

Faces of Rural Kenya: A Journey through the Kenyan Public Health System

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Funded by CHW under the Health Grand Challenge program

Introduction

- CHAT Mobile Clinics: an NGO that provides health services to communities in rural Kenya
- Focus on PHE approach (Population Health and Environment): Family Planning as primary intervention
- 12-day clinic in Tharaka-Nithi county

Objective of Internship

Develop an understanding of the public health system in Kenya and the unique challenges faced by these communities, both within the sphere of healthcare and in day to day life.

CHAT Mobile Clinic Vehicle (photo: Madeleine Sumner)



Work profile

- Providing all health services to communities (with a focus on family planning, HIV/AIDS testing and counselling and vaccination)
- My role: checking in patients (blood pressure, temperature, history)
- Collecting case stories and photos for social media and website to increase sponsorship and funding

Case Stories

Lydia

- 24 year old woman with two young sons
- Single mother after her husband left her 2 years ago
- Unemployed: works to provide for her family from a small farm
- Comes to CHAT looking for 3 year family planning insert
- Pre-insertion pregnancy test reveals she is pregnant with her 3rd child
- Upon finding out, became hysterical, wanting the implant to “expel the baby” and saying her third child will not survive because she cannot provide for him/her
- Kenya has the highest unskilled abortion rate in the world: she will likely be forced to either keep the child or have a risky procedure that could kill her or cause long-term health problems



Calverina

- 22 year old single mother seeking family planning
- Brought young daughter
- After being seen, begged me on her knees, sobbing, to adopt her daughter and bring her back to Canada
- Said she feared her child would die because she couldn't feed her
- Can't pay school fees
- Shows desperation of families, high child mortality rates



Emily

- 15 year old girl waiting outside the clinic to be seen by the doctor
- Fell to the ground and proceeded to have 7 consecutive seizures
- Nobody attempting to help her: belief that seizures are a sign of witchcraft
- Doctor unable to approach her to help for fear that the other community members will associate CHAT clinic with witchcraft and not seek the care they need
- Demonstrates cultural challenges to providing healthcare to these communities



Looking ahead

- Increased desire to return to Kenya and work towards improving the health care system there (corruption, availability of services/skilled medical professionals, public health education)

Questions

- How can I continue to have a lasting impact on communities beyond my few weeks of internship?
- What is the best way to approach changing a healthcare system whose issues are so deeply ingrained in history and cultural values?

Conclusion

- Developed understanding of the importance of family planning in helping families escape the cycle of poverty
- Changed my perspective about healthcare: the things we take for granted in a first world country (such as doctor/hospital availability, accountable government officials, sanitation)

Acknowledgements

Thank you to the CHW and Princeton Grand Health Challenge for funding this opportunity. Thank you to CHAT Mobile Clinic and to Dr. Dino Martins for arranging my travelling clinic experience.