge about where to go for screening. Finally, client demand for screening can pose as a barrier in situations where individuals are unaware of the benefits of screening, do not perceive themselves at risk, or fear screening results.

The Mobile Screening Unit (MSU) is an innovative alternative to screening in rural areas. A MSU is made up of a recreational vehicle, staffed by health workers and outfitted with equipment for cancer screening. The use of a MSU both enhances accessibility and increases capacity for service delivery outside of fixed clinics, which is particularly important in areas without an infrastructure for cancer screening services. The MSU will increase community access by offering screening in convenient locations thus decreasing the distance and travel time needed to access screening services.

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ADDRESSING COMMUNITY NEEDS

The main challenging issues within the community are ignorance, neglect, cost, fear, distance from the service providers and lack of motivation to participate in screening program.

AREA OF FOCUS.

Promoting disease prevention programs, with the goal of limiting the spread of communicable disease and reducing the incidences of and complications from non-communicable diseases; enhancing the health infrastructure of local communities; and educating and mobilizing communities to help prevent the spread of major diseases.

TARGET GEOGRAPHICAL AREA.

Mount Kenya Region (Meru County, Tharaka Nithi County, Nyeri County, Isiolo County and Embu County).

KEY OBJECTIVES

- Prevention and early detection of common cancers (breast, cervix and prostate) and common metabolic disorders (e.g. diabetes, cholesterol and thyroid) in women

- Enhancing the health infrastructure of local communities by bringing the Mobile Screening Unit to the village •

Educating community members on ways to prevent (and/or limit) the spread of various diseases

PROGRAMS TO BE UNDERTAKEN

- Identification of the target population (women between 10-80 years) in the community for both vaccination and screening

- Conducting awareness programs (Advocacy)
 - Educating the community on the causative factors of these cancers and training to identify symptoms •
- Conducting screening
- Cervical cancer screening (Pap smear)

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- History-Family history of cancer to know the individual risk
 - Clinical-Body mass index for Obesity; Hypertension, Anemia, Diabetes, Thyroid disorders •
- Sonomammography –Ultrasound Screening for breast, cervical ovarian and endometrial cancer •
- Following-up any abnormalities detected during the screening
- Repeating screening at regular intervals

COMMUNITY INVOLVEMENT ON MOBILE CANCER SCREENING TRUCK/BUS This Mobile cancer screening project will be executed through the Naledi Initiative, a not-for-profit and Non-government Organization (NGO) based in Meru, Kenya. Naledi Initiative will use the not-for-profit Mobile Cancer Awareness and Screening Unit to ensure increased accessibility and compliance in Cancer awareness and screening programs in different communities around the Mount Kenya region. The experienced Naledi Volunteer Team, comprised of experienced Obstetrician/gynaecologists, health care workers and logisticians, is sensitized towards the health needs of the women in the target communities.

The screening will include clinical examinations, blood test for causative factors, PAP smear, and vaccination. If further screening or intervention is required, then the person would be referred to the Meru Referral and Teaching Hospital or any other Cancer Center within the region.

MANAGEMENT OF MOBILE CANCER SCREENING TRUCK

The Naledi Initiative will be the custodians Mobile Screening Unit (MSU), hence oversee its management and

maintenance. The Naledi Initiative, in partnership with other well-wishers will be responsible for the sustainability of the MSU.

METHODS OF FUNDRAISING

From Cyclothon, Hiking, Walk/Run Challenge

a) 100,000 KMs Challenge Fundraising Campaign

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Our goal is to inspire friends and family to donate, make pledges and participate in support of 100,000 KM Challenge Fundraising Campaign. We hope participants commit to “do what they love” from the month of December 2021. We will encourage participants to Walk, Run or Cycle and record their progress using the Strava Fitness App. Participants will receive African medals for participating. The number of KM’s covered by the teams will be used also to request corporates and sponsors for donations. During the training period the participants will cover around 100,000 KM. They will use the KMs covered to fundraise. The cost is \$1 per KM covered. This will also encourage a healthy lifestyle for all the participants because they will need to be fit before, during and after the Challenge - and maintain a healthy lifestyle thereafter by making healthy choices for food and exercising - in order to enhance a fitness-mindset after the Challenge.

The main message for the events:

- Cancer prevention awareness
- Educate the community on the causative factors of these cancers, and ways to identify symptoms
- Promotion of regular checkup or screening



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SPONSORSHIP BENEFITS

This is an opportunity to enhance your Corporate Social Responsibility call. We want your company to be part of this community that is changing the cancer narrative in Kenya. We cannot do this alone and your support will help to save lives and give hope to vulnerable communities and people, especially women, who cannot afford or access the services of cancer screening. By doing this, we will promote healthy lives and the well-being of Kenyans no matter where they come from. Our budget relies on the generosity of our sponsors. Your support will make us stronger in our fight against cancer and give an opportunity to a woman in remote rural areas to know about cancer prevention and get free screening services.

The Cyclothon Planning Committee (the Team) is targeting 100 cyclists to participate on 18th to 19th February, 2022; cycling from the Kenyatta International Convention Center, Nairobi County to Meru National Polytechnic, Meru County. The cyclists who will have covered the most kilometers from the date of fundraising and awareness will be rewarded on February 19th, 2022 at Meru National Polytechnic. The volunteer's riders, walkers/runners and hikers of good will requested to participant and support either virtually or physically in their respective countries, as a call of unit on fight

against cancer. We encourage participants, families and very one to tag the event in their website or social media.

PREVIOUS FREE CANCER SCREENING MEDICAL CAMP

The implementation of screening and early detection programs is a cornerstone of cancer prevention. Despite evidence that early detection saves lives, global disparities in access to services persist. Barriers to cancer screening include lack of provider availability, community access to screening and community demand for screening. Communities in rural areas access to screening is limited by prohibitive costs or inaccessibility of screening clinics due to distance, hours of operation, or a lack of knowledge about where to go for screening. Finally, client demand for screening can pose as a barrier in situations where individuals are unaware of the benefits of screening, do not perceive themselves at risk, or fear screening results.

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We have witnessed high turnout of people for screening in our previous free cancer screening medical camps. This is true evidence of how desperate people are, especially women in rural areas. Our recent October 9th, 2021 camp was attended by almost 2,000 people in a single day which proved the truth of our hypothesis of how people are in need of screening and medical services in rural areas.

We have also realized in our outreach that communities in rural areas are characterized by limited access to cancer prevention and early detection services, even for the commonest types of cancer. Limited resources for cancer prevention is one of the contributors to cancer health disparities. We have explored the feasibility and benefit of conducting outreaches in partnership with local communities using the “asset-based community development (ABCD)” model to reach them in their community.

DATE	ACTIVITIES	AREA OF FOCUS	BENEFICIARIES	COUNTY
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March 13 th 2021	Free Cancer Screening Medical Camp	Cervical Breast Prostate General check up	500	Tharaka Nithi County-Tharaka
June 28 th 2021 & June 29 th 2021	Free Cancer Screening Medical Camp	Cervical & vaccination of HPV	3,000	Meru County-North Imenti

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October 9 th 2021	Free Cancer Screening Medical Camp	Cervical Breast Prostate General check up	2,000	Meru County-South Imenti
Total			5,500	

OUR NEXT FREE CANCER SCREENING MEDICAL CAMP.

DATE	ACTIVITIES	AREAS OF FOCUS	VENUE	GEOGRAPHIC AREA TO COVER
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March 5 th , 2022	Free Cancer Screening Medical Camp	Cervical Breast Prostate General Medical Check up	Buuri East	Meru County, Isiolo County Liakipia County
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THE BUDGET FOR MOBILE CANCER SCREENING UNIT

No.	Description	Supplier	Category	Local cost (Kes)	Cost in (USD)
	Awareness Accessories	-	Equipment	61,464.00	\$ 591.00

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	Ultrasound machines	-	Equipment	1,824,368.00	\$ 17,542.00
	Biochemistry Semi Auto analyzer	-	Equipment	211,536.00	\$ 2,034.00
	Screening Medical Instruments	-	Equipment	176,176.00	\$ 1,694.00
	Screening Medical Instruments	-	Equipment	8,840.00	\$ 85.00
	Bus Chassis	-	Equipment	1,401,816.00	\$ 13,479.00
	Bus Body	-	Equipment	2,203,344.00	\$ 21,186.00
	Bus Air conditioners	-	Equipment	290,888.00	\$ 2,797.00
	Power Generator	-	Equipment	458,328.00	\$ 4,407.00

	Roof Mounted Air conditioner	-	Equipment	506,792.00	\$ 4,873.00
	Transportation	-	Equipment	81,120.00	\$ 780.00
	Insurance	-	Equipment	80,496.00	\$ 774.00
	Solar Panels				
	Doctors, Nurses, health educationist and driver				
	Total			<u>7,305,168.00</u>	<u>70,242.00</u>

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PHOTOS FOR PRAVIOUS CAMPS AND PEDAL TO SAVE LIVES CAMPAIGN







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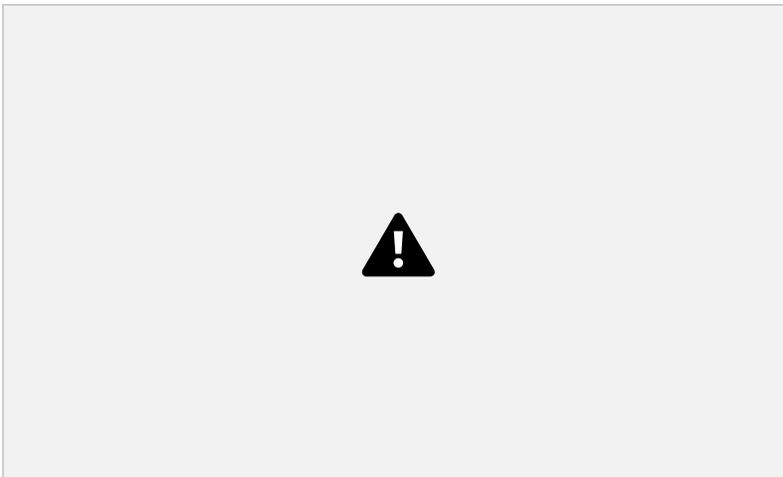
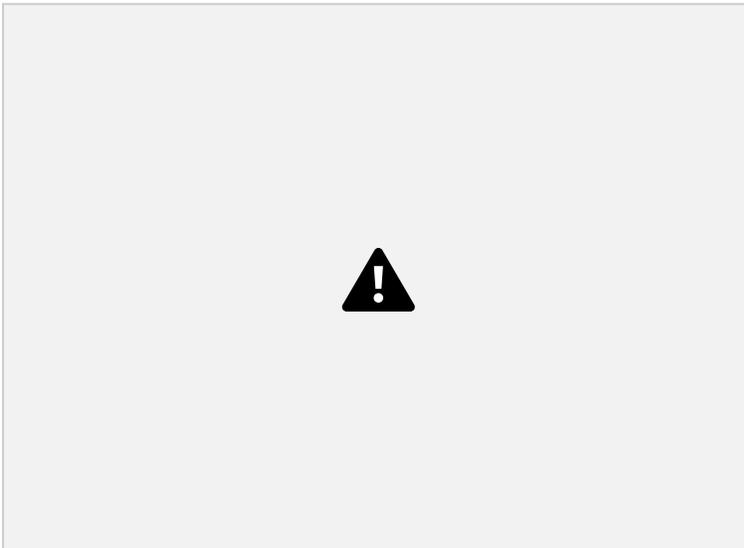
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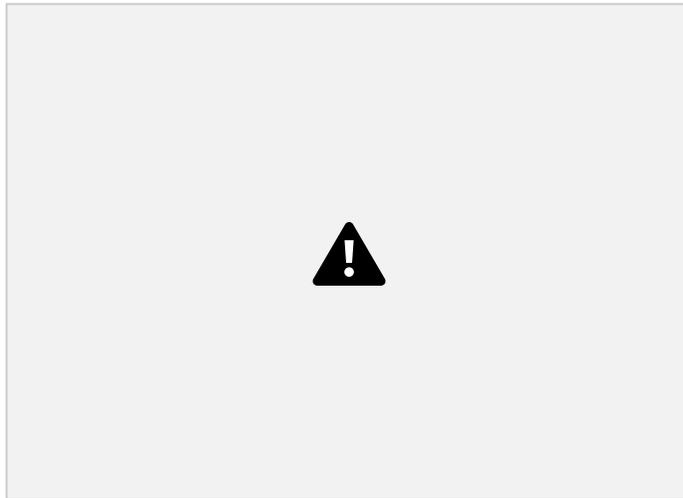
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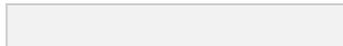
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Robert Murithi Kamwara



Founder of Naledi Initiative