

Scaling up innovations: Empowering communities through “Know Your Lemons” tools – A two-year outreach experience from Ananda Centre for Cancer Research

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Introduction

Breast cancer is the second leading cancer among women in Uganda, with an age-standardized incidence rate of 21.3/100,000 and mortality rate of 10.3/100,000. Up to 89% of patients present with stage III/IV disease, contributing substantially to poor survival outcomes. Delayed presentation is often driven by low awareness, stigma, myths, and limited understanding of symptoms. To address these barriers, Ananda Centre for Cancer Research (ACCR) adopted the Know Your Lemons (KYL) educational tools, which use visual metaphors to simplify breast anatomy, illustrate twelve key warning signs of breast cancer, and promote self-breast examination.

Methods

From 2023 to 2025, ACCR implemented a community-based breast cancer awareness programme integrating KYL resources into local outreach. Volunteers were trained as breast health educators through the Know Your Lemons® Foundation curriculum to deliver KYL materials effectively across diverse community settings. Outreach strategy combined in-person and online engagement, including sensitization events, distribution of KYL posters and flyers, monthly

virtual education sessions, and interactive demonstrations on breast self-examination. Strategic partnerships were central to the approach, engaging local NGOs, survivors' groups, cultural and religious institutions, hospital and health centre HIV, antenatal, and post-natal clinics, the Ministry of Health, media outlets, Rotary Clubs, and primary health providers.

Results

Over the two years, a total of 23 volunteer educators were trained in KYL materials and equipped to lead community outreaches. A total of 30 outreach events were conducted, reaching approximately 3007 community members. Educators reported high engagement with the KYL visual tools, particularly the “twelve lemons” illustration, which improved retention of information and reduced stigma in the discussion of breast health. Collaborative engagements were established with 11 stakeholders/partners to strengthen networks for cancer awareness and early detection. These collaborations broadened community access, enhanced credibility of messaging, fostered trust, and illustrated an innovative, cost-effective model for delivering breast health education in resource-limited settings. Importantly, five women

approached educators or health facilities reporting at least one breast change consistent with KYL symptoms, prompting referral for clinical assessment.

Conclusion

The integration of KYL tools into breast cancer awareness activities in Uganda achieved measurable community reach, strengthened partnerships, and facilitated referral of symptomatic women for care. The visual-based, culturally adaptable education approach proved highly effective in increasing participation and reducing stigma. By embedding these tools within trusted community structures and leveraging multisectoral collaboration, the programme demonstrated an innovative, scalable model for breast health education. Scaling this approach holds strong potential to enhance early symptom recognition and reduce preventable breast cancer mortality in low-resource contexts.