

My work experience in Kenya

Welcome to my blog post on my week abroad in Kenya, studying community health and nutrition. I'm currently a year 12 student aspiring to study dietetics and nutrition. I've already taken up offers to shadow dietitians in primary healthcare and hospital settings in the UK. This gave me insights as to how dietitians operate in Liverpool, and the kind of difficulties they face. This made me become curious as to what a dietitian's role would look like abroad, and potentially what difficulties they may face. As a result, I asked my mum if I could accompany her on one of her work trips to Kenya, and to my surprise she agreed!

So, what did I do on my week away?

My mum and I arrived in Nairobi late Friday night, 28th Feb, after setting off at 3.30am from home. We were greeted by the sound of live Lingala music upon arrival at the Nairobi Club Hotel. We listened to the music whilst my mum enjoyed a cold Tusker beer...

The following day, we explored the grounds and made use of the swimming pool in the 34-degree heat. Later, we visited my mum's friend Lillian who is the Executive Director of LVCT Health, a Leading Kenyan NGO. We went to her house for an informal meeting and dinner. Here, I learnt about the political state of the country and how USAID had just cut huge swathes of funding for health facilities and in supplying vital medicines, having a huge impact on the lives of every day Kenyan Citizens.



On Sunday, we went to Wilson Airport and met up with Linet, another colleague of my mum. We took a small plane on a 45-minute flight to

Homa Bay on the shores of Lake Victoria. This was my first time on such a small aircraft - the flight seemed to go on forever due to the loudly revving twin engines. I have never stepped off a plane onto grass before!

At the airport, a car was waiting to take us to Cold Springs Hotel in Homa Bay. After dropping off our bags, 2 more of my mum's colleagues - Jared and Mandela- came to pick us.



They took us to a beautiful lakeside spot on Rusinga Island where we could catch up with each other.

Monday: My week of work began

We left our hotel early Monday morning to meet with Dr Okomo, County Director of Health in Homa Bay. At the meeting, I was informed on how health was conducted within Homa Bay and about how they were responding to the recent cuts in funding and support.

Shortly after, we made our way to a community health facility. We listened to the community health promoters talk about the challenges they faced with medicine supplies and in encouraging pregnant women to visit the link facility. At this health



centre, I was given the opportunity to converse with a nutritionist. She explained to me how she was the only nutritionist at the site. She went on to describe a long list of duties that she alone had to conduct including:

- Supplementation for patients with vitamin A and iron deficiencies - providing healthy eating plans
- Testing for malnourished babies and providing feeds if necessary
- Growing and providing fresh vegetation for those who are malnourished.

However, many of these duties were difficult to achieve for a multitude of different reasons:

- They had been experiencing a prolonged period of drought, which meant that she and her patients could not grow their own vegetables, resulting in more frequent cases of malnutrition.
- Due to cuts in funding and poor management of health, she had no more vitamin A or Iron supplements
- Due to a shortage of nutritionists at that site, she was overwhelmed with patients and struggled to cope with referrals.

This was quite shocking to me, as in the UK we don't often struggle with issues like drought, and lots of our food is fortified so we don't have as many incidences of severe micronutrient deficiencies. On top of that, it's not often that we have to deal with large scale depletion of medical supplies – these are readily available to everyone in UK.

Tuesday: Two more field visits

We sat together with the community health promoters and discussed how their training was going, how they were engaging with the community and about what challenges they faced. What surprised me was that, even one of the level 3 facilities was suffering from medicine shortages. For such a large facility, it's not what you'd expect, and on top of that, they only had one nurse to deal with both antenatal care and out patients.

Wednesday with Activate Action

On my third day of work experience, I went to a nearby secondary school to see how Activate Action worked within the school to help educate students on matters outside of their curriculum. Originally, we had planned to host a session to help educate pregnant teens on

how to get back on their feet and continue to live a successful life. However, due to a low turnout we had a change of plans. The small number of attendees was most likely to do with the lack of incentives. Instead, we went to a local secondary school and held a session there on sexual health.



With a group of around 30 students, we spoke to them about what warning signs to look out for in dangerous situations and taught them about abstinence. I learnt that these sessions are incredibly valuable in Kenya, as the education system doesn't make learning about



sexual health compulsory, so many remain uneducated. This is what can lead to high rates of teenage pregnancy, which can be dangerous for a lot of young girls. After the session, we spoke to each other briefly about the differences between

where we both live and what our lives usually look like. It was interesting to see how different our lives can be when we're at such similar ages.

One of the main things I took away from this experience was the difference in people's attitudes, as everybody seemed to be in such higher spirits than school children in Liverpool. I believe that this has to do with a stronger sense of community.

Thursday at Homa Bay Referral Hospital

I shadowed a nutritionist who worked at the hospital to gain a sense of how nutritionists work in Kenya. I learned about what feeds and supplements they had available to offer

patients. They had a wide variety ranging from ones for babies with edema to severe malnourishment. These feeds were free of cost, as they're supplied from UNICEF rather than the government. However, medicine for over 5s had to be paid for, as it was not donated to the hospital. I was then shown to the paediatric ward where mothers with children up to the age of 5 could take their children monthly to keep track of their overall health and growth. I sat with 2 student nurses who showed me how they take and log a baby's measurements. They told me that they usually see up to 100 babies per day within their operating hours of 8-12am, so they're often very busy. Out of those 100 babies, they estimated that around 10 would be malnourished and within a week, around 3 babies would be considered obese. This really highlighted to me how much of an issue food insecurity and malnourishment is in Homa Bay. All children are also given 2 vitamin A supplements a year to combat vitamin A deficiency. After doing the MUAC (mid upper arm circumference) assessment on children and various other tests, if they were found to have acute malnutrition then they were sent for counselling and to be educated on a healthy diet, as acute malnutrition can often be cured through small dietary changes. In cases of severe malnutrition accompanied with other health issues, then they would be admitted to a ward.

There are usually about 10 children on a ward at a time where children are treated with therapeutic feeds that follow three phases:

- Stabilisation
- Maintenance
- Rehabilitation

This is done to prevent refeeding syndrome. Feeds can be issued orally or through tube feeds. After recovery, patients are often sent home with more feed to prevent them regressing back into malnutrition, especially in times of drought and food insecurity. Occasional house visits may be made to track progress. Something that stuck out to me within the facility was the amount of nutritionists within the different wards. There was a minimum of 1 nutritionist per ward which

is significantly more than the number of dietitians you would encounter within UK hospitals. I believe that this is due to high levels of malnutrition, HIV and sickle cell anemia which require diet changes to aid recovery. The reasons for such high levels of malnutrition as of late is primarily driven by the prolonged drought, which mean that people are no longer able to grow their own produce. This often results in people consuming large quantities of starch but not much else. This also causes higher rates of edema.

Eventually we flew back to Nairobi after plenty of delays due to flight complications and cancellations. My last two days away were spent visiting a Masai market, looking at the handmade goods, shopping and struggling to fit all of my belongings back into the suitcase. Finally we left Nairobi late Saturday night, and arrived back in Liverpool early Sunday morning. It was an invaluable experience, and I've learnt a lot about health services in Kenya, and how the challenges that we face differ internationally. This has definitely piqued my interest as to how health within other countries will change as time goes on, factoring in things like climate change, which may further affect food insecurity globally.



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