



The Green Campaign 2022 Report

Theme: "Kidney Health for All"

The IYA Foundation-Kidney Resource Center

Fakoship Plaza

P.O. Box 206,

Tuborg Junction, Buea, Cameroon.

Outline

Outline	1
What is the Green Campaign ?	2
Why do we do what we do ?	3
What do we aim to achieve ?	4
What activities were carried out During this year's Campaign ?	4
Outcome of Green Campaign 2022	5
Awareness creation:	5
Increase the number of Kidney Health Advocates	6
Community Risk assessment	7
Demographic	7
Age and gender distribution	7
Body Mass Index Distribution	8
Blood Pressure distribution	9
Hyperglycemia distribution	10
Food Security Program	11
Conclusion	12
Limitations	12
Index	13
Green Campaign 2022 Team	13
Green Campaign 2022 Volunteers and Supporters	14

What is the Green Campaign ?

The green campaign is a global awareness and sensitization program initiated by the Iya foundation Founder, Iya Bekondo-Granatella, to promote kidney and organ donation awareness. It is a month-long outreach on kidney health education and community health screenings. The campaign is held every year in March and 2022 was the 8th edition since its inception. The theme of this year's campaign is "Kidney Health for All". The event is a month-long campaign during which, a series of community health screening exercises and sensitization campaigns are conducted in communities across the globe. In the past years, these campaigns have been organized in several regions all over Cameroon by The IYA Foundation such as: Center, Littoral, Northwest and Southwest. However, our impact extended beyond those three regions through our extensive national media tours, Posters, Billboards and Social Media adverts that were circulated all over Cameroon, Africa and the World at large. The second Thursday of March each year is known as the World Kidney Day attributing the Month defacto to be known as the Kidney Month. In light of this month, the color GREEN is used to create awareness during this month of the Kidney. Throughout this month and especially on the week constituting the World Kidney Day itself, The foundation and its supporters share pictures of themselves in green on social media to promote kidney awareness and sensitization in addition to large scale sensitization on Kidney disease and protection through Media articles, Screening Campaign and Health Walks.

Why do we do what we do ?

The asymptomatic nature of CKD has made it one of the major non communicable diseases of global health importance. Taking into account the major role the kidney has to play in several crucial metabolic processes in the body, loss of function of these miraculous organs has devastating effects on the individual. The leading causes of CKD worldwide are diabetes and hypertension which are also chronic diseases and do not portray any symptoms at their onset. This burden is especially worrisome in low and middle class income countries (LMCIC) where many do not have access to proper health care and a host of them rely on traditional medication without diagnosis or proper dosage to solve their health problems. Unlike the developed countries where they are readily aware of their health conditions and have a strong healthcare system with coverage, in LMCIC such as Cameroon, such facilities are limited. With an abundance of rural areas in relation to urban areas, low awareness level on CKD and its causes, fewer health care facilities in relation to the population, large adherence to traditional medications: many individuals develop CKD without knowing and many progress to end stage kidney disease without being conscious that they have the condition. It is in this light that we sought to carry out a large-scale awareness and screening campaign amongst the general population to sensitize the population on CKD, its causes and also screen them for the leading causes of CKD. This was done in an attempt to ensure that we have more kidney health ambassadors and advocates so that through knowledge and effort, the incidence of CKD can be reduced in the population

What do we aim to achieve ?

At the end of this Month Long Campaign, we aim to achieve the following:

1. To raise public awareness about chronic kidney disease (CKD).
2. To inspire 1000 new persons to become Kidney Health Advocates
3. To reduce the amount of CKD cases that develop due to ignorance of underlying conditions through investigation of risk factors in the community
4. To assist patients with ESRD

What activities were carried out During this year's Campaign ?

1. Health sensitization and awareness creation through: Social Media (Facebook, Instagram, LinkedIn), 4 Tv Stations (Hi Tv, Pstv, LDtv, CRTV), 2 radio stations (Divine Mercy radio, CBS radio).
2. Screening Campaigns involving over 150 participants from 2 cities in the Southwest region Cameroon on the leading causes of CKD (Diabetes, Hypertension and Obesity)
3. Kidney Health Walk which involved 300+ participants from both in and out of the Buea Municipality.
4. Food Security Program to assist Patients with ESRD with basic necessities.

Note:

- All these activities were carried out in collaboration with the Ministry of Public Health and all interactions with patients and participants throughout this campaign were done with the consent of the patient or participants.

Outcome of Green Campaign 2022

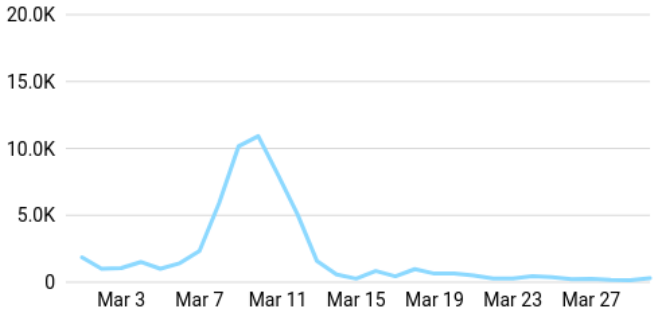
1. Awareness creation:

Several platforms, both online and onsite, were used to raise awareness throughout the 2022 Green Campaign. Online, articles were shared on Facebook and Instagram, and onsite events included a health talk with participants, as well as appearances on television and radio. Screening efforts raised awareness for 155 participants, and our Facebook and Instagram postings reached 32,108 and 1,575 people, respectively. Giving a 251 percent and 622.5 percent increase in overall visibility on Facebook and Instagram, respectively. We anticipate reaching many more individuals as a result of our television and radio engagements.

Reach

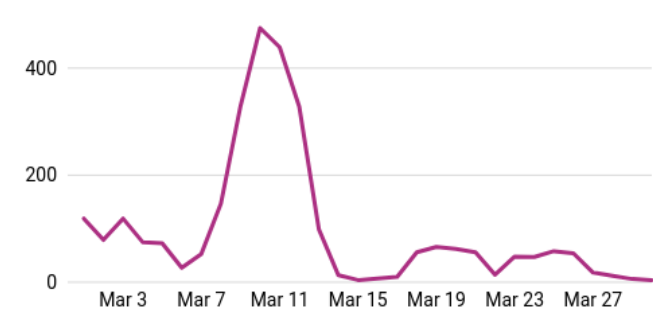
Facebook Page Reach ⓘ

32,108 ↑ 251%



Instagram Reach ⓘ

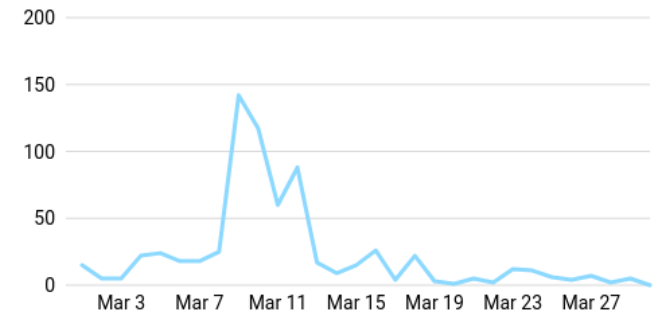
1,575 ↑ 622.5%



Page and profile visits

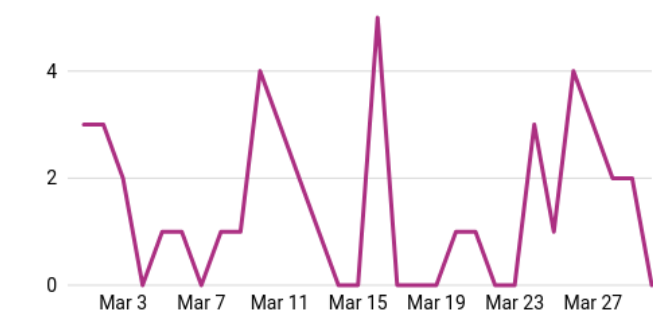
Facebook Page Visits ⓘ

690 ↑ 277%



Instagram Profile Visits ⓘ

44 ↑ 69.2%



2. Increase the number of Kidney Health Advocates

We estimate that over 600 new kidney health advocates were inspired as a result of our screening efforts, which reached over 150 people, and 300+ people participated in the Kidney Health Walk and aerobics, which provided education on kidney illness, kidney health, and kidney protection.



3. Community Risk assessment

Demographic

Age and gender distribution

Age distribution among population

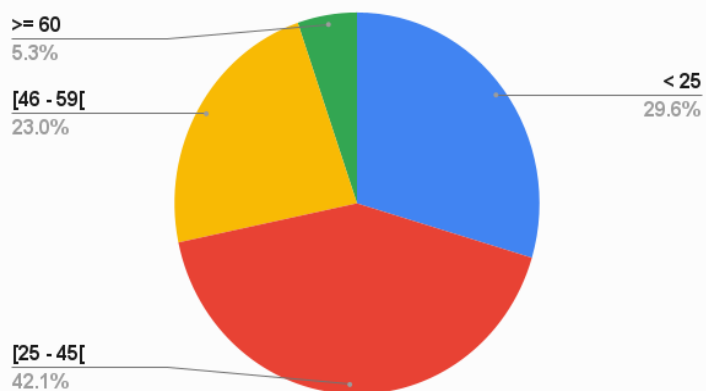


Fig 1: Age distribution among Population

Sex Distribution

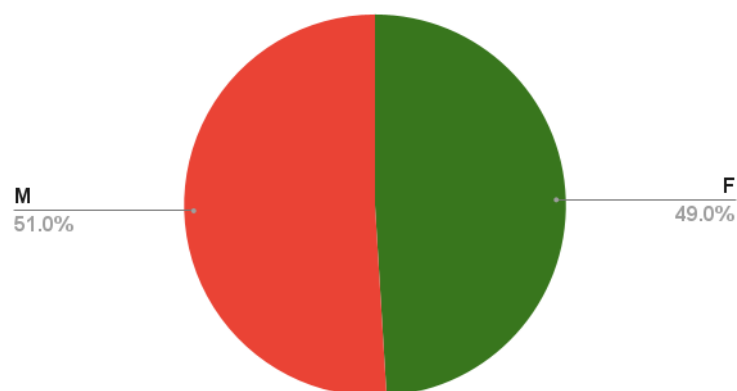


Fig 2: Gender Distribution

People between the ages of 25 and 45 were the most represented in the campaigns, accounting for 42.1 percent (64/152), while those over 60 were the least represented, accounting for 5.3 percent (8/152). Three of the individuals had missing age data. The mean age of our participants was 35.8882 ± 13.5844 . The minimum age being 16 years and maximum age being 73 years. Females were approximately as involved as males, with 49 percent of females and 51 percent of males participating.

Body Mass Index Distribution

BMI Distribution

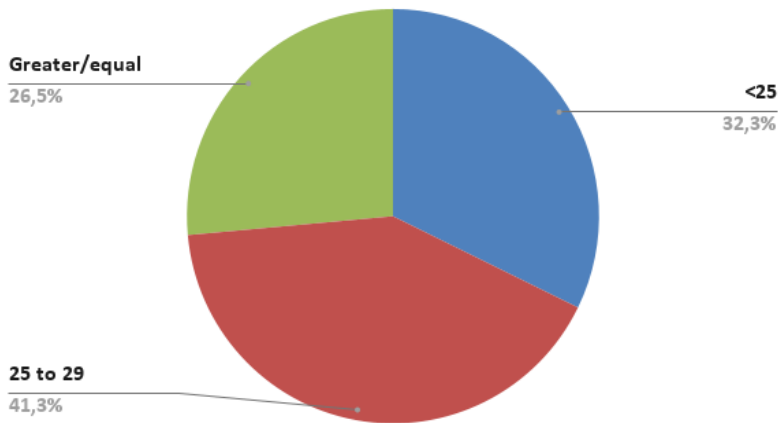


Fig 3: Body Mass Index Distribution

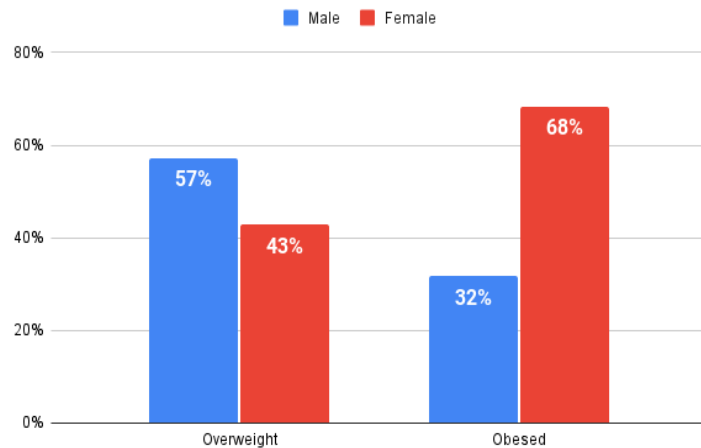


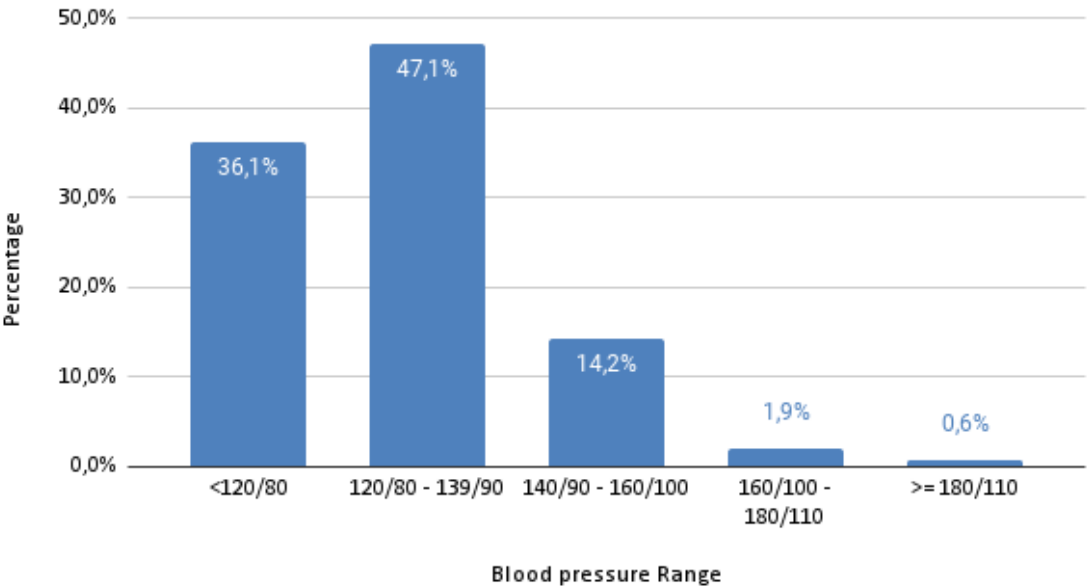
Fig 4: Gender distribution of Body Mass index

Accordingly, 41.3% of the participants were overweight (BMI between 25 - 29 Kg/msquare) with 26.5% being obese (BMI ≥ 30 Kg/msquare). The proportion of persons with normal body mass index was 32.2% (BMI < 25 Kg/msquare). The mean BMI 27.4638 ± 5.0229 Kg/msquare, with a minimum BMI of 18.28 Kg/msquare and a max of 44.11 Kg/msquare. There was shown to be little difference in the proportion of overweight between male and female. However, there was a significant difference in the proportion of obese persons between male and female with $p=0.011$.



Blood Pressure distribution

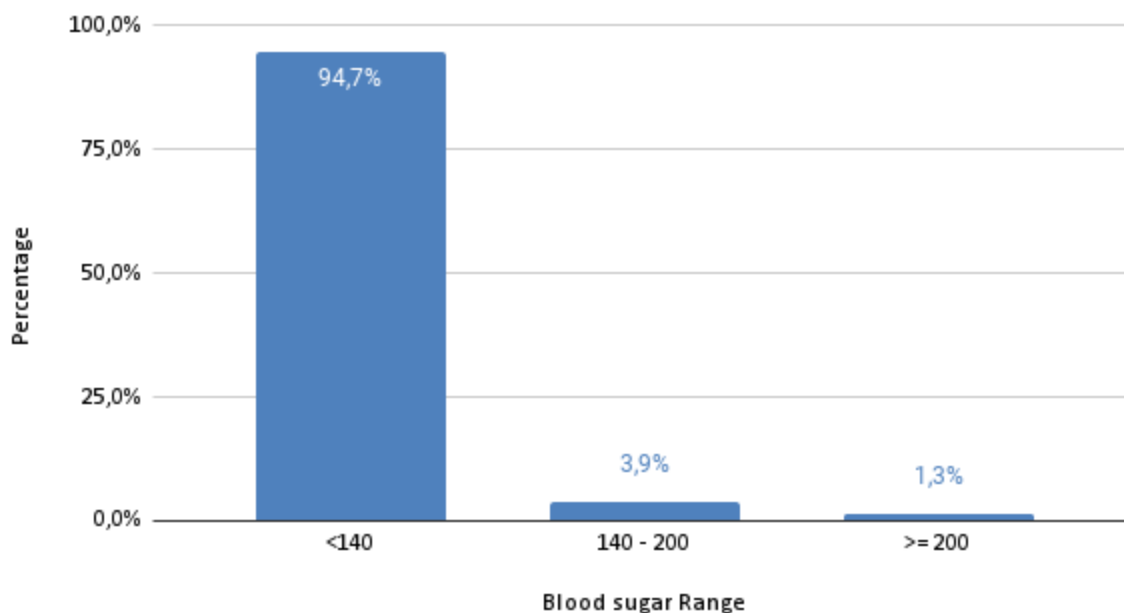
Blood Pressure distribution in the population



The mean systolic and diastolic blood pressures in this study were 124.7032 ± 17.2804 and 77.1871 ± 12.4514 , respectively. The minimum and maximum values are 83-207 and 54-126, respectively. Prehypertensives (120/80 - 139/90) were the most common, accounting for 47.1 percent of the total. Stage 1 hypertensives made up 14.2% of the population, whereas stage 2 hypertensives made up 2.5%.

Hyperglycemia distribution

Hyperglycemia presentation in the population



Following our investigations data presented that 3.9% of the 155 participants were prediabetic while 1.3% were diabetic. The mean sugar level was 124.2679 ± 37.5047 with a minimum and maximum of 79 and 319 mg/dl respectively

4. Food Security Program

A total 61 patients benefited from the food security program organized as part of our Green Campaign to help lessen the financial burden on them as per their condition. Items donated include: 5kg of rice, 5 liters of Palm oil, 8 Savon, 8 Spaghetti and 2 trays of eggs.



Conclusion

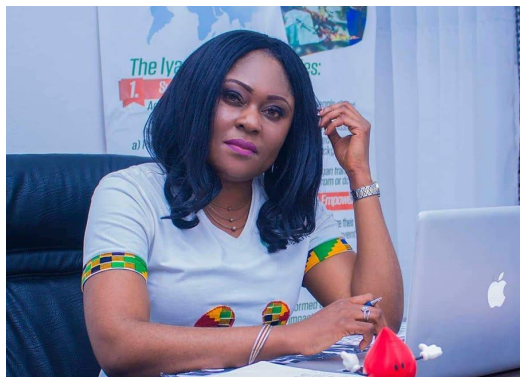
Many more people became champions for kidney health as a result of this effort. Nonetheless, given the rising number of people with diabetes and hypertension, greater awareness is needed so that many more people can engage in good kidney practices across Cameroon and Africa. We expect that more of these activities are conducted often in communities, particularly in rural regions, in order to educate them and explore the prevalence of CKD risk factors in these locations.

Limitations

- Not enough material to carry out a larger scale screening.
- Many participants were skeptical about participating in the screening.
- Many other participants couldn't join us because of the current COVID 19 pandemic.
- Not enough T-shirts for all the participants that were present.

Index

Green Campaign 2022 Team



IYA Bekondo Grenatella

CEO & Founder of The IYA Foundation



Sharon Keafon & Nkembi - Leke Joshua

IYA Staff and Project Coordinator 2022



Dr Linus Akepe

Project Facilitator

Green Campaign 2022 Volunteers and Supporters



References

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