

Elective Report – Naivasha County Hospital, Kenya

Sufiah Mana and Nabila Yahya, Mansourra University, Egypt

We spent an amazing 6 weeks at Naivasha County Hospital, Kenya. We wanted to take our elective in Sub-Saharan Africa, and narrowed it down to Kenya, Malawi or Zambia and eventually settled to work with Student Exchange Africa, opting for a placement at Naivasha County Hospital based on a number of positive reports from other students. Our experience was superb, both in terms of the medicine, the hospital community, and the country and its people as a whole. Hopefully this report will provide insight and reference into the hospital, our time there, and why the experience was so beneficial to us.

Background

Naivasha County Hospital is a government hospital in central Kenya, around 100Km outside of Nairobi, the capital. Being a public hospital, it tends to a wide swathe of the local population estimated at 250,000. The hospital has a 285-bed capacity.

Medicine at Naivasha County

There were several local medical students (interns) present at any one time when we were there. We would be assigned to do our rotations based on the specialities that we had indicated to be of specific interest to us and would spend time in the wards on that basis with an assigned supervisor. The staff were very friendly and worked hard to meet or even surpass our expectations. This meant that there was a high degree of flexibility which then allowed us to randomly participate in clinical procedures that we may have otherwise missed out on, especially when rare, or complicated cases and procedures arose.

We would aim to be at the hospital from 8.30 am and on some occasions would go even as late as 10 pm depending on the workload. The medical staff would get together for the Doctors' meeting, featuring a review of the night's on-call, discussion of interesting or difficult cases, and presentations on educational topics. We were even invited to do brief presentations during our time there, which was a good way to get involved and learn. We were able to observe neurological complications of HIV/AIDS and the management of cases such as tetanus and rabies. Ward rounds would commence at 8.30 am, with the sickest patients being reviewed in the first 45 minutes and we would then rotate out into the outpatient ward, or one of the busier wards like maternity where we could both observe and participate in a variety of clinical procedures, including in the OR such as C-sections. Ward rounds would often last most of the morning and thereafter we would clerk any new patients, review those from earlier, or engage in anything else that needed doing.

Clerking patients was generally fairly simple. Although the official language in Kenya is English, local languages are the mother tongues, which would invariably include a hodgepodge of several local dialects not entirely discernible by us. Despite the language barriers, there was always a doctor or other staffer who was on hand to help us understand. This greatly eased any communication barriers that would have otherwise presented a challenge since even with our limited knowledge of Swahili, we would have otherwise struggled in managing our interactions with the patients.

We spent our first week on Female Ward. The caseload here was a mixed bag of tropical infections, HIV cases (referred to as 'ISS' – for immunosuppressed state/syndrome), TB, pneumonias, familiar NCDs like diabetes, cardiovascular diseases, and a strange tropical condition called endomyocardial fibrosis (EMF) which results in recurrent gross ascites that require tapping. Often we had a collection of symptoms that never got a diagnosis, due to limitations in investigations and occasional spontaneous improvement. We were able to do a surprising number of basic tests, but as patients had to pay for each test, we couldn't just order them on our own discretion. A fair number got an Hb, WCC + differential, and B/S (blood slide) for malaria parasites, but others were rarer. It was frustrating to see patients have to leave even with something as basic as abdominal pain because the hospital may not have had the right resources to deal with the issue or because the patient couldn't afford to pay. So, often, they would have to be referred to Kenyatta Hospital in Nairobi.

Because of the Kenyan government's devolvement of health to the counties, this has in some ways improved the quality of care, especially because the county governments are now able to invest in healthcare with a clearer view of the community's needs. However, it also created several challenges, especially with staffing and management of payroll since the bulk of the resources still come down via the national government. In effect, we would sometimes get caught up in the politics of the day and during our time there, we witnessed the crippling effect that mismanagement of health can have on human lives when doctors failed to attend work (or participated in workers "go-slow").

The latter half of our time at the hospital was spent in the maternity and paediatrics wards. This was by far the busiest ward – cots lined up in three columns across the ward and pregnant women sometimes needing to share beds. It took a while to settle into the routine but by the end of the initial week, we were confidently taking patient histories and assisting with the clinical management of the patients. Ward rounds took long in these departments due to the sheer number of cases. There were also cases of prenatal care that need extensive healthcare management as well as observable nutritional gaps with the pregnant women, and several interesting surgical presentations of cancerous lumps, fistula and other obstructions and even cases that required surgical interventions like ovarian cysts and fibroids.

Naivasha County has a decent community outreach programme, and we were encouraged to spend some time exploring this - which we did in our final two weeks. The hospital works with community health teams to address pressing local health issues and even operates a mobile clinic to promote primary health care through the local dispensaries and health centres. This includes immunization visits to rural villages, and a youth-friendly services, and promotion of sexual and reproductive health in the local community. We also managed to put in some time in the neonatal care unit. Many of our discussions concerned new-borns: how to continue treatment when no venous access could be obtained, the best way to treat severe jaundice given concerns over our phototherapy lights, and so on. Despite the numerous sad stories that emerged from the neonatal unit, it was also a place where those babies who would not have had a chance elsewhere could receive excellent treatment and later went home with delighted, thankful mothers.

Our time at the hospital was the most productive time of our medical study and we cannot overstate just how much the practical exposure benefited us.

Our Travel Experience

Naivasha was a very ideal location for our time in Kenya. It had a sense of the best of Kenya; the camaraderie of a typical rural African town combined with a fairly cosmopolitan feel to it with huge supermarkets and lots of getaways and resorts. Naivasha is a tourist hub, particularly for youth and students. You are not likely to go a day without encountering some other student groups either undertaking their global health experience in Kenya or even their gap experience. It has loads of outdoor activities from hiking to boating to rock-climbing and as such, it is also heavily frequented as a destination for adventure. On our second day there, we even got to treat an injured zebra alongside park rangers who had tranquilized the poor thing!

In summary

We had an excellent elective and would thoroughly recommend Student Exchange Africa who organized and coordinated our stay. If you are looking for a friendly, welcoming hospital in a developing country, where they will work you hard but be well supported during your stay, then we recommend you go here. Kenya is a great place where you will meet wonderfully friendly people and can do some exciting off-the-tourist-trail travelling, with several must-do attractions. Naivasha County is perfectly situated in our opinion – its just far enough out-of-the-way yet only a few hours to the capital for when you need to return to civilisation.