INDUSTRIAL ATTACHMENT REPORT DONE AT FARAJA CANCER SUPPORT CENTER

BY

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DECLARATION

I hereby declare that this training report is my original work and it has not been submitted before any academic award either in this or other institutions of higher learning for academic publication or any other purpose.

ACKNOWLEDGEMENTS

I take this opportunity to appreciate all those who contributed to my success in this attachment course in one way or another. My supervisors; Edmond Kibet, Grace Maore, Madleen Wanja, Pamela Akhaabi, Andrew Gitari just to name but a few.

It is through their continued assistance and support that I have been able to pull this off.

May the ALMIGHTY guide them and bless them all

DEDICATION

I dedicate this work to ME for all the work, effort, time and focus I put in.

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INTRODUCTION

This is a skill-based core course designed to enable all the 3rd year students majoring in Sociology, Community Development, Social Work, Psychology, Counseling Psychology and Anthropology get exposure to the practical elements/realities of the didactic material they have mastered at previous levels of study.

**Course Objectives**

* To integrate theory and sociological issues to real practical experiences in the world of work.
* To gain experiences of the work discipline and develop abilities of skills and discipline in the work place.

**Learning outcomes**

* Integrates theory and sociological issues to real practical experiences in the world of work.
* Gains employment experiences and discipline and has skills and knowledge of discipline in the work place.

ORGANIZATION OF PLACEMENT

**ABOUT FARAJA CANCER SUPPORT TRUST**

Faraja was founded in 2010 with the aim of providing emotional, practical and healing support

to anyone affected by cancer. Faraja offers services to complement medical treatment through

information, free complementary therapies, support groups meetings, art/music therapy and

distribution of apples and milk for inpatient children with cancer at Kenyatta National Hospital

(KNH) and MTRH. Faraja also provides financial assistance for medical treatment. Our premises

provide a safe haven for cancer patients and their caregivers to access our free services, which

has enabled us to make a positive difference in the journey of over 10,000 cancer patients and

caregivers. Our long-standing relationship with our partners supporters makes us

sustainable. We are here for the long term. We bring help, hope and life.

MISSION

To improve the physical, emotional and social well-being of cancer patients, cancer survivors

and their caregivers through the provision of high quality complementary therapeutic

treatments and counselling services. Faraja's goal is to reach and improve the lives of as many

people as we can reach who are going through the cancer journey

VISION

A safe haven accessible to anyone affected by cancer.

ORGANIZTIONAL STRUCTURE

Faraja was founded by Shaira Adamali, a breast cancer survivor, who has 31- years of work

experience with a leading professional services firm, PwC.

Faraja Cancer Support Trust is governed by an experienced and credible Board of Trustees and

management team. They include well-respected business leaders and philanthropists drawn

from financial services, legal and manufacturing sectors.

Our current board members are:

Andres Hollas – past senior partner PwC.

Shaira Adamali - Founding Trustee

Andrew Ndegwa - First Chartered Securities

Sonal Sejpal- Partner, Anjarwalla and Khanna

Harriet Wanjohi – Managing Director, Realty Plus

Dr. Noelle Orata - Pathologist, Board Member, Kenya Association of Clinical Pathologists (KACP)

Former board members include Dr. Manu Chandaria.

We have a staff of 7, 6 based in Nairobi and one in Eldoret. Faraja also has about 50

volunteers and therapists who assist at the center and in the implementation of community

based and outreach projects such as screening, awareness campaigns and our crafts for cure program.

ORGANIZATIONAL PROGRAMMES

**Information**

Cancer patients and their caregivers have many questions as they go through their cancer journey. Our well stocked resource library provides information on all types of cancers as well as help to demystify jargons and myths. We aim to be the one-stop shop on cancer related publications and books. Access to our library is free.

**Complementary therapies**

Complementary therapies are used to help cancer patients manage symptoms, reduce side effects and restore a sense of control and vitality. Research has shown that when a cancer patient practices complementary therapies their prognosis is better.

It not only boosts their physical health but also helps them and their caregivers, deal with the emotional stress of cancer. Therapies offered include: nutrition, counselling, massage,

reflexology, exercise, yoga, breathing, body talk and other wellness therapies.

Due to the ongoing COVID 19 pandemic, we are also offering counselling, nutrition, lymphatic drainage, yoga, breathing and meditation online via zoom.

**Support Groups**

Faraja has 8 main support groups

1. Breast cancer

2. Gynecological cancer- ovarian, cervical, uterine, vaginal, vulva

3. Prostate Cancer

4. Head and Neck - cancers of the throat, tongue, mouth, nasopharynx, brain

5. Caregivers

6. Blood Cancers - lymphoma, myeloma, leukemia

7. Young Adults - 18- 30 years.

8. Parent’s support group at KNH.

**Crafts for Cure**

This is a weekly art and music therapy program that takes place at KNH’s

Children’s oncology wards and at MTRH. Faraja volunteers engage the children in arts and crafts; music and dance, aimed at helping them cope with the effects of treatment

**Medical Assistance**

With an increased cancer burden in Kenya and limited support from NHIF, most patient costs are born out of pocket. This is where Faraja comes in to provide financial assistance for medical treatment.

The Faraja Medical Support Fund (FMSF) is a corpus of funds that will ensure effective and timely treatment for over 100 cancer patients a year, forever.

We have recently started a grief and bereavement support group called Kipepeo. Due to the

COVID-19 pandemic, many of our programs are being offered virtually via zoom. We also have

webinars with renowned speakers from across the globe who touch on topics that are of

interest to cancer patients and their caregivers including health and wellness.

We recently introduced bead work and knitting to the children to help them deal with prolonged isolation at the wards owing to restriction of movement at KNH due to the pandemic

TARGET GROUPS

* Cancer patients
* Cancer survivors
* Caregivers of cancer patients

ACHIEVEMENTS AND CHALLENGES

**ACHIEVEMENTS**

Since March 2020 we have reached over 1,600 patients and caregivers from Kenya and

across the globe.

We have offered therapy to over 50 clients since the beginning of February. Therapy mainly consisted of counselling, art therapy, psychoeducation, group counselling to all our clients- both the cancer patients and their caregivers.

We have also managed to offer nutritional counselling to more than 50 clients. Clients here are basically educated on the right form of diet they should stick to in order to facilitate recovery and healing.

Several support groups have been conducted for different types of cancers including;

* Colon cancer
* Breast cancer
* Cervical cancer

In terms of medical financial assistance, Faraja has managed to help 20 plus clients in the past 2 months by either fully or partially covering their medical bills.

Faraja has also given out a good number-more than 100- of colostomy bags to its colon cancer clients.

**CHALLENGES**

The number one challenge to ensuring Faraja reaches out to as many clients as possible is lack of adequately skilled staff. Faraja mainly relies on volunteers – some of whom are qualified in their respective fields of practice but most of them learning students who are on industrial attachment. This thus makes it hard for quality services to be delivered by the team.

Another challenge is inadequate funds to conduct the various activities as planned in the calendar of events. Faraja mainly relies on donations from good Samaritans who we cannot rely fully on. This sometimes acts as a barrier to conducting some activities as Faraja lacks an independent funder.

Another challenge is SPACE. Faraja is located at Chandaria cancer center, MTRH on the first floor. The space allocated to Faraja Eldoret is very limiting. There is only one counselling room and waiting area. When clients are many, therapists and nutritionist are forced to look for other places outside the counselling room to conduct their sessions. This sometimes compromises privacy during sessions.

Lack of public awareness is yet another challenge. Faraja Eldoret is not as popular as Faraja Nairobi. This sometimes translates into low number of clients who visit the place. Faraja does not have a public relations officer who is in charge of advertising the organization. This leads to less visibility in the outside world and to our target population.

**SUGGES**T**ED REMEDIES TO CHALLENGES**

As for the first challenge, the best remedy is to get additional qualified staff from the board of management. They should employ in addition to the already existing two employees, a secretary, at least two counsellors/psychologist, two nutritionist and an IT expert. This will definitely ease the burden and huge workload assigned to the two employees.

When it comes to funding, Faraja should rely less on donations and instead come up with income streams or invest in companies that will earn them monthly returns. This is going to help with budget planning as the organization will now be sure of the amount of funds they are working with.

Due to the large number of clients, it will be wise for Faraja to expand its offices so as to accommodate more clients than currently. They should introduce at least four therapy rooms – two for counselling and two for nutrition. This will ensure more room for the clients and less commotion in the place.

Faraja’s goal is to serve as many clients as possible. It is therefore very important to spread the gospel about their services.This can be achieved through social media platforms by advertisements and hiring a public relations officer who will act as their ambassador.

**LEARNED EXPERIENCES**

For the eight weeks that I have stayed and trained in MTRH, I have learnt a lot of new insights and skills while working under my supervisors.

First and foremost, I have learnt the place and significance of psychotherapy in health care settings. Psychotherapy and counselling services are indeed a very vital part of the treatment process. Actually, sometimes treatment cannot be successful without therapy.

Secondly, I have learnt how to practically apply the various techniques that I learnt theory. Through my supervisors’ guidance and mentorship, I have been able to incorporate the different concepts learnt in theory into my practical therapeutic sessions.

I have learnt to appreciate the diversity of the very many clients I handled and how each client has unique needs which calls for use of different approaches with each client.

I have also learnt, in a hospital setting it is impossible to understand your client independent of their illness. In order to help a client, you must fully understand what is ailing them and how they are affected psychologically.

Some of the approaches and techniques that are mainly used in hospital settings include;

* Psychoeducation
* Rogerian therapy
* Behavioural therapy
* Motivational interviewing
* Reality therapy
* Existential therapy
* Cognitive behaviour therapy among others.

Aside from therapy, I have also learnt a lot of medical stuff during my stay at MTRH working closely with the medical teams in the ward rounds. We’ve also learnt a lot from working with medical psychology students.

**CHALLENGES**

The number one challenge encountered during the attachment was adapting to the hospital setting. As a counselling psychology student with very little knowledge on medicine, it was very difficult at first to understand the medical terms used by the doctors and their descriptions of various illnesses. A good example is when a nurse recommends counselling for a client and hands me the file of the patient. It was very difficult to comprehend the medical notes written by the doctors. At such instances, I would seek further clarification and explanation from the doctors when they are available.

Another challenge was late assessment by our lecturers. The assessment took place on the last week of the attachment program. We were not sure as students about what the assessment would entail plus if there were any mistakes or corrections to be made, they would only be discovered at the end of the attachment.

Last but not least is lack of clients. During my first three weeks, there would be some days where we would see no clients at all. This would mean that on such days we would be forced to engage in other activities like debriefing or case reviews.

**RECOMMENDA**T**IONS ON HOW** T**O IMPROVE** T**HE A**TT**ACHMEN**T **PROGRAMME**

In order to improve the attachment programme, the following things should be implemented. They include;

Introduce the attachment programme as early as the second year of study. This will ensure students are exposed early enough to practical cases and they can easily relate theory concepts to practical situations in class. They will also learn the importance of mastering all the theories and techniques after determining how crucial they are in the field.

Lecturers should assess the students on attachment at least thrice for maximum learning. If for instance our lecturers could have visited us after the third week and spot our mistakes and guide us on how to correct them, we would be far much better of than just being assessed on our last week with little or no room for rectification of mistakes made.