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Public Health

Kenya

After completing a Community Health program in Durban, South Africa in the spring of 2010, I was determined to come back to Africa once I graduated from University. The study abroad program allowed me to live with a host family in a Durban township, and to spend part of my time working in a hospital setting. It was my experience working in the hospital that brought to life for me the HIV/Aids pandemic in Africa in the form of patients I came to interact with on a daily basis. I decided that upon graduation, I wanted to return to Africa to help more distinctly in the fight against HIV.

In the fall of 2011, I received financial support from the Jessica Jennifer Cohen Foundation to embark on a trip to volunteer in Kenya for six months. I was accepted to volunteer with an HIV program in Kenya, organized through an international non-governmental organization called Advance Africa. Advance Africa's mission is to foster the economic development of African communities through the provision of scholarship and further education opportunities for African students. The organization also arranges volunteer abroad programs in communities throughout Africa, in countries such as Kenya, Ethiopia, Ghana, Malawi, Senegal, Sudan, Tanzania, Uganda, and Zambia. The financial support I received allowed me to pay for flights, volunteer program fees, general living expenses, and to fund a number of seminars and projects I undertook during my time in Kenya.

When I arrived in Kenya, I was placed in a rural village called Vinyenya, near Matunda town, in the Western province. My original plan had been to do HIV work, however, the non-governmental organization with which I was to work had little funding at the time. The projects we managed to run were thus, funded by myself and a few other volunteers. We organized and ran two major seminars within two months: one, concerning the education and treatment of individuals with learning disabilities and developmental conditions, the second, concerned the treatment and physical and emotional development of orphans and vulnerable children.

Both seminars were major successes. Mental health is an issue not well known or recognized in Kenya, especially in the rural villages of Western province, Kenya. Some schools had special unit classes, where children with mental disabilities were placed. However, such special units were uncommon as qualified teachers were not so easy to find. It was also a daily challenge for the teachers of these units to educate the parents of their students on the education and treatment of their children; traditionally, such illnesses are often attributed to curses placed upon them by witch doctors.

Consequently, a seminar was organized targeting teachers and especially the parents and guardians of mentally handicapped children. Speakers included a volunteer from England who worked in the mental health field, specifically with autistic patients, and a couple of the special education teachers living and working in Vinyenya, and myself. Having no professional mental health experience, I simply talked about the facilities and services available to people living with disabilities in the United States. The ideal was to create awareness in the population of the sorts of opportunities and

services that can be offered to people with disabilities, and to pursue through political avenues, the installment of such facilities.

Mental health is often attributed to the curses of disgruntled neighbors, and often, confused parents take their “sick” child to a witch doctor. Such experiences can leave the child traumatized and in further need of psychiatric help that is for the most part, unavailable or inaccessible especially to people living in the rural villages. A portion of the seminar involved dispelling such myths. Education was the main priority of the seminar, to create an awareness of the community of the existence and “symptoms” of common mental disabilities.

One mother started using emotion picture cards to communicate with her daughter whom she had not communicated with in years as a consequence of the mental health communication lessons given out during the seminar. In addition, a special education teacher was moved to motivate others at the seminar to vote, not along tribal lines (in reference to the 2007 post-election violence in Kenya) but to vote for political leaders who advocated social rights and equality, regardless of his or her background.

We also organized a Christmas gift-giving event for some of the vulnerable children and orphans in the village. A total of seventeen boys and girls were given new clothes; girls were given new dresses, and boys were given new shorts or pants and collared shirts. For many children, these were the only new clothes they had ever received. It was wonderful to be able to see some of the young children, who were once dressed in ragged, torn clothes, admiring their new attire.

For the first two months of my project, I also taught Biology at a secondary school called Binyenya Friends Secondary School. I taught Form 2 Biology, the equivalent of Grade 10 Biology, until the summer holidays started in December. As a young woman, I talked to my students about my own ideas on relationships, starting a family, and pursuing a career path in the sciences as a doctor. Many students in the beginning could not understand my strange American accent. However, the teachers saw my teaching as a great opportunity for the students to become better at understanding and speaking English, and, they did.

The Orphans and Vulnerable Children (OVC) Guardian seminar was held in December. Speakers included a Community Health Worker from another town, two HIV counselors from the Brigadier clinic, and a few members of the not-for-profit grassroots community organization, Lugaari Women Against Aids and Poverty, otherwise, known as LWAAP. The seminar brought up issues such as proper nutrition, especially for HIV positive infants and children, as well as the psychological and emotional upbringing of orphan children introduced into new foster homes. While a fair amount of widows came to the seminar expecting financial aid, they left for home with no more money than they came with. Our intention was not to give hand outs, it was to empower the people with knowledge and a conviction that change could come at their own hands. Many of the women who came ended up starting a widow support group, where they could talk about their problems, come up with solutions, and discover a haven for much-needed social support.

For the final half of my project, I was moved to a more urban placement located in Kikuyu town, located just outside of Nairobi, the capitol city of Kenya. I volunteered with the Destined Children’s Center in Regan. While the children living and going to school at the Destined Children’s Center ranged between one and thirteen years of age,

many of them had brutal life stories, their parents the victims of vicious murders, themselves subject to abuse, life in the streets, rape. I assisted the staff with general maintenance and upkeep of the Center's facilities, as well as care of a total of thirty-nine children.

The work I did allowed the overworked staff to run other aspects of the Children's center, including the knitting and selling of items to raise money for the center, and the legal logistics of acquiring new kids and running a Children's center. By interacting with the kids, showing love for them, I also assisted with the emotional growth and adjustment of the children to the orphanage.

I came to Kenya with the expectation that I was going to help in the fight against HIV/ Aids. However, I realized my ideas were a little unrealistic. As a pre-med student, I had little to offer in the way of medical skills or in social work experience. I discovered however, that there is so much more I can do. There are schools that could use an extra teacher, children that need caring or schooling for, non-profit groups that need help with the organizing and running of seminars concerning issues such as mental illness or developmental conditions, and orphans and vulnerable children treatment.

I was able to witness firsthand the poverty and hunger that is so prevalent in the villages of Kenya. In the beginning, I was overwhelmed by it. And I was tempted by the enormity of the need, the impossibility of it all to fix everything or anything; I was tempted to give up. I came to develop an understanding of the bigger issues that conglomerate around poverty and hunger and desperation in third world countries riddled with corruption, the issues that make it hard for actual large-scale change to occur. Surprisingly, I came through this experience more encouraged than ever to make an impact.

Volunteering in Kenya also allowed me the opportunity to live with a host stay family. First, in Vinyenya village, then in Kikuyu town. These experiences allowed for a cross-cultural awareness and understanding that I might not have had otherwise. I cooked and cleaned and experienced life as my host family lived it—the hard times, the good times, I lived through them all with my family. I attended church on Sundays; I ate local food such as ugali, sukuma wiki, chapati, and mandazi; I attended harambes (fundraisers) for local churches and schools, and pre-wedding ceremonies. My whirlwind introduction to Kenyan culture and social nuances brought me that much closer to the people; this has been an experience that has instilled in me the great value of having flexibility, a willingness to learn, and patience especially when engaging in cross-cultural work. I know these skills and this amazing experience will only benefit me in my future work as a medical doctor.