

The Report of Student Research Seminar in KENYA 2007



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During this trip, we learned health and social problems, environment, and hope of Kenya. It was so fruitful experience for us. We wish we will be able to work for Kenya in future.

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Programme

Date	Place	Institutes
10-13 Jan	Nairobi	NUITM-KEMRI Nairobi office
14 Jan	Nairobi Suba	
15 Jan	Suba	St. Jude's Clinic
16 Jan		Mbita Hospital
17 Jan		Sindo District Hospital Mission dispensary
18 Jan		Wanyama Primary School St. Joseph Girls High School
22 Jan	Nairobi	Magoso School Frepals Community Nursing Home
23-24 Jan		Kenyatta National Hospital
25 Jan		Gertrude's Children's Hospital
26 Jan		Nairobi West Hospital
29 Jan		IMCU MSF Belgium

1. Visiting and practice in Suba field station

Jun Takeuchi

We visited Suba field station from 13 to 20 January 2007. We studied purpose, system and practical work of Demographic Surveillance System, and field work of vector control team.

1) In field station

All collected data is sent to the station. We were so impressed that a lot of well-trained Kenyan staffs work there.



Left: Mr. James K'opiyo, a programmer work with DSS system. He is an excellent programmer. He told us about the system.

Right: PDA which used for data collecting.

The collected data by field staffs are sent to the main computer and dropped on the digital map. We can easily check the data by clicking houses on digital map.



2) Field practice with staffs

One day, we joined to household visiting with field staffs. Usually they visit each house on foot. We learned this work is very interesting and important but also very hard.



Left: Mr. Davil, a field staff of Suba. One day I followed him to visit households. It was tough, but he worked very hard.

Right: We went to Lianda village. I was shocked because many men died because of Malaria or HIV.

On 14 January, Mr. Emmanuel showed and told us about medicinal herb in the market. We learned that traditional medicine is widely used in Kenya. It is very important to know how people treat diseases by traditional ways.



3) Practice with vector team

We visited an island where vector team is working. Now they have conducted vector mosquito surveillance. They visited each houses one by one, and collected mosquitoes. We also tried to collect and count mosquitoes. Collected mosquito larvae were fed in Nairobi office. Mr. Peter Luitali told us how to grow larva.

We walked for a few hours for the work. It was really tough but interesting.



2. Visiting hospitals in Suba and Nairobi

Tasuku Kitajima

We visited St. Jude's Clinic, Mbita Sub-district Hospital, Sindo District Hospital, and Mission Dispensary in Suba. And we also visited Kenyatta National Hospital, Gertrude's Children's Hospital and Nairobi West Hospital. We learned the actual conditions of rural and urban hospitals, and problems they have. These visits challenged us to study harder than before.

1) St. Jude's Clinic

We met Dr.Sawa and many staffs. Dr.Sawa taught us about the system of hospitals in Kenya and present state of rural hospitals. His explanation about Kenyan hospitals was very useful during visiting hospitals after then.



2) Mbita Sub-district Hospital

We met the public health officer, two clinical officers, nurses, and staffs at dispensary and laboratory. We observed what they did, and asked some questions. We saw how they consult, how they treat, and how they examine Malaria. Talking with the staffs was very fruitful. We could get some information about the life in rural areas, and problems they have.





3) Sindo District Hospital

We met doctors, nurses and many staffs. Dr.Kimutai introduced the rooms in the hospital. After that, we saw how they do ward round. The ward round was a good experience because that was the first time for us to see severe patients suffering from Malaria and HIV/AIDS. In the afternoon, we attended at the conference about nutrient management to HIV/AIDS patients. Though there were many problems, I thought the staffs are thinking seriously to improve the hospital, and I hope the condition in Suba will get better in the future under the leadership of the staffs.



Mission Dispensary

Sister Alexina and Mrs. Kiptanui introduced the dispensary. Though the dispensary was a small one, good medical services were provided. We also saw many sisters, and they were so kind to us that I thought the tender love of sisters is common in all countries. I also thought medicine and religion are very close.



4) Kenyatta National Hospital

We visited the TB clinic. At TB clinic, doctors and nurses showed us how they consult and give medicines. They are very kind and we could get much information about TB. We also visited the respiratory and dermatology wards. There we met James's sister (James is the programmer working for NUITM-KEMRI project) and she explained us about the condition of the ward. We also visited the examination room and got some tests.



5) Gertrude's Children's Hospital and Nairobi West Hospital

We were very surprised to see the beautiful and high-level hospital. We were also surprised to see the patients knew very well about the diseases. Staffs were very talented, and Dr.Kiptune, who kindly introduced the hospital, told us that they had to work hard to meet demands of patients.



In Nairobi, Dr.Genga guided us hospitals. He kindly supported us, and we could talk each other about Kenyan and Japanese culture. It was very interesting.



3. HIV/AIDS - control measures in Kenya.

Wataru Hase

We visited VCT (Voluntary Counseling and Testing) centre and CCC (Comprehensive Care Centre) on 23 and 24, Jan. 2007. We study how Kenya takes steps to deal with the serious HIV/AIDS problems.

1) In VCT centre.

Dr.Sammy M.Njenga from KEMRI guided us to VCT centre. It was inside KNH (Kenyatta National Hospital) and was established with support of JICA. We listen to the head officer about the serious HIV/AIDS problems Kenya faces, how to prevent HIV infection, and the role of VCT centre.



VCT is great system for people who have HIV infection. People can come easily because of its charge-free system, and he/she can know the result immediately. And there are many counselors who are trained how to deal with HIV patients. HIV positive persons can ask about many private problems which they can't ask to their family or friends. We were interested in the counseling of HIV positive people, but we couldn't participate because it is very private and sensitive matter.

Head officer told us that Kenya is in succeed to control HIV/AIDS and the prevalence of HIV/AIDS is now going down to 6 %(2005), from 14 %(1999). But still there are many difficult problems. VCT is going to establish rapidly, but few people utilize it. Many VCT establish in the city, but there is few VCT in the country.

We realize that how Kenyan people work hard and they think about HIV/AIDS so serious.

2) In CCC

Next day, Dr. Sammy M.Njenga guided us CCC in KNH. CCC is a new institution established in 2002, and has a new approach to measure HIV/AIDS problems. They offer many services. For example, ART, treatment of opportunistic infection, care support, advice of nutrition, and so on. CCC has an important role to give a comprehensive service HIV/AIDS patients need. We visited testing room, treatment room, nutrition room, and pharmacy.

Because it is a new institution, there are few CCC in Kenya. But the day CCC is established in all area, I am sure that the prevalence of HIV will be going down more and more.



We could learn the real situation of HIV/AIDS. We could know how serious the problems are. Our stay in Kenya was so impressive that in the future, hope we want to come back again as medical doctors and want to be helpful for people who have health problems. Thank you very much for your kindness in teaching me a lot of things. Thank you Kenya!

4. Visiting Schools in Suba

Keita Nakanishi

We visited Suba field station from 13 Jan to 20 Jan 2007. On 18 Jan 2007, we visited Wanyama Primary School and St Joseph Girls High School. We studied the school education system in Kenya and were told real situations in schools. Through this experience, we came to know the relationship between educations and health care.

1) Wanyama primary school

At Wanyama primary school, Mr. Headmaster told us a lot of things. We were deeply impressed by the aims of the school as follows;

- To develop the ability of self supporting of students.
- To understand and accept each other.
- To prevent students from getting HIV.
- The role of mass media; to transfer the messages from government to parents.

Thank all of the teachers and students in Wanyama primary school for inviting us to the afternoon assembly, and we really enjoyed visiting your school. Boys and Girls study hard and will be a great person!



2) St Joseph Girls High School

Because of car accident, we were late to arrive at St Joseph Girls High School. In spite of our late visiting, Sister Emmanuel, teachers, and students received us with hearty welcome. Fortunately we participated to a meeting, and could exchange our opinions with girls. In the meeting, we came to know their abilities to understand three languages perfectly. And they were greatly interested in social situations and public health. I asked to some girls, "What do you want to be in future?" They answered "I want to be a doctor," "I want to be an engineer," or "I want to be a midwife". We wish their dreams come true! Over more, girls asked us about HIV/AIDS many times. We thought that they have great interest to this disease. To tell them how to protect from HIV/AIDS more deeply, it is very important to educate girls in also high schools. We would like to say hello and thank you to the many girls who gave us signatures.

We wish more and more Kenyan students are able to go to high schools, and also universities. We are very happy to meet Sister Emmanuel, teachers, and girls, and we could study and experience a lot. Thank you very much.



5. Visiting Kibera slum

Daisuke Kume

We visited Kibera slum on 22 Jan, IMCU and MSF on 29 Jan 2007. We learned the living environment of slum population, and the circumstances of health and medical care in Kibera slum.

1) MAGOSO SCHOOL

This school is managed by Ms. Hayakawa, a Japanese woman, and local voluntary staffs. Ms. Hayakawa has eagerly supported for slum dwellers with local staffs through this school. She gave us briefing about this slum. So we realized what is slum.

Ms. Hayakawa, school staffs and many pupils welcomed us very much. The pupils and MASHIMONI YOUTH GROUP (local self-help group) gave us wonderful singing and dancing. We were very impressed by such sings and dancing. We felt the power of people living in the slum. There were so many smiles at this school.



2) FREPALS COMMUNITY NURSING HOME

This clinic is managed by Ms. Freeda, a Kenyan nurse. This is one of good clinics in Kibera slum. This clinic provides effective health services by cheaper charge to the slum dwellers. We learned the circumstances of the medical care in Kibera. Beyond that, we realized that the local clinics like this have many problems and that these problems are derived from not only medical affairs but also other affairs such as the peace, bad road and so on.



3) IMCU (International Medical Collaboration Unit)

This NGO is managed by Ishinkai Yao General Hospital, Japan. This NGO manages a medical clinic just outside Kibera slum, and has provided supports for children and their family such as free examination, providing of ART. All the people working at IMCU are called “Child doctor”. We had a chance to meet three “child doctor” here, Mr.Miyata, Ms,Tsutsumi, and Ms.Kajita. Mr.Miyata gave us a briefing about IMCU. It is very interesting that this NGO thinks about not only local people having health problems but also supporters for this operation. Mr.Miyata said “I want our supporters to get something through this activity”.

4) MSF Belgium

This NGO is world famous for receiving the Nobel prize in 1999. We visited MSF clinic with Mr. Miyata, IMCU. Now MSF manages HIV clinic just outside of Kibera slum, and providing free medical treatment for HIV patients. We realized that many HIV patients have not received appropriate treatment yet in KENYA.

This time, we learned the circumstances of slum through visiting and watching some organizations by ourselves. Before visiting slum, I had just negative images for slum such as poverty, unemployment, crime, drug and HIV/AIDS. Actually these problems exist in slum. One problem affects others, and then they fall into the vicious cycle of poverty. For people living in slum, it is very difficult to get rid of severe situation. However, I felt other aspect also in the slum this time. That is positive one!! When I stepped into slum, I felt that this was not slum I thought; this was a community like village. Part of the reasons I felt was that I thought this slum worked as a community. There were so many shops along the street, and many people were coming and going.

Beyond that, there are many supports for slum dwellers. These supports are provided by not only foreign NGOs but also Kenyan people. So I knew that there are many self-help activities provided by people living in slum.

While we were walking through Kibera slum, many kids said “How are you!!” with smile. So there are so many smiles in slum, and in KENYA!! I think that these smiles and other positive aspects are the hope for KENYA from now on.

Finally, this time we had many precious experiments in KENYA. We appreciate to all the people supporting for us.

Special thanks to Ms.Hayakawa, MAGOSO SCHOOL’ staffs,Ms.Freeda, Mr.Miyata(IMCU), Ms.Tsutsumi(IMCU), Ms.Kajita(IMCU), MSF Belgium, and Dr.Shimada(NUITM), Dr.Minakawa(NUITM).



Thank you very much. Thanks to you security guards, we could sleep well without fearing hippopotamus and monitalizards.



Thank you very much, Janet. Your dishes were all great, especially nikujaga! We asked another helping twice or three times a meal. You are a great cook!!