

The logo for SeAMK, consisting of the text 'SeAMK' in a bold, sans-serif font, followed by a stylized leaf icon to the right. The background of the top half of the cover is a winter scene with snow-covered trees and a bridge over a river.

SeAMK

SEINÄJOEN AMMATTIKORKEAKOULU
SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES

B171

Ilmo Anttila, Helli Kitinoja, Merja Seppälä,
Anitta Juntunen, Helinä Mesiäislehto-Soukka,
Tiina Ojanperä & Kaisa Seppälä (eds.)

Health Africa Network as Promoter of Global Responsibility and Partnerships:

**Establishing and Maintaining Active
Long-term Cooperation Between Finnish
and African Higher Education Institutions**



Publications of Seinäjoki University of Applied Sciences B.
Reports 171

Ilmo Anttila, Helli Kitinoja, Merja Seppälä,
Anitta Juntunen, Helinä Mesiäislehto-Soukka,
Tiina Ojanperä & Kaisa Seppälä (eds.)

Health Africa Network as Promoter of Global Responsibility and Partnerships:

Establishing and Maintaining Active
Long-term Cooperation Between Finnish and
African Higher Education Institutions

25th Anniversary Publication

SeAMK 

SEINÄJOEN AMMATTIKORKEAKOULU
SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES

Seinäjoki 2022

Seinäjoen ammattikorkeakoulun julkaisusarja
Publications of Seinäjoki University of Applied Sciences

A

Tutkimuksia
Research reports

B

Raportteja ja selvityksiä
Reports

C

Oppimateriaaleja
Teaching materials

SeAMK publications:

Seinäjoen ammattikorkeakoulun kirjasto

Kalevankatu 35,
60100 Seinäjoki
p. 040 830 0410
kirjasto@seamk.fi

ISBN 978-952-7317-71-6 (pdf)

ISSN 1797-5573 (pdf)

ISBN 978-952-7317-76-1 (print)

ISSN 1456-1743 (print)

SeAMK 

SEINÄJOEN AMMATTIKORKEAKOULU
SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES

CONTENT

TERMS AND ABBREVIATIONS	10
PREFACE	13

I COMPETENCE DEVELOPMENT THROUGH HEALTH AFRICA PARTNERSHIPS

1.1 Formation and different stages of Health Africa Network

Ilmo Anttila, Merja Seppälä FORMATION OF HEALTH AFRICA NETWORK AND PROJECTS FUNDED BY FINNISH MINISTRY FOR FOREIGN AFFAIRS	21
Christine H. A. Alura HEALTH AFRICA DEVELOPMENT COOPERATION AT 25 YEARS	35
Evelyn Grace Ayot CIU (IHSU) – HADCO COLLABORATION 2010 TO DATE	55
Agatha Christine Onyango MASENO UNIVERSITY AND HEALTH AFRICA DEVELOPMENT CO-OPERATION ORGANIZATION (HADCO) COLLABORATION	66
Helli Kitinoja NORTH-SOUTH-SOUTH PROJECTS IN THE TIMELINE OF HEALTH AFRICA PARTNERSHIP	83
Ilmo Anttila, Merja Seppälä HEALTH AFRICA INTENSIVE COURSES IN NORTH-SOUTH-SOUTH HIGHER EDUCATION INSTITUTION NETWORK PROGRAMME 2004–2015	99
Tiina Ojanperä ERASMUS+ GLOBAL MOBILITY FOR HIGHER EDUCATION – HEALTH AFRICA GLOBAL 2017–2022	113

1.2 Learning experiences of students and stakeholder collaboration in North and South

Kaisa Seppälä, Tiina Ojanperä STRENGTHENING PROFESSIONAL COMPETENCE THROUGH INTERNATIONAL STUDENT EXCHANGE	116
Kaisa Seppälä, Tiina Ojanperä, Linah Oule MY PATH FROM KENYA TO FINLAND	126
Mercy James, Helli Kitinoja LEARNING THROUGH PROJECT DURING STUDENT EXCHANGE: HEALTHY KIDS OF SEINÄJOKI TAMING OBESITY RISK FROM BIRTH	129
Milla Happonen CARING HANDS IN UGANDA	134
Hellen Kamunuga, Erasmus Kamunuga HEALTH AFRICA DEVELOPMENT COOPERATION ORGANIZATION IMPACT IN UGANDA	138

1.3 Collaborative Research and Development

Anitta Juntunen PREPARING FOR EXCHANGE IN AFRICA – EVOKING CULTURAL AWARENESS RELATED TO THE CONCEPT OF RESPECT AS A CARING ACTIVITY IN AFRICAN CONTEXT	142
Helinä Mesiäislehto-Soukka, David Omondi Okeyo SOCIAL AND EMOTIONAL SUPPORT DURING WIVES’ PREGNANCY, CHILDBIRTH AND PUERPERIUM: A COMPARATIVE ANALYSIS OF FINNISH AND KENYAN FATHERS’ EXPERIENCES	148
Helinä Mesiäislehto-Soukka, Sinikka Vainionpää FINAL THESIS PROCESS AS INNOVATION IN INTERNATIONAL DEVELOPMENT WORK	163
Eveliina Yli-Rahnasto, Tanja Hautala, Kristiina Store, Helinä Mesiäislehto-Soukka TREATMENT OF CHRONIC WOUNDS – GUIDE FOR UGANDAN HEALTHCARE	170

1.4 Global Responsibility as a Strategic Aim of Higher Education and Research

Paavo-Petri Ahonen, Iina Soiri, Tiina Vihma-Purovaara FINLAND IN SUPPORT OF AFRICAN POTENTIAL IN HIGHER EDUCATION, RESEARCH AND INNOVATION	182
--	-----

Kaija Pajala 25-YEAR JOURNEY IN THE COLLABORATION BETWEEN FINLAND AND GLOBAL SOUTH	191
--	-----

Helli Kitinoja GLOBAL RESPONSIBILITY AND PARTNERSHIP AS A CORE IN THE JOURNEY FROM THE DEVELOPMENT PROJECTS TO THE JOINT CHALLENGES IN GLOBAL EDUCATION AND RESEARCH	194
--	-----

II 25 YEARS OF COOPERATION WITHIN HEALTH AFRICA NETWORK – PROMOTING HEALTH AND WELLBEING GLOBALLY

ANNIVERSARY SEMINAR OCTOBER 2019

2.1 Introduction to Anniversary Seminar Presentations

Kaisa Seppälä, Tiina Ojanperä 25 YEARS OF COOPERATION WITHIN HEALTH AFRICA NETWORK ANNIVERSARY SEMINAR OCTOBER 2019	207
---	-----

2.2 Health Africa Network in Action during 25 Years

Merja Seppälä OPENING REMARKS	214
---	-----

Marjatta Sjöberg HADCO 25 YEARS GREETINGS FROM GUEST OF HONOUR	216
--	-----

Agatha Christine Onyango MASENO UNIVERSITY AND HEALTH AFRICA DEVELOPMENT CO-OPERATION ORGANIZATION (HADCO) COLLABORATION	218
--	-----

2.3 Exchange Students sharing their Experiences from Uganda, Kenya and Finland

Tuula Mäntylä (Pekkarinen)

ONE OF THE FIRST FINNISH NURSE STUDENTS IN UGANDA IN 1996 221

Ada Skytte, Sarita Tiala

KENYA SPRING 2019 – EXCHANGE EXPERIENCES 223

2.4 Health and Welfare Globally

Kaisu Vinkki

HEALTH AND WELFARE PROMOTION WITH CHILDREN..... 226

Agnes Agwang

COMMUNITY HEALTH NURSING EXPERIENCE – THE CULTURAL PERSPECTIVE..... 229

Anitta Juntunen

COLLABORATIVE APPROACH TO PROMOTE NURSE STUDENTS’ CLINICAL COMPETENCES..... 232

2.5 From Past to Future of Health Africa Network

Helli Kitinoja

TIMELINE FROM THE DEVELOPMENT PROJECTS TO THE PARTNERSHIPS IN GLOBAL EDUCATION..... 234

Ilmo Anttila

CLOSING WORDS 236

III OVERVIEW ON THE HISTORY OF HEALTH AFRICA NETWORK IN NUMBERS AND PHOTOS 1996–2022

Ilmo Anttila, Helli Kitinoja, Merja Seppälä

3.1	Introduction to the Chapter III	247
3.2	Administrators and Projects of Health Africa Cooperation	248
3.3	Student and Staff Mobility	259
3.4	Students' Bachelor Theses	271
3.5	Examples of the Seminars, Learning Materials and Posters	292
3.6	Press Clippings	318
3.7	Photos	325

TERMS AND ABBREVIATIONS

Centria UAS	Centria University of Applied Sciences (Kokkola, Pietarsaari, Ylivieska)
CIMO	Centre for International Mobility, Finland
CIU	Clarke International University, Kampala, Uganda
COP	Central Ostrobothnia Polytechnic (Kokkola, Pietarsaari, Ylivieska)
FOCA	Friends of Children Association, Kampala, Uganda
HADCO	Health Africa Development Cooperation Organization
H/C	Health Centre
Häme UAS (HAMK)	Häme University of Applied Sciences (Hämeenlinna, Forssa, Mustiala (Tammela), Valkeakoski)
HEI	Higher Education Institution
IC	Intensive Course
IHK	International Hospital Kampala, Uganda
IHSU	International Health Sciences University, Kampala, Uganda
JOORTH	Jaramogi Oginga Odinga Teaching and Referral Hospital, Kisumu, Kenya
Kajaani UAS (KAMK)	Kajaani University of Applied Sciences (Kajaani)
Lapland UAS	Lapland University of Applied Sciences (Kemi, Rovaniemi, Tornio)
MFA	Ministry for Foreign Affairs of Finland
MLCW	Mannerheim League for Child Welfare
MOES	Ministry of Education and Sports, Uganda
MOH	Ministry of Health, Uganda
MOU	Memorandum of Understanding
MU	Maseno University, Kenya

NCHE	Uganda National Council for Higher Education
NGO	Non Governmental Organization
N-S-S (NSS)	North-South-South Programme
PCU	Pentecostal Churches of Uganda
PHN	Public Health Nurse
PHNC	Public Health Nurses' College, Kampala Uganda
Seinäjoki UAS (SeAMK)	Seinäjoki University of Applied Sciences
South-Eastern Finland	
UAS (XAMK)	South Eastern University of Applied Sciences (Kotka, Kouvola Mikkeli, Savonlinna)
SPHCD	School of Public Health and Community Development, Maseno University
S-S	South-South
Tampere UAS (TAMK)	Tampere University of Applied Sciences
TASO	The Aids Support Organization
UAS	University of Applied Sciences
Vaasa UAS (VAMK)	Vaasa University of Applied Sciences

PREFACE

Ilmo Anttila, Lic.Phil., M.A., Member of HADCO Board
Finland

Merja Seppälä, M.H.Sc., Senior Lecturer, Chairperson of
HADCO Board
Centria UAS, Finland

Helli Kitinoja, M.H.Sc., RN, Senior Advisor, Global Education
Services, Vice Chair of HADCO Board
Seinäjoki UAS, Finland

This 25-year-anniversary publication is a collection of articles written by multiple authors: university professors, lecturers, students and other cooperating partners from Uganda, Kenya and Finland, and also representatives of the Finnish Central Government.

In the new comprehensive European Union strategy on Africa it has been proposed that the EU scales up EU-Africa academic and scientific cooperation and research. Finland's recently presented Africa Strategy aims at diversifying and deepening Finland's relations with African countries. For instance, trade between African countries and Finland is to be doubled between 2020 and 2030. Furthermore, Finnish Ministry of Education and Culture has launched Global Innovation Networks on Teaching and Learning, where Africa also has an essential role. Thus, Africa is seen as a more and more notable and sought-after cooperation partner on many fronts with considerable opportunities and benefits for all parties to be drawn from such future alliances.

We believe that the present publication can be used as a handbook of learning international interaction and networking. It describes the evolution of a large higher education institutions' consortium in the fields of nursing, health care and social work, and at the same time discusses experiences, cooperation methods and results from joint projects between higher education institutions and individual persons in Eastern Africa and Finland. In humoristic terms one could

say that this publication describes in detail the birth, infancy, toddler period, teenage and maturing adulthood of a unique joint venture that in 1999 was officially named Health Africa Development Cooperation Organization (HADCO). Health Africa Network comprises eight (8) universities of applied sciences in Finland and two African universities: Clarke International University (formerly known as International Health Sciences University) in Kampala Uganda, and Maseno University in Kisumu Kenya.

The potential readers of the present book will not only learn how personal contacts between two to three persons may serve as an incentive to create a bilateral institutional-level relationship that will later develop into a large, long-lasting international entity with a variety of activities and regular interaction. The reader will also be shown the positive permanent impact that student, teacher and staff exchange, cross-cultural learning and networking have on individuals and their communities. Furthermore, this anniversary publication will provide an overview on various challenges faced in North-South collaboration, and what special characteristics are required from the key persons and network coordinators, how cultural dilemmas and some other challenges can be handled, and what the prerequisites of success in Health Africa Network have been. In the publication we are covering the years 1995 to 2020.

It should be noted that there is some overlapping in the contents of certain texts. This is because we wanted the African and Finnish writers to describe their own approaches and opinions on the shared experiences.

The first articles in **Part one** portray from both Finnish and Ugandan perspectives the initial stages of Health Africa Network, and development cooperation projects funded by Finnish Ministry for Foreign Affairs. From 2004 to 2015 HADCO was granted funding within North-South-South (NSS) Higher Education Institution Network Programme. At this stage, Maseno University Kenya had joined the network. The NSS projects as well as intensive courses will be summarized, the results will be briefly discussed and numerically presented in Part three. Students' own learning experiences will also be reviewed with special emphasis on

strengthening professional competence through international mobility. In late 2015 North-South-South Programme came to its end. However, the well-established HADCO network was able to continue functioning thanks to the funding from the new Erasmus+ Global Mobility for Higher Education Programme, and this new funding instrument will also be outlined in the text. Additionally, students' final theses, learning through projects during student exchange, and HADCO's impact in Uganda and Kenya will be briefly reviewed. Towards the end of part one, Finland in support of African potential in higher education, research and innovation will be discussed by D.Sc., Senior Ministerial Adviser Mr. Paavo-Petri Ahonen, Senior Ministerial Adviser Ms. Tiina Vihma-Purovaara from Finnish Ministry of Education and Culture and Education and Science Counsellor Ms. Iina Soiri from Ministry for Foreign Affairs of Finland. The 25-year journey in the collaboration between Finland and Global South will be described by Programme Manager Ms. Kaija Pajala from Finnish National Board of Education.

Part two comprises the presentations given at the Health Africa 25th Anniversary Seminar in Kokkola Finland in October 2019. The participants and presenters were university and hospital administration officials, faculty members, teachers, students and alumni from all three countries, Uganda, Kenya and Finland.

Part three consists of assorted data containing the names of the persons in HADCO Board through the years, the coordinators of the Network, list of projects, numerical mobility data, examples of the seminar programmes and learning materials, list of the bachelor theses commissioned by HADCO, some photos, newspaper articles and posters through the lifespan of HADCO.

The editorial team want to express their warmest thank you to all who contributed to this 25th Anniversary Publication. We wish to express our heartfelt gratitude to the following pioneers and founders of Health Africa Network: Senior Lecturer, Master of Nursing Sciences Ms. Leila Latvasalo, Medical Doctor Ms. Riitta Kujala, Principal Tutor Mrs. Christine Alura, Master of Public Health, Ms. Catherine Othieno and the late Assistant Commissioner Mr. J. K. Gaifuba from Ministry of Health Uganda.

In the 25 years we have had the honour of meeting and working with so many talented, hard-working, and devoted persons in Uganda, Kenya and Finland that it is not possible to list all of their names here. We can but humbly thank Finnish Ministry for Foreign Affairs and Finnish Ministry of Education and Culture, Ugandan Ministry of Health, Ministry of Education and Sports Uganda, Mannerheim League for Child Welfare, and Public Health Nurses' College Kampala who all helped in initiating the development cooperation projects in the early stages of collaboration and later the student and teacher exchange activities between Uganda and Finland.

Vice Chancellors, Rectors, staff members and students of Clarke International University Uganda, Maseno University Kenya and all the eight HADCO member universities of applied sciences in Finland deserve our greatest appreciation, and so do all the hospitals, health centres, orphanages, schools, old people's homes and rehabilitation centres, who kindly offered practical training opportunities to our students in all three countries. At Maseno University Kenya the late Deputy Vice Chancellor Dr. Philip Aduma had even prior to 2004 a clear vision of the value of international partnerships and academic international mobility. His solid support and strong efforts made it easy for us to build a link between HADCO and Maseno University, which link has lasted to this day.

We also truly appreciate Medical Doctor Mr. Erkki Kivimäki and Public Health Nurse Mrs. Leena Kivimäki, who were working as missionaries of Fida International in Uganda. They were always ready to kindly share their Africa expertise and know-how in everyday practical matters during the Finnish students' and teachers' very first trips to Kampala.

Their contribution promoted the overall learning process within and outside “HADCO family”. We also extend our warmest thanks to Mrs. Hellen and Mr. Erasmus Kamunuga in Kampala, who have always been there for our HADCO students and teachers.

There is a famous African proverb saying: *If you want to go fast, go alone, if you want to go far, go together.* We have indeed walked a long way together, and many of us remember that in the beginning one could see just a hardly visible narrow path in the savannah grass or only a few faint footprints in arctic winter snow. And a few times, a minor rockslide or an avalanche forced us to find alternative routes for our journey. But together we always found our way forward, and finally reached up to the hilltop where we were able to sit down and look back on what we had accomplished. But every time we also eagerly gazed at the next valley with heat waves rippling up towards the skyline, and beyond the valley one could see an even more beautiful, lavishly green hill with a range of majestic mountains at the background to be conquered.

It is the editorial team’s sincere hope that this publication will serve as a traditional compass helping even an inexperienced reader to decide which direction to take in his/her own current or future international networking effort. Furthermore, it might also function as a handy modern GPS device indicating where exactly and in what kind of terrain the reader is now positioned in his ongoing internationalization process.

The Editorial Team

Ilmo Anttila, Anitta Juntunen, Helli Kitinoja,
Helinä Mesiäislehto-Soukka, Tiina Ojanperä,
Kaisa Seppälä, Merja Seppälä



I

**COMPETENCE
DEVELOPMENT
THROUGH
HEALTH AFRICA
PARTNERSHIPS**

1.1 Formation and different stages of Health Africa Network

FORMATION OF HEALTH AFRICA NETWORK AND PROJECTS FUNDED BY FINNISH MINISTRY FOR FOREIGN AFFAIRS

Ilmo Anttila, Lic.Phil., M.A., Member of HADCO Board
Finland

Merja Seppälä, M.H.Sc., Senior Lecturer, Chairperson of HADCO Board
Centria UAS, Finland

1 INTRODUCTION

In early 1990's in Finland a new emphasis was placed on internationalizing of higher education. Since 1994 offering students opportunities to pursue studies abroad became one of the main objectives of this internationalization process. (Opetusministeriö, 2009.) Consequently, the search for new international partners was started also in the Degree Programme of Health Care and Social Work at Central Ostrobothnia University of Applied Sciences in Kokkola. Because Senior Lecturer, International Coordinator Ms. Leila Latvasalo had worked 7 years in development cooperation work in Kenya, it was natural for her to focus on East African countries.

During the initial phase of Uganda cooperation, a FIDA Project Leader Dr. Erkki Kivimäki and his wife Leena were living on Mbuya Hill Kampala. It was the Kivimäki family whom Leila Latvasalo knew from before, and she contacted them to plan her very first visit to Kampala in 1995. Through them Leila became connected with the three other ladies, Dr. Riitta Kujala, Principal Tutor Christine Alura and Health Educator Catherine

Othieno, and the joint planning of potential future cooperation was started. Later the Kivimäkis significantly contributed to and promoted HADCO exchange activities by offering e.g., accommodation, meals and transport to the newly arrived students and teachers. The Finnish groups also received valuable advice from them whenever they needed. In addition, when the Project decided to purchase a minibus, Dr. Erkki was the person who successfully led us through the rather complicated vehicle importing and registration processes. After the minibus had arrived, it was preserved on Mbuya Hill under his surveillance during the periods when there were no Finnish students in Uganda.

In early 1996 the first group of students from Kokkola travelled to Uganda for the very first three-month exchange period, supervised by their tutor Ms. Leila Latvasalo. Their training sites included Kiyeyi Health Centre in Eastern Uganda and Nsambya Hospital in Kampala.

Even before these first exchange experiences Dr. Riitta Kujala had started to receive an increasing number of inquiries concerning exchange opportunities between Finnish and Ugandan higher education institutions. Thus, there was a clear need for a cooperative and coordinating body. On the initiative of Dr. Riitta, she and Senior Lecturers Leila Latvasalo and Merja Seppälä from Kokkola and Hannele Myllymäki from Loimaa College of Social and Health Care decided to create a network in Finland whose aim would be to coordinate student and teacher exchange activities between Uganda and Finland. Thirteen (13) Finnish institutes of health care and social work education joined the new cooperative body which was at that time called Uganda Network. It was officially established 13th August 1996. In 1997 the Network was named Health Africa Project. For the first 5 years three senior lecturers in Kokkola, Ms. Leila Latvasalo, Ms. Merja Seppälä and Mr. Ilmo Anttila worked as the network coordinators. Back in those days the methods of communications between and within Uganda and Finland were ordinary letters by post, fax messaging, face-to-face meetings and landline telephone calls.

Mannerheim League for Child Welfare (MLCW) was until the year 2001 an integral part of Uganda Network activities. Under the umbrella of MLCW the Health Africa Network was granted project funding during 1998–2001.



Picture 1. Visit from Uganda to Seinäjoki. In the front Riitta Kujala, Catherine Othieno and Leila Latvasalo. At the back: Marja Toukola, Helli Kitinoja, Merja Seppälä, Ilmo Anttila, Marjatta Sjöberg, Raili Keisala-Kurki. (photo: Seinäjoki UAS 2000.)

2 FIRST HADCO PROJECT: PROMOTION OF PRIMARY HEALTH CARE AND PUBLIC HEALTH NURSE TRAINING IN UGANDA

The aims of this project were:

- to regularize PHN training in Uganda and gradually increase the number of graduating students
- to improve health status among local inhabitants living in Nabuyoga subcounty (32 villages) in Tororo District near Kenyan border, comprising the area under Kiyeyi Teaching Health Centre by reducing AIDS, child and infant mortality through health education and immunizations
- to develop curricula and teaching methods at Public Health Nurses' College in Kampala in cooperation with local teachers and experts. To renovate the school building and library, and acquire teaching materials.

After the detailed project plan was designed and approved, it was possible for HADCO to send Finnish trainees of social and health care to Public Health Nurses' College (PHNC) to do parts of their field training not only in Kampala area but also in Kiyeyi Village.

As was mentioned earlier, Mrs. Christine Alura, Principal Tutor of Public Health Nurses' College, the Finnish Medical Doctor Ms. Riitta Kujala at that time working for MLCW and a Ugandan Health Educator Mrs. Catherine Othieno, were the three key figures enabling this new international student and teacher exchange to begin and run smoothly. The three ladies spared no efforts to guide, orientate and to adapt the Finnish students to the African culture and working environment, every time a new Finnish student trainee group arrived in Kampala and moved to their PHNC training sites in Kampala and later to Kiyeyi Village. The Finnish students were acting as voluntary workers of the projects. They conducted the various hands-on activities and thus ran the projects towards their goals.

Two other HADCO key persons in Kampala were MBA, PCU Project Coordinator Mrs. Hellen Kamunuga and her husband Senior Lecturer Mr. Erasmus Kamunuga. In 2002 Hellen was asked to start working for HADCO as the Project Accountant in Uganda. Since that year Mrs. Hellen has done outstanding work, performing accurate accounting and reporting to HADCO Network, and conducting and overseeing a myriad of financial transactions. Similarly, Mr. Erasmus has always been available to various assignments also outside office hours, even during early morning hours e.g., meeting incoming students at Entebbe Airport and providing them safe journeys to Kampala. He has also organized student transportations during exchange periods, promoted students' orientation, and advised them in their daily lives, and monitored Kibuuka piggyery project, just to mention a few of his contributions.

3 KIYEYI EXPERIENCE

Kiyeyi Village is situated in North-Eastern Uganda near Kenyan border, and the nearest town is Tororo. In Kiyeyi the Finnish students were

kindly allowed to be accommodated in the three detached houses built by Mannerheim League for Child Welfare. As concerns students' professional development, in addition to doing their regular clinical training at Kiyeyi Health Centre, this rural placement offered several other unique learning experiences such as outreach clinics with hands-on procedures, e.g., monitoring and immunizing of babies and children, and also conducting immunization surveys among local families. The surveys were done by walking in pairs (each pair assisted by an interpreter) from village to village and by visiting every household for checking their children's immunization cards, which results were later drawn into comprehensive immunization coverage statistics by Dr. Riitta Kujala.

During Finnish student groups' periods in Kiyeyi, fresh foodstuff and other daily services were purchased from local people, which enhanced their livelihoods and served as an incentive to run their small business activities. Some other examples of HADCO's material support to Kiyeyi Community and their Health Center were: purchasing and assembling a new electric, Grundfoss water pump to the freshwater well. There was also an effort to assemble a large modern plastic water container to replace the old dilapidated one, in order to pressurize the water in the freshwater pipe system of the village health centre area. However, even though the container had already been purchased and transported on site, this effort failed due to political issues among and between local authorities.

4 REGISTERING THE NETWORK

In late 1999 the group of Finnish network member teachers in Finland decided to register the network. One of the network coordinators Senior Lecturer Mr. Ilmo Anttila drafted the NGO Rules and Constitution and took charge of all communications with the Finnish Patent and Registration Office (PRH). The Registering was approved 23rd December 1999, and the new NGO became known as Health Africa Development Cooperation Organization HADCO. Ms. Leila Latvasalo was elected the very first Chairperson. The new NGO was now independently able

to apply for development cooperation project funding for the already ongoing HADCO project that had previously been conducted in excellent cooperation with Mannerheim League for Child Welfare. Subsequently, the money was granted to the project until the end of 2003.

5 TWO LOCAL KEY PERSONS IN UGANDA IN THE EARLY STAGES OF COOPERATION

As mentioned earlier, Ms. Riitta Kujala is a Medical Doctor and a real pioneer of Finland-Uganda cooperation. With the help of her contacts in Kampala the initial steps were taken in 1994 to build up Uganda network. Dr. Riitta had started her work in Uganda in 1986 for Mannerheim League for Child Welfare and continued until 2001. During the years 2001–2013 she worked for Solidarity Foundation Uganda. Her groundbreaking work in Kiyeyi Village in Eastern Uganda included working as a doctor in Kiyeyi Health Centre with novel child welfare and family counseling clinics.

Another key person and Dr. Riitta's counterpart was Mrs. Catherine (Kata) Othieno. Through their innovating and persistent endeavours Riitta and Kata have e.g., promoted empowering women and gender equality, sex education and child welfare. For this purpose Kata later founded an NGO called Concern for Children and Women Empowerment (COFCAWE).

Throughout its early years HADCO received indispensable help from Dr. Riitta and Mrs. Kata, not only in the form of their orientating and sensitizing of Finnish exchange teachers and students in Ugandan culture and work environment, but also guiding and helping in various concrete challenges that they could face in everyday life. Mrs. Catherine Othieno, for example, gave Finnish students basic language courses in local dialects and also trained them how to interact with clients in rural clinics, villages and home nursing.

6 SECOND HADCO PROJECT: WELLBEING IN THE VILLAGE COMMUNITY 2005–2011

As described above, from the year 2001 onwards HADCO applied for its funding independently, and the money granted by The Finnish Ministry for Foreign Affairs were used from 2005 until the end of the year 2010 to implement a new HADCO project called *Wellbeing in the Village Community*. The project was initiated by PHNC Principal Tutor Mrs. Christine Alura.

In Wellbeing in the Village Project located in Kibuuka / Mpigi area the project aim was to promote health and wellbeing of the village community through school health and family health programmes. The pupils at Kibuuka Memorial Primary and Secondary School and also their families in the surrounding community were the main target groups.

Another objective of the Project was the development of Kampala Public Health Nurses' College curriculum on school health and health education.

As the initial step to enhance the wellbeing, Public Health Nurse Mrs. Consolata Iyogil was employed by HADCO to work as the very first School Nurse at Kibuuka Primary School from 1st January 2006 onwards. Since there were no facilities for School Health activities, her work was started outdoors on the school yard under a big tree. In late 2006 a small room was renovated, into which the Project could gradually start to acquire some instruments and equipment for the use of school health care. Health Education classes were launched and all the 600 children of the school underwent health check-ups. Curative clinic attendance was between 100 to 200 children depending on the month.

During the year 2007 swift progress was made: As part of the HADCO project a large dining hall for the pupils was constructed in February. During the construction process a Finnish Construction Engineering student from Seinäjoki UAS worked as the on-site Construction Supervisor. Sanitation was improved and hand washing facilities supplied. Four (4) large water tanks were provided. Roof gutters which

were used in the collection of clean rainwater were also purchased and assembled. The school kitchen annexed to the dining hall enabled the cook to prepare warm school meals, and the pupils started to receive warm meals 5th March 2007.



Picture 2. Pupils queuing for their school meals in the new dining hall at Kibuuka Memorial Primary School (photo: Merja Seppälä 2007).

In accordance with the Project Plan this became a regular procedure, and about 600 primary school pupils enjoyed one porridge meal per day. In 2008 the joint efforts in school health care and the provision of daily school meals had had a favourable impact on the pupils, which manifested itself as reduced ill-health and absenteeism. Even though pupils still suffered from malaria and other tropical diseases, now they recuperated better, and were able to return to school sooner.

A new proper School Health Clinic consisting of two shipping containers was designed, built and finished in September 2007. The clinic consisted of school health nurse's office, pharmacy, two examination rooms and one room for health education. New instruments and equipment such

as beds and mattresses were purchased. The clinic was first of its kind in Uganda. The School Nurse Consolata Iyogil was now able on daily basis to receive pupils of Kibuuka Memorial Primary School and Kibuuka Memorial Secondary School, and she continued in the post until late 2008. In September 2008 health check-ups were conducted to 400 pupils. Also Public Health Nurses' College teachers and students as well as Finnish tutors and exchange students performed these check-ups and other procedures in health care and nutrition.

In 2010 School Health Clinic was open every school day, and 700 pupils visited the clinic by the end of July during that year. Pupils' parents contributed to the Project for example by bringing firewood to the school kitchen.



Picture 3. School Nurse, PHN Consolata Iyogil, Kibuuka School Health Clinic, Mpigi, Uganda (photo: Merja Seppälä 2007).

7 EXIT STRATEGY: THE PIGGERY PROJECT

In a negotiation with Primary School Headmistress Mrs. Joyce Nansubuga and Secondary School Headmaster Mr. Domenick Otucet it was agreed that before the HADCO Project comes to an end, two “piggery co-ops” should be founded. They would be able to generate small income and thus support the continuation of school health and nutrition activities.

Consequently, during the year 2010 the two piggery sheds were constructed in the compounds of both Primary and Secondary School, and 20 piglets were purchased for each of them. In early August, during a monitoring visit by Mr. Erasmus Kamunuga he learnt that the piglets were 4 months old and in good health. Parents in the community were helping in the maintenance of the piggery

8 MAJOR CHALLENGES AT THE FINAL PHASE OF THE PROJECT

In the original project plan the idea had been that Public Health Nurses’ College (PHNC) would take on the overall responsibility for running the Project after HADCO’s withdrawal from the activities. However, there was a sudden change of PHNC Principal Tutor, which caused an abrupt drying up of all cooperation, and consequently, the activities of Project Plan could not be implemented any longer. Intense negotiations were conducted by HADCO with a representative of Ugandan Ministry of Education and Sports, but, sadly, it was not possible to persuade the new Principal Tutor to join the Project. The former Principal Tutor Mrs. Christine Alura had been the key person and main driving force also as regards Mpigi Health Centre and Kibuuka Schools. Sadly, transferring her to another district paralyzed the project activities during the year 2010. As the result, just a small fraction was spent in that year of the funding that had been granted for the Project, and the unused money was returned by HADCO to the Finnish Ministry.

However, with the kind help from Christine Alura, HADCO was able to start negotiations with International Health Sciences University in

Kampala, whose curriculum also included modules linked with School Health. The aim of the negotiations was to replace the PHNC that had become passive and backed away from cooperation.

9 LESSONS LEARNT

Pre-orientation days and behaviour rules for students

In HADCO Finland it was considered necessary to organize some form of orientation to the outgoing exchange students. This idea was developed further into two mandatory orientation days, the first day concentrating on more general information on the target country, its culture, work environments and potential health hazards such as malaria. The orientation day has been held about six months before departure. The second orientation takes place one month prior to the journey to Africa, and contains more detailed information on e.g., travel arrangements, accommodations, visas, contact addresses etc.

Relatively early when a regular exchange of nurse, public health nurse and social work students had started and HADCO had sent student groups from Finland to Uganda, it became obvious to the Finnish coordinators that due to the great cultural differences there was a need for a written set of behaviour rules and a contract to be signed by each outgoing Finnish student and their home universities. Accordingly, two official HADCO documents were designed and have been in use ever since. The documents aim at promoting students' attention on security and their concentrating on the studies and training assignments in accordance with Ugandan host institution's instructions.

Importance of Memorandum of Understanding

At the initial stages of the cooperation Uganda Network was lucky in many respects:

Because the Finnish Ministry for Foreign Affairs was the main supplier of funds, it was of paramount importance that Uganda Network and HADCO built equally solid and close relationships with the Ugandan Ministry of Health and later with Ugandan Ministry of Education and Sports. Here Principal Tutor Mrs. Christine Alura played the crucial

role in connecting us with the high-ranking authorities at ministerial level, by for example organizing the very first meetings in the Ministries between HADCO representatives and Assistant Commissioners J.K. Gaifuba and Henry Francis Okinyal. The two gentlemen became the leading members of the HADCO Steering Committee, and later keenly participated in our activities and also visited Finland. Over the years Christine organized for the Finnish student groups and their tutors several courtesy calls and informal meetings at the Ministry in Kampala.

10 SOME PERSONAL CHARACTERISTICS NECESSARY IN THE MANAGEMENT OF AN INTER-CONTINENTAL HIGHER EDUCATION NETWORK

The writers of the present chapter worked as Network Coordinators for the very first five years of HADCO and, after Leila Latvasalo's retirement, Merja has continued as the Chairperson of HADCO NGO until present day. She was also the Academic Project Coordinator during CIMO's North-South-South Programme 2004–2015. Ilmo Anttila has been Board member, Project Manager in the two Ministry-funded projects, and one of the organizers of the five North-South-South intensive courses in Uganda and Kenya.

Here is a list of personal qualities that have proven to be needed:

- It helps if you are open-minded when facing unforeseen new situations, and have sensitivity and sense of humor.
- You should have perseverance, patience and diplomacy, and be able to cope with stressful situations both in Finland and abroad.
- You should be ready to be available 24/7 during individual or societal crises, to try and predict potential threats before, during or after political elections in Africa and stay updated and follow individual communication and/or international news agencies in real time.
- Be able to make decisions together with African partners in case of an outbreak of a dangerous disease (e.g., Ebola, Marburg) and move students to another safer location.

- To respond to various, often contradictory claims from the part of exchange students' families, relatives and friends in Finland.
- To be willing to host African exchange students, teachers and staff members and take care of their wellbeing, especially in the Finnish hostile winter weather and temperatures below zero. You cannot assume that your guests are properly equipped or that they can cope in a similar way as those coming from e.g., Central Europe.
- To try and find new solutions in sudden changes of key staff members.
- For the last few years there have been big challenges in organizing practical work placements for exchange students in Finland.
- Successful running of a large network like HADCO is challenging but rewarding, a prerequisite for the great success has been mutual trust between all network members.

11 THE IMPACT OF AFRICA-COOPERATION ON THE WRITERS' OWN DEVELOPMENT AND LEARNING

“The eye never forgets what the heart has seen.”
(African proverb)

It would be difficult to give an all-embracing description of the impact that HADCO cooperation with Uganda and Kenya has had on our professional development and personal lives due to the abundance of learning situations throughout the years. Some of the most memorable experiences have been the following:

- learning about the warmth and kindness of African people, about the beautiful nature, charismatic and majestic animals, abundance of delicious fruits, plants and flowering trees in all colors in Africa,
- learning about cultures, traditions, values, and ways of life,
- learning about happiness and joy, appreciating life as it is today,
- learning about generosity, about sharing whatever little you have,

- learning to know many, wonderful persons and getting new friends,
- learning about the very high-quality teaching, learning and research in African educational institutions,
- learning about ingenious creativity in circumstances where there are not necessarily modern technical equipment or instruments at hand to help you,
- learning about not worrying too much in advance, “it’s tomorrow and everything’s going to be all right”,
- learning about oneself, one’s own values and view of life.



Picture 4. Evaluation visit by Ilmo Anttila, Merja Seppälä and Helli Kitinoja. Outside Dining Hall of Kibuuka Memorial Primary School, Mpigi, Uganda. (photo: Pirkko Mellin 2008.)

BIBLIOGRAPHY

Opetusministeriö. 2009. *Korkeakoulujen kansainvälistymisstrategia 2009–2015* (Opetusministeriön julkaisuja 2009:21). <http://urn.fi/URN:ISBN:978-952-485-716-1>

HEALTH AFRICA DEVELOPMENT COOPERATION AT 25 YEARS

Christine H. A. Alura, M.Ed., M.Ph.Sc., Public Health Nurse Tutor
Uganda

1 BRIEF HISTORY

Health Africa Development Cooperation Organization, now popularly known as HADCO, was born in 1995, under a tree, in the home of Dr. Riitta Kujala, in a city suburb of Mbuya, Nakawa division, Kampala, Uganda.

Visit by Leila Latvasalo: (late 1995)

It was one bright summer morning in 1995, that I get a phone call from Dr. Riitta Kujala, then working as a project doctor with Mannerheim League of Child Welfare (MLCW) in Kiyeyi Primary Health Care Project in Tororo district saying: *“I have a visiting PHN Tutor from Finland in my house, would you like to meet her?”* my response was instant and to the affirmative, *“Oh yes! I would love to meet her and talk about PHN training!”* At the time, I was the Principal, Public Health Nurses College, under Ministry of Health, the only institution training PHNs, in Uganda. The following day I worked half day and in the afternoon headed to Dr. Riitta’s Kampala house in Mbuya, to meet the guest. The visitor turned out to be Ms Leila Latvasalo, senior lecturer, Central Ostrobothnia Polytechnic (COP), today known as Centria University of Applied Sciences. I went with a mind of what we could do together.

There Leila and I met as strangers. However, it was easy for us to find a common ground for our discussion since both of us were Public health Nurse Teachers, sharing a common interest in training of public health nurses. We discussed the similarities and differences of in training PHNs in Finland and Uganda. After a two-hour discussion, we were both convinced that our institutions could collaborate and learn from each other in running our programmes. The meeting resulted in a

tentative agreement on cooperation between PHNC in Uganda and COP in Finland and a preliminary agreement on starting a student and teacher exchange programme.

Behaving like teachers that we are, we gave ourselves take home assignments, and after all we were the only students of our own class! Leila was to go back and talk to her colleagues in Kokkola and other institutions training PHNs in Finland about the potential collaboration, as a way of marketing the idea. Christine was to do the same in Uganda. We were both to further think through the possible operational strategy in case the idea was bought by our institutions. At the end of the meeting, we parted as close professional colleagues with a common goal, determined to work together and more importantly with a rough picture of what we thought we could collaboratively do together in improving the training of Public Health Nurses in our respective countries! Thereafter, a lot of communication ensued between us, those days, much of it by fax.



Picture 1. Principal Tutor Christine H. A. Alura and Finnish Tutor Leila Latvasalo in Uganda (photo: Christine Alura 1996).

2 THE BIRTH OF HADCO

By spring of 1997, I had an invitation to travel to Finland. I requested that the invitation be extended to a Ministry of health official for policy buy in. This idea was bought by the Finnish colleagues, who funded a six-week trip for me and Mr. Jonathan K. Gaifuba (RIP), then commissioner in charge of Primary Health Care at Ministry of Health in Uganda. We visited a total of eight (8) institutions, exploring the possibility of collaboration. The six weeks visit was crowned with a planning meeting and a preliminary MOU signed between Uganda and Finland.



Picture 2. Mr. J. K. Gaifuba and Mrs. Christine H. A. Alura visiting Kokkola. On the left Mrs. Pirkko Mellin, on the right Ms. Liisa Mellin and Mr. Ilmo Anttila. (photo: Merja Seppälä 1997.)

The Memorandum of Understanding MOU

At first, it was not clear at which level the MOU would be signed, operational (training institutions) or policy (Ministry) level. There was a back and forth discussion on this. Afterwards, it became necessary for the institutions in Finland to form a united body under which they could operate, today known as Health Africa Development Cooperation Organization as an NGO, and Public health Nurses College to be represented by Ministry of Health as its mother ministry by then. Next was the drafting of the MOU between the two bodies, which took a

short while. Next was the official signing of the MOU. In September of 1997, the first MOU had been formally signed. This opened the door to the North – South (N-S) collaboration. To me this was a golden break through that I celebrate to date!

Objective of the Cooperation

The overall objective of the joint activities is to

1. Maintain, support and develop cooperation in the fields of social and health care education between Uganda and Finland. The project also aims at raising the standards and improving the quality of social and health care in those countries.
2. Exchange information, share experiences and expertise, and promote the professional development of social and health care students and teachers through international and intercultural cooperation.
3. In practical terms the collaboration meant student mobility, teaching staff mobility, applied research and the development of curricula, course contents, teaching methods and materials, and all joint projects aimed at promoting social and health care education.

3 THE UGANDA EXPERIENCE

By February 1997, the first student and teacher exchange programme started. Uganda hosted the first team of 8 students and 2 teachers from Finland for a three month practical experience. Based on their professional specialties, they were placed in Kiyeyi Primary Health Care training centre for PHC experience and in other organizations in Kampala. In May 1998, the first two Ugandan students travelled to Finland for a three months practical attachment. This was a learning experience for the teachers as well on how to manage the network activities. In 1998, the Health Training Institutions were transferred from MOH to Ministry of Education and Sports (MOE&S). This therefore necessitated signing another MOU with the new Ministry supervising the PHNC. This was coordinated meanwhile the student/ teacher exchange continued under the previous MOU. A new MOU between HADCO and MOES was signed 2nd August 2002.

Over the years, the activities of the Uganda–HADCO network collaboration were drawn from the respective training curricula and included theory lessons and practicum placement of students for hands on training. Others included teacher exchange, facilitating a hybrid of curriculum coverage, staff capacity building, and implementation of PHC components within the services communities and educational institutions. A summary of the activities are presented below.

For over two decades now, many students from Finland and from different professional disciplines expressed interest to have placement in Uganda. This meant identifying more practicum sites.

Students practiced in hospitals like Mulago, Nsambya, Mengo, Tororo. Non- Government organizations included Friends of Children (FOCA), The Aids Support Organization (TASO) in Tororo etc. Specialized educational institutions such as the Physically Handicapped School in Mengo, School for the deaf in Ntinda, School for the mentally handicapped in Kireka, Kampilingisa Rehabilitation centre for street children, Community settings like the family settings were also used for home visiting. All these formed the practicum study areas for the Ugandan and Finnish students. The teachers provided the goals and supervised the students learning.

4 STUDENT AND TEACHER MOBILITY FROM UGANDA

Before the signing of an MOU between MOH in Uganda and Finland, COP had started placing their students for practicum training in Kiyeyi, Uganda from way back in 1994. In 1995, Dr Riitta Kujala (MLCW) and Health Educator Catherine Othieno (MOH) visited COP in Kokkola.

The teacher and student mobility under the formal HADCO collaboration started in 1997 and ran as indicated below.

Teacher mobility

1997: Christine H. A. Alura, Principal Public Health Nurses' College and Mr. J. K. Gaifuba (RIP), Assistant Commissioner Ministry of Health visited the Uganda Network partners in Finland for six weeks. This was crowned with a discussion between the partners. A preliminary official cooperation agreement was signed during the visit.

1998: S. C. Odongo-Okino, Principal Health Training Officer from Ministry of Health and R. Mayanja, Deputy Principal of Public Health Nurses' College visited the Network's Universities and partners.

2001: Mr. F. H. Okinyal, Commissioner from Ministry of Education and Sports and Mrs Joanina Ococi-Jungala, Teacher of Public Health Nurses' College visited the Network's Universities and partners.

2003: Mrs. Juliet Tumuheirwe, Director of Friends of Children Association (FOCA), from Kampala visited the Network's Universities and partners.

2005: Mrs. Christine H. A. Alura, Principal Public Health Nurses' College from Kampala and Mrs. Florence Tibiwa, Registered Nurse from Mpigi visited the Network's colleges and partners. The team gave guest lectures on *Health Promotion in Developing Countries* at STADIA Polytechnic and at Seinäjoki Polytechnic. Those lessons were also broadcasted to other Health Africa – project's Polytechnics through video. The two were also keynote speakers at Health Africa Seminar II at Kajaani Polytechnic.

2006: PHN Consolata Iyogil from Kibuuka Primary School in Mpigi and Dr. Innocent Lule Ssegamwenge from Mpigi Health Centre visited Network's universities and partners

2008: Ms. Irene Ndazizaale from PHNC and Mrs. Joy Mwesigwa, Director Kampala School for the Physically Handicapped visited the Network's Universities and partners.

Student mobility

Between 2000–2007: A total of 17 students from Public Health Nurses' College had their study placements lasting 2–3 months, in different member universities of applied sciences in Finland.

5 HADCO PROJECTS FUNDED BY MINISTRY FOR FOREIGN AFFAIRS FINLAND

Under the umbrella of Mannerheim League for Child Welfare the Health Africa Network was granted project funding during 1998–2001. First HADCO Project was *Promotion of Primary Health Care and Public Health Nurse (Health Visitor) Training in Uganda*.

After the detailed project plan was designed and approved, it was possible for HADCO to send Finnish students of social and health care to Public Health Nurses' College (PHNC) to do parts of their field training not only in Kampala area but also in Kiyeyi Village.

HADCO Project: Wellbeing in the Village Community 2005–2011

With concerted effort and commitment from colleagues in the network, we agreed to start a joint training project that would benefit both the Network institutions and the local host communities. Working with the district officials in Mpigi district, we started a project code named: "Wellbeing in the Village Community" project. The overall goal is to promote the well-being of the village community through the school health and family health programmes.

In the years 2005–2006: A baseline survey was done on the health needs in the school and in the community concerning school health, health education and nutrition. A plan of action was drawn, based on the findings of the baseline survey.



Picture 3. HADCO Meeting at Public Health Nurse's College, Kampala, planning new activities. From the left: Christine H. A. Alura, Joanina Ococi-Jungala, Abala Mundu, Riitta Kujala, Henry F. Okinyal, J. K.Gaifuba and Ilmo Anttila. (photo: Merja Seppälä 2005.)

In the years 2006–2008

Actual implementation and continuous monitoring of the project took place with involvement of multiple stakeholders. PHNC in collaboration with Mpigi District took the overall responsibility of organizing and coordinating the activities locally and provided the technical oversight for the project. The college staff provided local and cultural knowledge and skills to Finnish cooperative partners, sensitized and mobilized the local population, identified the key resource persons in educational institutions, health centres and the community. This project had a number of activities among which were the following:

School Health Activities

School Health Outreaches around Mpigi community. Health education, Environmental inspections and health screening were regularly conducted in schools within Mpigi catchment area. This created awareness on health issues including immunization of the under-fives, schoolgirls and women of child-bearing age.

In 2005, Christine's research study on "Safety Promotion and Injury Prevention in Government Aided Primary Schools in Kampala District, provided insight to starting a Model School Health Programme. A baseline survey was conducted in five selected schools in Mpigi district. This programme was later to be officially launched.

In Jan 2006 HADCO employed PHN, Mrs. Consolta Iyogil, herself a graduate of the PHNC who started a school health clinic for the two schools of Kibuuka Memorial Primary and Kibuuka Memorial Secondary schools. The school clinic was built, equipped and the PHN managed it. The school health activities included: health education, treatment of minor ailments for both students and teachers, nutrition, provision of safe water, school environment inspection, First Aid training for students, teachers and community representatives. This programme was officially launched on 16th October 2007. It also formed a school health training programme for both the Finnish and Ugandan students. The school health programme drastically reduced sickness absenteeism among the students and teachers, which impacted positively on academic achievement. The Mpigi school health project is still a training ground for the Ugandan and Finnish students.

The Water & Sanitation Subproject

The Two schools being up the hill and off the town area, were challenged with access to safe water, for the students and the teaching staff.



Picture 4. Water Tank Kibuuka Schools, Mpigi, Uganda (photo: Merja Seppälä 2008).

Safety Promotion and Injury Prevention

Under this activity, students of Kibuuka memorial Primary and Secondary Schools were sensitized on safe games to promote and which ones to avoid that can lead to injuries. The student representatives, teachers and community leaders were trained on First Aid and awarded First Aid certificates in recognition of their training.

Health Screening

On annual basis, a health screening exercise was conducted by both the PHN and Finnish students and teachers, in collaboration with the Mpigi medical team for both students and teachers for early identification of and to rule out dental, eye, skin conditions and nutrition issues. Cases of anaemia, malaria, sexual and reproductive health were also handled.

Guidance and counselling

Guidance and counselling sessions were regularly conducted by the school nurse, especially for the secondary school students, being adolescents.



Picture 5. School Nurse, PHN Consolata Iyogil giving Health Education to pupils, Kibuuka Memorial Primary School, Dining Hall, Mpigi, Uganda (photo: Merja Seppälä 2008).

Nutrition Subproject

In 2007, a nutrition subproject was initiated in Kibuuka memorial Primary school, to provide porridge for the early childhood classes and lunch for the rest of the upper classes. This greatly improved school attendance and performance



Picture 6. Kibuuka Memorial Primary School, parents' meeting (photo Merja Seppälä 2008).

The Piggery as Exit Strategy

As a way of sustainability for the Wellbeing in the Village Project (exit strategy), a need was seen for some Income Generating Activities (IGAs) for the two Kibuuka schools. The two schools identified pig farming as a feasible source of income for this purpose.

In the years 2009–2010 an evaluation of the project was done. The results were encouragingly good and were shared to all stakeholders including the funders.



Picture 7. Thriving piggyery in Kibuuka Primary School (photo: Ilmo Anttila 2011).

North-South-South Intensive courses / Scientific Conferences

The first HADCO Scientific conference was held in 2008, hosted by PHNC in Uganda. HADCO has since then organized bi-annual conferences, hosted in the S-S countries of Uganda and Kenya.



Picture 8. Health Africa 1st NSS Intensive Course hosted by Principal Tutor, Mrs. Christine H. A. Alura, Opening Ceremony, Kampala (photo: Ilmo Anttila 2008).

Staff Development

HADCO contributed to capacity building of staff of PHNC in the following academic programmes:

Bachelor of Education, M.Ed, M.Ph.Sc: Mrs. H. A. Christine Alura

Diploma in Secretarial studies, Bachelor in Administrative & Secretarial science Ms. Irene Ndazizaale

Provision of equipment, educational materials and supplies.

HADCO provided the following support

Public Health Nurses' College:

Computers, LCD projectors, photocopier, text books, mattresses

Fencing of the three (3) acre school compound

Kibuuka Memorial Secondary School:

Computers and text books



Picture 9. Computer classroom in Kibuuka Secondary School. Ms. Merja Seppälä, Headmaster Mr. Dominick Otucet and ICT Specialist. (photo: Ilmo Anttila 2010.)

Growth of the Network

2004 Maseno University in Kenya joined the network, creating the now N-S-S network collaboration.

2009 Christine Alura was transferred out of PHNC to Masaka School of Comprehensive Nursing. HADCO envisaged the change of administration to a non-technical person in this institution as a draw back to the collaboration. There was therefore a transfer of collaboration from PHNC, to a new institution.

2010 International Health Sciences University IHSU, now Clarke International University CIU) joined the network, expanding the S-S institutions

2011 Building on the HADCO experience, two former HADCO coordinators in Uganda & Finland (Christine Alura and Raili Kurki), while working in new institutions outside the HADCO network, started a new network collaboration between Masaka School of Comprehensive Nursing and SEDU in Seinajoki, Finland. This network is still functional to date.

Achievements

1. Involvement of policy decision makers at ministry level.
2. MOU- This has continued to be renewed over the years.
3. Student mobility between Uganda and Finland for over 500 students.
4. Teacher mobility for over 80 teachers from Uganda and Finland.
5. Growth of the network to include Maseno University in Kenya and Clarke International University in Uganda.
6. Intensive courses/ scientific conferences that have been held in the S-S countries (Uganda and Kenya) every two years from 2008–2014.



Picture 10. NSS 1st Intensive Course Principal Tutor, Mrs. Christine H. A. Alura giving presentation, Kampala, Uganda (photo: Merja Seppälä 2008).



Picture 11. Health Africa 1st NSS Intensive Course participants, Kampala, Uganda (photo: Ilmo Anttila 2008).

7. Scholastic and development support – PHNC & Kibuuka secondary school got support in form of educational materials and supplies.
8. Scholarship support for some of the staff at PHNC.
9. Improved water supply system in Kiyeyi health centre and in the two Kibuuka schools.
10. Model school health programme in the two Kibuuka schools in Mpigi district.
11. Nutrition project for the Kibuuka Primary school children.
12. First Aid training for students, teachers and local community leaders in the two Kibuuka schools and the village community.
13. Linked the two Kibuuka schools to the surrounding community.
14. Birth of another Finnish based network between the vocational Education centre -SEDU in Seinajoki – Finland and Masaka school of Comprehensive Nursing in Uganda, from 2012 to date.

6 IMPACT OF THE NETWORK ACTIVITIES ON THE STAFF, STAKEHOLDER INSTITUTIONS AND LOCAL COMMUNITIES

As a founder member and longtime coordinator of HADCO in Uganda, the experience from the collaboration greatly challenged me, nurtured me, developed my confidence and developed me professionally. The international exposure gave me the opportunity to serve my country in greater horizons. I got many other opportunities for international travel including to Sweden, South Africa, Egypt, Tanzania and Kenya. Every two years since 1998, I have travelled to and taught a course on tropical diseases in HADCO Network Universities in Finland. I have been able to push doors of authority, to negotiate and advocate for the nursing agenda. Through what I do, I am humbled by the recognition and respect I get from the nursing fraternity in Uganda. To this effect, I have received national and international recognition.

1st May 2019 I received a Golden Jubilee Medal from the President of Uganda, awarded for distinguished service to my country.

15th May, 2019 I was nominated Vice Chairperson of the Global Network of Public Health Nurses- Africa chapter, during the Global Network of Public Health Nursing (GNPHN) conference, held in Nairobi, Kenya.

All in all, I look down the road I have walked with HADCO, with great satisfaction and contentment. My gratitude goes to all those who have walked this journey with me, the challenges we faced made us more united, stronger and more focused, Bravo to you all!

2011–2014 Christine Alura, while Principal of Masaka School of Comprehensive Nursing, piloted & pioneered e-Learning for Up-grading of Midwives project in Uganda, and hosted the France Ambassador & the Country Director AMREF on 9th April 2013.

This mode of study programme has so far produced over 500 Diploma Midwives in Uganda.

Other impacts of activities:

1. The institutions that participated in the network got known locally and internationally.
2. Expansion of the participating disciplines especially from the Finnish institutions, from PHN students to student Nurses, Midwives, Social Work, Physiotherapy, Food and Nutrition.
3. The host practicum institutions grew in number in both countries, to meet the professional disciplines of the students.
4. Students and staff that participated now look at issues from a world perspective.
5. The PHN students that participated in the student mobility applied the new ideas and skills into their new workplaces on qualification, gained international recognition and got high profile jobs, thus impacting on the populations they serve.
6. Professional growth of the teachers that were supported.

7. Improved nutritional status of the school children in Kibuuka Memorial Primary school.
8. Absenteeism due to sickness and hunger greatly reduced in the project schools.
9. Improved academic achievement in the project schools.
10. The parents and local communities surrounding the schools appreciated their role in collaborating with the schools and made local contributions such as firewood for preparing porridge for the children.
11. Other institutions borrowed a leaf from the HADCO network and started their own collaborations, such as the school of physiotherapy in Uganda with Karolinska in Sweden, and Masaka school of Comprehensive nursing with SEDU in Finland.
12. The collaboration touched lives, institutions and communities, none that got involved has remained the same!

Strengths / Enabling factors

1. Team work and openness from both parties.
2. Partnership was a critical factor in the implementation process to ensure success, ownership and sustainability.
3. Joint planning and setting of goals and objectives that guided the implementation of activities.
4. Good, timely and clear communication between the implementing teams. Initially this was the fax.
5. Transparency and accountability in the transaction of business.
6. High interest from the students on either side, who bore the challenges they faced in their host countries as part of their professional building.
7. Regular stakeholder management meetings.
8. Supportive steering committee and district officials.
9. Availability of funding.
10. Good relationship with the training hospitals and other practicum areas.

11. Strong commitment from the coordinators in both countries. The inner will to achieve our mission, kept us going. There was evidence of personal sacrifice especially from the coordinators on either side, who selflessly took on the extra responsibilities without extra pay and aspired for success amidst the myriad of challenges.

Challenges

1. Policy changes in the network countries, affecting the flow of events and funding of activities.
2. Management decisions at Ministry level affected continuity of activities especially at PHNC.
3. Political interference especially within the Kiyeyi community. At one time our network representative was arrested in Kiyeyi H/C with two plumbers, while working on the water tanks. This controversial situation among others, led to the withdrawal of collaboration with Kiyeyi.
4. Some pockets of insecurity in some areas during the civil (Kony) war in Uganda. This hampered movement to some areas of the country, and scared some institutions from sending their students for exchange programme. In 1998 Finnish students fell in an ambush, shot at in Tororo, where one sustained a fractured arm. An emergency flight had to be arranged to fly her back to Finland. This caused a lot of panic among the sending schools and parents and un-due stress on the network coordinators both in Uganda and Finland.
5. Ebola epidemics that have and continue to threaten the country. In 2002 when the first Ebola attacked Uganda, there were Finnish students in the country. This caused a lot of scare and panic, especially among the teachers and parents of the Finnish students.
6. Changes of the head teachers in the Kibuuka schools affected the continuity of the school health activities.
7. High expectations from stakeholders. The institutions where students were placed for practicum experience usually expected financial benefits in return, well above the service they got. This created a lot of suspicion, mistrust and disgruntlement. Some of them literally showed us exits from their places.

8. Insufficient financial resources to fund the student and teacher mobility. The Uganda student and teacher mobility were majorly funded from Finland.
9. Inadequate funding to continue with the intensive courses / scientific conferences.

TO ALL WHO HAVE CONTRIBUTED TO THIS MEMORABLE JOURNEY; I SAY THANK YOU, MWEBALE NYO, EYALAMA NOI, ASANTE SANA, AND KIITOS!



Picture12. Principal Tutor, Mrs. Christine H. A. Alura NSS 5th Intensive Course at Maseno University, Kenya (photo: Merja Seppälä 2014).

CIU (IHSU) – HADCO COLLABORATION 2010 TO DATE

Evelyn Grace Ayot, Academic Registrar
Clarke International University CIU, Uganda

1 INTRODUCTION

Clarke International University (CIU) (formerly, International Health Sciences University (IHSU) in Uganda is a university that is licensed by the Uganda National Council for Higher Education (NCHE [UI.PL 013]). CIU is a non-residential university offering health sciences and business courses and grooms students to become tomorrow’s leaders nationally and internationally. We have various learning centers. The main campus was formerly located on the third floor at International Hospital Kampala (IHK) building in Namuwongo but has now shifted to its permanent home in Bukasa in Kampala



Picture 1. New Clarke International University building, Kampala, Uganda (photo: CIU 2020).

The first school, the School of Nursing, was established in 2005 with 16 diploma students. The primary goal of the school was to rethink, refresh, and make a difference to the way new and professional nurses were being educated in Uganda. In March of 2008, the school received its provisional license to operate as a university and effectively expanded its programming to include baccalaureate education in Nursing, Public Health, Allied Health, and Continuing Healthcare training. In March 2018, the university rebranded to CIU, to allow for diversification of education programs beyond health sciences. Hence, in addition to the schools in the health sciences, CIU now offers programs in the School of Business and Applied Technology (SoBAT).

Our Mandate — Make A Difference

Our students and graduates are challenged and trusted with an important agenda: to strive for academic excellence; to lead change through innovative action and transformational practices that impact communities and improve lives. Their journey to making a difference starts here.

Vision

A values-based university that inspires leadership, critical thinking, innovation, and outstanding academic training that transforms communities.

Mission Statement

To prepare students for global leadership and to be catalysts for transformation. We achieve this mission through a Values-Based Education; Outstanding Interprofessional Academic Training, Research and Community Outreach; Innovative Action; and Exceptional Faculty.

2 THE COLLABORATION

This collaboration between Clarke International University (Formerly International Health Science) and HADCO started in 2010 with an email that was forwarded to me by Mrs. Christine Alura who had then

enrolled to IHSU as a Master of Science student in Public Health. In her email she requested me to meet Mr. Ilmo Anttila, Ms. Merja Seppala and Mrs. Anne Jaakonaho who were visiting Kampala and would like to discuss the possibility of a collaboration with the university. Because we had had number of requests for collaboration which had not materialized we were a bit hesitant, but since we had this special request from a student, we accepted and held a meeting together with Mr. Gerald Amandu (Now Dr. Amandu) who was the dean of the School of Nursing. The meeting was successful, a Memorandum of Understanding was signed between HADCO and IHSU. Hence the birth of a collaboration which has now become part of IHSU/CIU and major contribution in its history of training Nurses.



Picture 2. Mrs. Elizabeth Wafula, Mrs. Elizabeth Situma and Mrs. Christine H. A. Alura at student exchange evaluation meeting, Masaka, Uganda (photo: Ilmo Anttila 2012).

Would it Work!

This was a big question we had in mind as we set off, following our first visit with Mrs. Wafula, then Dean School of Nursing to Finland to cement the relation in 2011, we met part of the team as well as took part in orientation of the first group of students who were coming to IHSU (now CIU). And Yes it has worked. So far 14 groups of students from Finland have traveled to Uganda for their exchange.



Picture 3. Finnish exchange students' study visit, identifying medicinal plants under Dr. John Jubilee's supervision Uganda (photo: Ilmo Anttila 2017).

Student Exchange between CIU and 8 Universities in the Network.

Our first batch of 6 students from Finland arrived on the 20th of September 2011, after which CIU has received Finnish student groups twice a year.

The first group of IHSU /CIU students then traveled for their first student exchange to Finland in March 2012. For most students, it was an exciting experience to be getting a passport, traveling to Nairobi for the Visa and finally getting onto a plane for the first time, the cold, the experience of seeing and touching snow was a phenomenon. The learning and exposure have helped them appreciate Nursing and work well in their different responsibilities thereafter.

For example according Liz Alinitwe (Cohort of 2015 to Vaasa):

In addition to academic and practical skills gained, moving to Finland helped to broaden my horizon. It helped me to live in a different culture, changed my perspective, and helped me to build strong relationships. My supervisor Anita introduced me to her family, and she took good care of me. She never let me miss home, she always took me for Sauna, shopping, a girl's ride, and sailing in her boat. Her humble home became my family, and I'm so proud that I have a place I call home in Finland. 6 months later, Anita and Kai Volotinen came to visit me in Uganda, and we had a sweet time together. Madam Merja Seppälä, was another person I would live to remember, she treated us like her own children and made sure that we were safe, and not lacking anything.



Picture 4. Ugandan exchange students visiting Kokkola, Finland. From the left: Frank Kiwanuka, Immaculate Namugenyi, Barbra Namyalo and Liz Alinaitwe outside student hostel. (photo: Merja Seppälä 2015.)

Mary Kabahenda Cohort of 2013 to Kajaani

Team work, excellent customer care, the passion for work, time management and consistency in all activities were major interesting aspects of our hospital experience.

Rose Nakame cohort of 2014 to Lapland had this to say!

Going to Finland in 2014 was my first ever travel outside Africa; enabling me to learn some little Finnish, see first-hand snow, Santa and enjoy the “Finnish Sauna” experience- which is the best place to have a conversation with a stranger.

Michael Okot and the team (2018) to Seinäjoki had this to say!

Finland student exchange program was surely an extra ordinary opportunity that every student should long to get. We learnt various experiences on the management of patients with advanced technology, interacting with people of different cultural background and we really believe we have a favorable comparative advantage for any nursing appointment.

A total number of students 32 students all from the School of Nursing have so far benefited from the programme, with the largest team of 10 students who traveled in 2013. While in Finland the students have always been in hospital and sometimes community placement. We are forever indebted to HADCO and the good team of committed staff in Finland.

With the changes in funding opportunities for more students to travel, the team was still able to secure funding from Erasmus+ and a few students and staff were able to take part in the exchange. 5 of our students have also been able to sponsor themselves with support from HADCO and Helinä Mesiäislehto-Soukka in Seinäjoki for the endless efforts in keeping the students.



Picture 5. Finnish HADCO team visiting CIU and donating teaching material. From the left Dean of IPHM John Alege, VC, Dr. Rose Clarke Nanyonga, Academic Registrar Evelyn Ayot, Senior Lecturer Elizabeth Situma, Dr. Helinä Mesiäislehto-Soukka giving teaching dolls, Senior Lecturer Elizabeth Wafula, Clarke International University, Kampala, Uganda. (photo: Merja Seppälä 2019.)

Apart from the student exchange we have also had the following staff take part in the exchange programme and have come back exposed to new teaching methods, management of students and shared experiences of Uganda and Finland. This has contributed a lot to capacity building at the university.

Dr. Rose Nanyonga Clarke	Vice-Chancellor
Ms. Evelyn G Ayot	Registrar
Mrs. Elizabeth Wafula	Former Dean School of Nursing/Senior Lecturer
Mrs. Agnes Agwang	Current Dean School of Nursing
Mr. Harry Barry	Former ICT Manager
Mrs. Dorothy Mukasa	E-Learn Coordinator
Mrs. Florence Oketcho	Lecturer School of Nursing
Ms. Judith All Saints	Lecturer School of Nursing
Ms. Grace Komugisha	Lecturer School of Nursing
Mrs. Elizabeth Situma	Lecturer School of Nursing/Coordinator
Mrs. Eva Wanyenze	Lecturer School of Nursing



Picture 6. Vice Chancellor of Clarke International University, Ph.D. Rose Clarke Nanyonga, Kampala, Uganda (photo: CIU 2020).

Apart from the Ugandan students, we have also had a total number of 125 Finnish students come to Uganda for the exchange programme between 2011 to 2020 mainly nursing students, public health nursing students and Social services students. While in Kampala these students are placed in hospitals, communities, Mpigi Health Centre / Kibuuka Memorial Primary and Secondary School (a project of Health Africa Network), orphanages, groups working with the vulnerable children and HIV, school of the Handicapped, ROTOM (home of the elderly) and street children in Kampala.



Picture 7. Finnish students attending immunisation outreach in Mpigi area, Uganda (photo: Ilmo Anttila 2017).

We also had the first intensive Course held in Kampala in October 2012 with participants from Finland and Maseno University in Kisumu.



Picture 8. Health Africa 2nd NSS Intensive Course at IHSU/CIU. Dr. Ian Clarke giving opening speech, Kampala, Uganda. (photo: Merja Seppälä 2012.)

Lessons Learnt:

- As a committed team of individuals who are open minded regardless of race, or culture, have a vision and target all is possible through networks.
- Team work is important in achieving academic success.
- If Universities come (through partnerships) and work together, a lot can be achieved in the areas of academic excellence and cultural exchange, research etc.
- Trust and selfless giving (Ilmo and Merja are a good example of this) is an important ingredient in achieving anything, the team in Finland believed in IHSU/CIU and trusted us to manage the programme.

Challenges:

- Not being able to consolidate the SS Collaboration.
- Not having a Finnish Embassy in Uganda creating challenges in obtaining the Visa.
- High placements fees and financial expectations from the site were the students are placed for practicum experience.
- Insufficient funding to enable the student-teacher exchange to continue as well as not being able to have intensive courses.

Appreciation:

I want on behalf Clarke International University to sincerely thank Ilmo Anttila, Merja Seppala and Helli Kitinoja for selflessly spear-heading this collaboration for the last 25 years.

I want to thank the teams in the different Finnish Universities have been there to support this collaboration.



Picture 9. Academic Registrar Evelyn G. Ayot giving her presentation at Health Africa 25 Anniversary Seminar, Centria UAS, Kokkola, Finland (photo: Merja Seppälä 2019).



Picture 10. Clarke International University new building, Kampala, Uganda (photo: CIU, 2020).

MASENO UNIVERSITY AND HEALTH AFRICA DEVELOPMENT CO-OPERATION ORGANIZATION (HADCO) COLLABORATION

Agatha Christine Onyango, Dr., Chair Nutrition and Health Department
Maseno University, Kenya

1 BACKGROUND

Maseno University founded in 1991, is the only university on the globe that lies along the Equator (00). It is one of the seven public universities in Kenya. The University is located in Maseno Township along Kisumu-Busia road, 25 km from Kisumu City and approximately 400 km west of Nairobi the capital city of Kenya. The University also shares its boundaries with Vihiga and Kisumu County.



Picture 1. Maseno University main gate, Maseno, Kenya (photo: Agatha C. Onyango 2019).

Maseno University currently has 3 campuses, a college and a constituent college.

- Main Campus is in Maseno Township 25 km from Kisumu on the Busia road. The core activities and central administration of the University takes place on this Campus. Through this Campus, the University caters for the ever expanding demand for University education in the region.
- Kisumu City Campus became campus of Maseno University in December 2010. The College is within the Central Business District of Kisumu City and is exclusively served by a spacious parking yard situated directly opposite Kisumu Hotel (Maseno University).
- The eCampus is one of the latest innovations by Maseno University to facilitate online delivery of high-quality certificate, diploma and degree programmes to learners in various parts of the country, the East African region and beyond. All programmes offered at the eCampus are primarily delivered through the internet, with students taking sit-in on-campus examinations at the end of each Semester.
- Bondo University College (former Bondo Teachers Training College) became a Constituent College of Maseno University in December 2008.



Picture 2. Maseno University, City Campus in Kisumu, Kenya (photo: Maseno University 2021).

The name “Maseno” was coined by Rev. J. J. Willis out of the name of a tree known in local dialects as “Oseno” or “Oluseno” that stood next to the spot where the first missionaries in the region erected their base. Maseno University’s history begun with the merging of Maseno Government Training Institute (GTI) with Siriba Teacher’s Training College to form Maseno University College as a Constituent College of Moi University. This led to its subsequent gazetting in October 1990 crowning the two institutions’ several decades of meritorious existence. It became a full-fledged University 11 years later, in 2001.

The University offers undergraduate and post-graduate programs in different disciplines at the following schools:

- School of Arts and Social Sciences
- School of Education
- School of Biological and Physical Science
- School of Public Health and Community Development
- School of Environment and Earth Sciences
- School of Development and Strategic Studies
- School of Business and Economics
- School of Medicine
- School of Nursing
- School of Agriculture and Food Security
- School of Mathematics, Statistics and Actuarial Sciences
- School of Computing and Informatics
- School of Planning and Architecture.



Picture 3. Dean Pauline Andan'go, School of Public Health and Community Development, Maseno University (photo: Merja Seppälä 2019).



Picture 4. Dean Linda Mogambi, School of Nursing Maseno University, Kenya (photo: Merja Seppälä 2019).

Maseno is a Public University, established by an Act of Parliament in 1991. In 2000 it was elevated to a fully-fledged university. The current Vice-Chancellor of the University is Professor Julius Omondi Nyabundi. Alongside its academic programmes the University also manages enterprises such as the Kisumu Hotel and the University farm where it produces agricultural products which are used within the university and the surplus supplied to markets around.

Maseno University is a modern institution of higher learning set up to advance teaching, learning, research and development that responds to the emerging socio-economic as well as technological and innovation needs of Kenya and the Eastern African Region. According to the Vice-Chancellor, Professor Julius Omondi Nyabundi, Maseno University has embarked on a mission to develop and deliver academic programmes that not only respond to the needs of industry but also prepare workers for the knowledge economy, in line with the Vision 2030. The programmes offered by Maseno University (referred to as 'With IT' programmes) ensure that all graduates of Maseno are adequately exposed to a knowledge-base that enables them to live,

learn and work in a multi-disciplinary setting where ICT is as much a resource for learning and working, as it is a discipline in its own right.

Currently, Maseno University has a total student enrolment of 21 000 registered at the Main Campus, Kisumu City Campus College and eCampus. The Deputy Vice-Chancellor in charge of Academic Affairs, Prof. Mary J. Kipsat, indicates that this number is expected to grow significantly with the launch and expansion of the eCampus of Maseno University that offers academic programmes through the Internet and other modern technologies to all who qualify, regardless of their physical location. Maseno University is therefore on track in globalising University education and providing high quality life-long learning opportunities, a deviation from the tradition of delimiting admission to physical availability of bed and tuition space at the University.

Vision

The University of Excellence in discovery and dissemination of knowledge.

Mission

To discover, harness, apply, disseminate and preserve knowledge for good of humanity.

Quality Policy Statement

Maseno University is committed to quality through teaching, research and development, providing timely services to foster and develop academic excellence in basic and applied research at all levels of study by training practice- oriented manpower, who can contribute effectively to social, intellectual and academic development. The University is internally with its employees, to continually improve its services, products, processes, methods, and work environment to ensure each customer is receiving the highest quality service or product at the committed cost and on time. Maseno University is committed to quality through teaching, research and development; providing on time services to foster and develop academic excellence in basic and applied research at all levels of study by training practice- oriented manpower, who can contribute effectively to social, intellectual and academic development in the community, the nation and the community of nations.

The University is committed to communicating exhaustively with its customers, and internally with its employees, to continually improve its services, products, processes, methods, and work environment to ensure each customer is receiving the highest quality service or product at the committed cost and on time. In order to realize this commitment, the University Management will monitor and review its quality performance from time to time through implementation of an effective quality management system based on ISO 9001:2008 standard.

Core Objectives

1. To implement an effective quality management system based on ISO 9001:2008 by establishing procedures to enhance access to quality university education and support undertaking of research and development.
2. To strengthen linkages for community services, extension and outreach by offering timely service through reaching out to the community using well thought out research and outreach programmes.
3. To maintain efficient and effective communication between members of staff and university customers to improve performance of internal administrative and institutional support structures.
4. To increase the income base to fund programmes and expand the physical infrastructure of the university to facilitate provision of the highest quality service or product at committed cost and on time.
5. To continuously monitor and review performance of university structures and systems to ensure continual improvement of our services to our customers.

Core Values

Relevance

The University is committed to ensuring relevance in its programs and activities.

Excellence

Excellence shall be targeted in outputs of the university.

Equity

The University shall ensure that there is equity in all the opportunities within its jurisdiction.

Quality

All outputs and processes of the University shall ensure that quality is maintained.

Integrity

The University shall ensure integrity in all their undertaking.

Follow the link below with documents having Maseno University information https://www.maseno.ac.ke/index/index.php?option=com_content&view=article&id=754&Itemid=662

2 MASENO UNIVERSITY AND HEALTH AFRICA DEVELOPMENT CO-OPERATION ORGANIZATION (HADCO)

Maseno University, Kenya is one of the partners of Higher Education Institution Network Programme (North-South-South) collaboration in the South. The North-South-South opens up opportunities between higher education institutions between Finland and Developing Countries. The main focus is on reciprocal student and teacher exchange. The programme was funded by the Finnish Ministry of Foreign Affairs. The programme has promoted Reciprocal student and teacher exchange, joint intensive courses at the partner institutions in the south and networking between Finnish and partner institutions; preparatory and administrative visits as well as networking meetings.

The collaboration started in 2004 with HADCO and Maseno University signing an MOU, this was specifically with the school of Public Health and Community Development. By then the Dean of the School was Professor Wilson Odero and currently headed by Dr. Pauline Andan'go. The School of Public Health and Community Development has three departments namely: Biomedical Sciences and Technology, Nutrition

and Health and Public Health. This was followed by the first staff visit from Kenya to Finland was in 2004 by then Deputy Vice Chancellor, the late Professor Philip Aduma and Senior Lecturer, Dr. Doreen A. M. Othero who visited Kokkola, Seinäjoki and Helsinki for 2 weeks. The exchange programme activities are coordinated by Dr. Agatha Christine Onyango from the Department of Nutrition and Health.

Activities of the collaboration

The following have been the activities of the network programme:

1. Student and Teacher exchange from Finland: twice a year
2. Intensive Courses in the South and Network Meetings in any of the partner countries.
3. Administrative visits to Kenya and Uganda from the Finnish partners
4. Dissemination events
5. Network meetings
6. Student and Teacher exchange between Finland, Kenya and Uganda

Exchange – Kenya and Finland (2004–2020)

Student Exchange

The length of a student exchange is 3 months. The programme does not support mobility that aims at the completion of a degree in the host country or institution. Student exchange is reciprocal. Student exchange always have a Finnish counterpart either as a sending or hosting institution. Undergraduate and graduate students who are registered at a participating higher education institution and who have completed at least the first year of studies are eligible to participate in the student exchange. Course taken by a student must be fully credited at the student's home institution. Students participate in the teaching provided by the host institution. The exchange period may also contain practical training, but it cannot contain only training. Exchange student do not pay study fees. Individual students may participate in the student exchange only once however, it is possible to participate in student exchange and intensive course. A study plan and a recognition of studies

are concluded before each exchange. Finnish students participate in the departure orientation organized by Centre for International Mobility (CIMO) or by other actors. The hosting institution arranges arrival orientation for incoming students. The student grant covers additional costs arising from the exchange. The level of each grant is based on the length and estimated costs of the exchange. Travel arrangements are made in the cheapest possible way. In addition, it is possible to cover costs related to permits and insurances (the latter only for developing country students coming to Finland).

The students from Maseno University, Kenya have visited Finland since 2004 for a period of three months. They have been visiting Finland from February to May (Spring). The students have the privilege of visiting Tampere University of Applied Sciences (UAS), Seinäjoki UAS, and Kajaani UAS. One of the first students was Mr. Geoffrey Olado who was by then a Master of Public health student but is currently a staff in the Department of Public Health. There has been a total of 53 students from Maseno University Kisumu, Kenya in the years 2004–2019, study placements in all member Universities of Applied Sciences. There were two (2) students from School of Nursing who visited Finland in February 2020, but the visit was disrupted by the COVID-19 pandemic, as a result they had to come back two weeks earlier than the scheduled date. In September 2020 it was expected that two (2) students would visit Finland but this will not take place due to the prevailing pandemic. Thus the visit has been postponed to February 2021.

Maseno university has hosted 115 Finnish exchange students from various undergraduate and postgraduate fields that includes health care, social services, nutrition students and performing arts/music students from 2013 to 2020. The students have been attached to different placement sites, this includes Jaramogi Oginga Odinga Teaching and Referral Hospital (JOORTH), Kisumu County Hospital, BlueCross NGO, Lutheran School for the Mentally Handicapped, New life Home Trust, Orongo Widows and Orphans, and Kenyan Kids.



Picture 5. Dr. Agatha C. Onyango and Finnish students at Maseno City Campus (photo: Agatha C. Onyango 2019).



Picture 6. Dr. Helinä Mesiäislehto-Soukka and Mrs. Florence Gundo tutoring Finnish exchange students, Orongo Widows and Orphans Project, Kenya (photo: Agatha C. Onyango 2016).

Teacher exchanges

Teacher exchanges may last from 1 week to 3 months. Teaching has to be part of the curriculum for the hosting institution. Teacher exchanges always have a Finnish counterpart either as a sending or a hosting institution. The teacher grant cover additional costs arising from the exchange (travel, subsistence). Travel arrangements are made in the cheapest possible way. Staff from Maseno University have had the chance to visit Finland for a period between one week to four weeks at different periods of the year. They have visited several cities in Finland that includes Kokkola, Seinäjoki, Helsinki Hämeenlinna, Mikkeli, Oulu, Kajaani and Tampere.

The first staff visit from Kenya to Finland was in 2004, the persons who represented Maseno University were by then Deputy Vice Chancellor, the late Professor Philip Aduma and Senior Lecturer, Dr. Doreen A. M. Othero who visited Kokkola, Seinäjoki and Helsinki for 2 weeks. The following years a number of staff visited Finland and this included:

- Dr. David Omondi Okeyo visited Helsinki, Seinäjoki, Tampere and Kajaani in May 2010.
- Ms. Olympia Okal, Professor Collins Ouma and the Late Professor Dominic Makawiti visited Kajaani, Kokkola and Seinäjoki in May 2011.
- Mr. Japheths Ogendi and Ms. Linda Mogambi visited Kokkola and Seinäjoki in May 2012.
- Mr. Abel M. Okoth Okello visited Mikkeli in April 2014.
- Dr. Boaz Owuor and Harrysone Atieli Seinäjoki visited in May 2015.
- Professor Rosebella O. Onyango – Dean of School of Public Health and Community Development (SPHCD), Professor James H. Ombaka and Dr. Agatha Christine Onyango visited Mikkeli, Tampere and Seinäjoki in May 2013.
- Professor Rosebella O. Onyango – Dean of SPHCD and Dr. Agatha Christine Onyango visited Hämeenlinna, Tampere and Seinäjoki in November 2016.

- Dr. Pauline Andang'o Dean of School of Public Health and Community Development (SPHCD) and Dr. Lilian Ogonda visited Tampere and Seinäjoki in November 2018.
- Dr. Louisa Ndunyu and Ms. Indra Onwonga in Tampere and Seinäjoki in April 2019.
- Professor David Sang and Ms. Gladys Seroney visited Mikkeli and Kajaani in March 2020.



Picture 7. Professor Rosebella Onyango and Dr. Agatha C. Onyango visiting Finland. Tampere railway station (photo: Sanna Laiho 2016).

Intensive Courses

Intensive courses are a possibility to provide joint teaching for students coming from the different member institutions of the network. The aim of the intensive course is to

- Share and produce new information.
- Improve the quality of teaching for all parties involved.
- The course may last from 1 to 10 weeks. Courses take place in the institutions in the South. Each network may realize only one intensive course per academic year. It is also possible to utilize online delivery teaching.
- The course is fully credited at the home institution of each participating student. The institutions may not take study fees from the students participating in the intensive course.
- The number of students on a “regular” exchange at the time of the course may also take part in the course. The participants of the course come evenly from the participating institutions. Finnish student may not represent more than 50% of the total number of participants.

The programme covers travel, accommodation, subsistence costs of participants during the intensive course. Costs related to the organization of the course, network meeting or dissemination (i.e. premises, office costs, organization of online delivery of teaching) are also supported. Students and teachers coming from other participating institutions in the South are also eligible for support for travel costs.

During the time of the collaboration, there has been 5 intensive courses (2 in Uganda and 3 in Kenya).

- September 2008 Uganda
- April 2009 Maseno University, Kenya
- October 2010 Maseno University, Kenya
- October 2012 International Health Sciences University (IHSU), Kampala, Uganda
- October 2014 Maseno University, Kenya



Picture 8. Health Africa 5th NSS Intensive Course participants, Maseno University, Kisumu Hotel, Kenya (photo: Merja Seppälä 2014).

Dissemination events

Dissemination measures or dissemination events of 1–2 days are implemented in the southern partner countries. The aim of the dissemination measures is to spread the results and/or new teaching materials to academics and other interested stakeholders outside of the North-South- South network. Internally in the partner Higher Education Institution (HEI) to students and academics in other faculties. To students and academics in similar fields at other Higher Education Institutions in the target countries.

Network meetings

The purpose of network meetings is to develop and evaluate and to disseminate results of network cooperation both from an academic and an administrative point of view. Both the academic and other personnel involved in the cooperation may participate in the meetings. It is possible to support the participation of students. Network meetings may take

place in any of the member institutions of the network. The North-South-South encourages members to arrange meetings in partner institutions in the South.

There have been several network meetings in the south and north, this includes:

- Maseno University, Kenya in October 2010
- International Health Sciences University (IHSU), Kampala, Uganda in October 2012
- Seinäjoki, Finland in May 2013
- Maseno University, Kenya in October 2014
- Seinäjoki, Finland in November 2016 – This was an important network meeting considering that the funding from the Ministry of Foreign Affairs, Finland had come to an end and there was need to discuss the way forward for the cooperation. There were proposals to ensure that the collaboration still existed even without the Finnish Government support. Ms. Tiina Ojanperä and the partners in the south wrote a proposal and funding was provided by the Global Erasmus+ fund which is supporting the collaboration from 2017 to 2021.



Picture 9. HADCO Meeting at Centria UAS, Kokkola. From the right: Agatha C. Onyango, Helinä Mesiäislehto-Soukka, Rosebella Onyango and Merja Seppälä. (photo: Ilmo Anttila 2016.)

Coordinators

Each network has both an academic and administrative coordinator at coordinating Finnish institution(s). Network collaborations require active communication with contact persons in partner institutions. In Maseno University Agatha Christine Onyango has been coordinating the HADCO activities.

25 years of cooperation within Health Africa Network, Anniversary Seminar

HADCO celebrated 25 years of co-operation on 2nd to 3rd October 2019. It was climaxed with an anniversary seminar in Centria University of Applied Sciences, Talonpojankatu 2, 67100, Kokkola Finland. Linda Mogambi and Agatha Christine Onyango represented Maseno University during the anniversary seminar. There were participants from different universities and other organizations: Clarke International University (CIU), Uganda, Finnish National Agency for Education, Seinäjoki UAS, Häme UAS, Vaasa UAS, Central Ostrobothnia Joint Municipal Authority

for Social and Health, Soite, Tampere UAS, South Eastern Finland UAS, Lapland UAS, Kajaani UAS and Centria UAS.

There were educative and interesting presentations from the founders of HADCO and other partners. The occasion was graced by Mr. Kari Ristimäki, Ph.D., CEO, Rector, Centria UAS. The two days of the seminar was quite intense with many activities lined up. It ended with presentations of certificates and gifts for each participant.

BIBLIOGRAPHY

Maseno University. (2021). https://www.maseno.ac.ke/?option=com_content&view=article&id=754&Itemid=

NORTH-SOUTH-SOUTH PROJECTS IN THE TIMELINE OF HEALTH AFRICA PARTNERSHIP

Helli Kitinoja, M.H.Sc., RN, Senior Advisor, Global Education Services, Vice Chair of HADCO Board
Seinäjoki UAS, Finland

1 INTRODUCTION

Higher education plays a key role in efforts to attain the Sustainable Development Goals 2030 (SDG, 2030; Agenda 2030) and previous Millennium Development Goals including e.g. education, poverty and hunger reduction, maternal and child health, empowerment of women and gender equality. Education makes people aware of their own rights as well as opportunities in their own life. Equally, academic learning is also needed to fulfil objectives of the national and global Development Policies.

A starting point for Finnish North-South cooperation has been the funding by the Academy of Finland from the beginning in 1994. The funding was headed for development research used mainly by individuals, but later the funding expanded to cover wider international research projects. On the other hand, the cooperation with the partners in South has often started from fruitful collaboration between the Finnish universities of applied sciences and NGOs, which was also the way to start Health Africa Network collaboration. In these cases, the field was mainly health care and social work. (Pajala, 2015.)

Finland has actively supported academic mobility between North and South through the North-South-South Higher Education Institution Network Programme (N-S-S / NSS Programme) in the years 2007–2015 and before that through the North-South Pilot Programme, that was launched in 2004. The Programme has contributed to capacity building in the individual level as well as to the institutional capacity development

through curriculum development, staff exchange and intensive courses. Higher Education Institutions Institutional Cooperation Instrument (HEI ICI Programme) was launched in 2009 as a part of reforming North-South network cooperation. (Salmi et al., 2014.)

In addition to the Agenda 2030 also the Paris Climate Agreement urge all stakeholders in a society to look for new forms of cooperation to foster ecological, social, cultural and economic sustainability. Higher education institutions and universities of applied sciences as a part of them are called to expand their expertise and be active participants in the current discussion and actions. (Kivelä et al., 2016.)

Since the year 2015 it has been possible for higher education institutions to apply funding for the North-South collaboration also from the Erasmus+ Programme and its sub-programmes of global mobility and capacity building projects.

2 TEN-YEAR HISTORY OF THE NORTH-SOUTH-SOUTH PROGRAMME

NSS has promoted networks between HEIs in Finland and partner institutions in developing countries, among others in Africa, to foster capacity building through reciprocal student and teacher exchanges, intensive courses and network activities. According to Salmi et al. (2014) and CIMO (2015) there have been 11 calls for applications with the total funding of 15.9 million EUR since launching the programme in 2004. About 248 higher education institution networks have got support from the Programme, many of them having received several rounds of funding. Health Africa Network is one example of them getting funding around one million EUR in total. In comparison the total amount of resources available for HEI ICI projects for the 2009–2014 period was 15.4 million EUR, with a focus on Africa.

The NSS Programme has funded 1755 students exchanges of approximately four months each, 1185 higher education teacher and staff exchanges of two to three weeks and 118 intensive courses have been

implemented (CIMO, 2015). Health Africa Network has funded more than 150 student and almost 100 teacher and staff exchanges in 2004–2015 with the NSS grants. Furthermore, NSS Programme enabled several hundred Finnish Health Africa students and teachers to go for self-financed exchanges. Health Africa Network has also implemented five intensive courses, with 358 participants in total, and other network activities e.g., seminars and network meetings.

However, Finnish development cooperation in support of higher education is very small in total volume, when put in national and global perspectives. This is limiting overall impact of the actions. In 2013, the NSS and HEI ICI budgets were 5.9 million EUR in total and spreading in 25 countries. In most of the partner countries the share of NSS and HEI ICI projects has been less than one per cent of the annual aid disbursements. (Salmi et. al., 2014.)

The North-South-South Higher Education Institution Network Programme (NSS Programme) was, together with Higher Education Institution Institutional Cooperation Instrument (HEI ICI) submitted to a joint international evaluation in 2014 (Salmi, Mukherjee et. al. 2014). Already before that the North-South-South Higher Education Programme and its 34 networks and their projects were evaluated by the Ministry of Foreign Affairs in 2009 (Stenbäck & Billany 2009). The pilot phase of the Programme included 23 networks which received support on an annual basis for their projects and which were evaluated already in 2006 for the further development of the Programme. Health Africa Network was one of the first North-South networks piloting the Programme and participating in the evaluations (Appendix 1). It succeeded also to receive funding for its projects during the whole programme period 2004–2015.

The following issues by evaluation criteria guided the evaluations: relevance, effectiveness, impact, sustainability, complementarity, efficiency, good governance and transparency and cross-cutting issues (Stenbäck & Billany, 2009; Salmi et al., 2014). The latest evaluation team recommended a continuation of the support to comprehensive and long-term institutional capacity building in priority partner countries and higher education institutions. However, the evaluation team recommended

either to merge NSS and HEI ICI Programmes to achieve better synergies or to design an enhanced HEI ICI Programme. NSS had promoted mobility and networking between partner countries and Finnish higher education institutions (HEIs) since 2004, whereas HEI ICI had supported collaboration mainly on governance, teaching and learning issues since 2009. (Salmi, Mukherjee et. al. 2014.) Later based on the recommendations the Programmes merged to a new HEI ICI Programme and the on-going programme period is now for the years 2020–2024.

3 HEALTH AFRICA NORTH-SOUTH-SOUTH PROJECTS

The Health Africa Network had an eight-year history of partnership before the onset of the first North-South Health Africa Project in 2004. The partners in Finland (nine Finnish universities of applied sciences) and Uganda (Makerere University / Public Health Nurses` College PHNC) were already committed to the network and partnership, but collaboration with the partner in Kenya (Maseno University) started just in 2004. Partners in Finland, Uganda and Kenya were also familiar with the global development policies as well as their national development aims and strategic aims of their own universities. (Kitinoja & Seppälä 2009.) In the year 2010 International Health Sciences University (IHSU) Kampala joined the Programme. Prior to this PHNC had opted out of the activities due to changes in its administration. Subsequently, in 2011 NSS exchange activities between IHSU and Finnish Health Africa Network were launched.

Health Africa Network succeeded to receive funding in total for its seven projects during the NSS programme period 2004–2015:

- HEALTH AFRICA North-South Project (2004–2005)
- HEALTH AFRICA North-South Project (2005–2006)
- HEALTH AFRICA North-South Project (2006–2007)
- HEALTH AFRICA Project (2007–2009)
- HEALTH AFRICA Project (2009–2011)
- HEALTH AFRICA Network (2011–2013)
- HEALTH AFRICA Partnership (2013–2015)

3.1 Purpose and objectives of the projects

The overall objective of the joint activities was to maintain, support and develop partnership between Uganda, Kenya and Finland in the fields of social services and health care, food management, technology and music and art education. Partnership was also aiming at raising the standards and improving the quality of social welfare, primary health care and nutrition, and health technology by utilizing multi-professional educational collaboration in those countries.

Specific aims in the first project (2004–2005) were to support health and wellbeing of families in the villages in Uganda and Kenya and to support school health and nutrition education as well as to provide healthy meals to pupils in elementary school. Aims in further Health Africa NSS projects included also the promotion of sanitation and hygiene among school children, staff and members of the community as well as promotion of eLearning and problem based learning (PBL) as learning and teaching methods and promotion of joint applied research activities. One of the aims was also to increase public health nurse education especially in Uganda. In Kenya the aim was to develop curricula and education especially in nursing and nutrition.

The main purpose of the projects was to reduce poor health and improve living conditions of the people living in Uganda and Kenya and to increase their awareness of the UN`s Millennium Declaration and development policy including

1. eradicate extreme poverty and hunger,
2. promote gender equality and empower women, and to promote respect of human rights and democracy,
3. ensure environmental sustainability by preventing global environmental hazards and to promote economical interaction,
4. increase global safety and
5. promote sustainability.

3.2 Implementation of the project activities

The primary activities of the partnerships and projects involve reciprocal student and staff exchanges twice a year, an intensive course in South on a yearly basis, joint curriculum development, yearly network meetings and research activities during the visits and exchange periods. Administrative visits were also an important part of the NSS Health Africa projects to monitor collaboration and collect feedback from the partners and to prepare exchanges, intensive courses and network meetings.

Seinäjoki University of Applied Sciences (SeAMK) was the administrative coordinator of the NSS Health Africa projects and Central Ostrobothnia University of Applied Sciences (Centria) functioned as the academic coordinator.



Picture 1. Health Africa Project Network Meeting 2008 in Uganda (photo: Helli Kitinoja, 2008).

For the student and teacher mobility the following criteria were set:

- good health status,
- good performance in courses in home institution,
- personal Study Plan coincides with the objectives of the curriculum,
- good level of oral and written English skills,
- professional motivation and commitment to the exchange,
- professional motivation and commitment to the work in developing countries,
- social competence to study, work and live in multicultural surroundings,
- participation in the orientation organized for outgoing students and staff members by the Health Africa Network and Center for International Mobility (CIMO) and
- students must be in their second year of study at least; priority was, however, given to third- and fourth-year students.

The final decision of students selected to participate in the exchange was made based on the discussions between the student, supervising teacher and the international coordinator / Health Africa contact person in the home institution.

The content of the studies during the exchange period should have been equivalent with the content of the curriculum in the home institution, including theoretical studies, practical training and applied research. Both the student and the supervising teacher had to approve the Personal Study Plan. The language of the studies was English in each partner country. The joint agreement stated that the studies were fully recognized in the home institution in each of the three countries.

The Health Africa Network organized orientation for the outgoing students and staff members four times a year rotating in the Finnish partner institutions. CIMO offered orientation for the outgoing students once or twice a year on a national level. Host university organized orientation and social programme for incoming students and staff

members in each partner country. Feedback and reflection were important for both, students and staff members, after the exchange periods. In Finland exchange students from South had personal student and teacher tutors, in Kenya and Uganda the group tutoring was offered for the Finnish students. Finnish teachers also supervised Finnish students during their exchange periods in addition to the lecturing, curriculum development work and research activities.

The WebCT and later Moodle teaching and learning environment were used. It contained information related to the studies in the host country, diseases, culture and living in a partner country, and the content of the project. Moodle also offered an opportunity for incoming and outgoing students to chat and share their experiences.

The first intensive course “Culturally Appropriate Care I”, with 64 participants, was hosted by the Public Health Nurses` College in Kampala in September 2008. The second and third intensive courses “Culturally Appropriate Care II: Education and Research” with 74 participants and “Culturally Appropriate Care III: Health Promotion and Health Technology” with 60 participants were hosted by the Maseno University in Kenya in April 2009 and October 2010. Title for the fourth intensive course was “Culturally Appropriate Care IV: Integrating eLearning in Health Care and Nutrition Education” and it was hosted in October 2012 by the International Health Sciences University (IHSU) in Uganda. “Evidence based Community Health Care Supported by eLearning” was the title for the fifth intensive course hosted again by the Maseno University in Kenya in October 2014. The last two intensive courses had 80 student and teacher participants from the three partner countries.

3.3 Evaluation of the quality and impact of the projects

Partners in each three countries have been responsible for the evaluation of the quality in the projects regarding the implementation as well as results of the projects. In addition to the project steering committees in each country there has also been a joint steering committee and it's network meetings in each separate Health Africa NSS project.

The evaluation of the quality and impact was done by taking into account the aims of the projects and the development and educational policies of the Ministries in Finland, Kenya and Uganda. The evaluation was based on the experiences and reports submitted by the exchange students, teachers and administrative staff members in each of the three countries. Each Health Africa NSS project had continuous and also final evaluation processes and quality criteria were mutually defined with the partners. Required reports and evaluations have been left also to the North-South-South Programme and the National Center for International Mobility (CIMO) in Finland.

4 CONCLUSION

Health Africa NSS projects have had many kinds of positive impacts on individual, institutional and international level. They have supported strategic aims and aims of internationalization of partner universities, as well as the implementation of national and global development policies. Projects have also strengthened the role of the Finnish universities of applied sciences in the work with the developing countries, and the role of higher education and research in struggling towards achieving sustainable development goals. It was also possible through the projects to integrate the aims and contents of development policies into the Finnish higher education and research, and in this way hundreds or even thousands of students and teachers were able to get new knowledge, skills and experiences.

In Uganda, as regards the Public Health Nurses` College, the most important results of the Health Africa NSS projects were collaboration in applied research with the Finnish partners and partners in the South and collaboration in developing school health education, nutrition education and curriculum development and of course also student and teacher exchange as an instrument to achieve these aims. For Maseno University in Kenya the most important results of the projects were related to the exchange periods increasing joint activities in research and also curriculum development in nursing, public health and nutrition.

The knowledge transfer, results and experiences acquired during the projects were disseminated through reports and articles, intensive courses, seminars and lectures as well as curriculum development and network meetings. The knowledge gained by the school children or university students in developing countries will be passed on to the community. The young people in developing countries and also in Finland will be the developers and also leaders of the future communities.

BIBLIOGRAPHY

Center for International Mobility (CIMO). (2015). *North-South-South 10 years: A decade of supporting development through academic mobility*.

Kitinoja, H., & Seppälä, M. (2009). Health Africa Network 1996–2009: Development projects and North-South-South Programme as tools for partnership. In H. Leppiaho, A. Pulkkinen, M. Pääskylä, K. Salonen, & S. Virtanen (Eds.). *Kansainvälisyys osana ammattikorkeakoulujen arkea* (Turun ammattikorkeakoulun raportteja 87). Turun ammattikorkeakoulu.

Kivelä, S., Hovila, H., Juntunen, A., Pelttari, A., & Laasonen, K. (eds.) (2016). *Towards global and sustainable higher education: The GLORE project fostering North-South partnerships in Finnish universities of applied sciences*. Diakonia-ammattikorkeakoulu. <http://urn.fi/URN:ISBN:978-952-493-265-3>

Pajala, K. 2015. From pioneering cooperation towards institutional change. In S. Hölttä, S., A. Moore, & E. Pekkola (Eds.). *Higher Education Institutions. Partnering for Development and Change. Reflections of the First Round of the Finnish HEI ICI Programme*. Center for International Mobility CIMO & University of Tampere.

Salmi, J., Mukherjee, H., Uusihakala, J., & Kärkkäinen, K. 2014. *Evaluation. Finland`s support to higher education institutions: North-South-South and HEI ICI programmes* (Evaluation report 2014:3). Ministry of Foreign Affairs of Finland.

Stenbäck, T. & Billany, N. 2009. Evaluation. *The North-South-South higher education institution network programme* (Evaluation report 2009:7). Ministry of Foreign Affairs of Finland.

Appendix 1.

Evaluation of the CIMO North-South-South Programme

Interview format for Teachers

The Ministry for Foreign Affairs of Finland has commissioned an evaluation of the N-S-S Higher Education Institution Networking Programme to assess past achievements and to make recommendations on future funding and administration arrangements. As you have participated directly in this programme, your opinion is necessary for an understanding of the successes and failings of the programme, and will assist greatly in forming the recommendations for the future. Thank you for filling in this questionnaire.

A. Background information

Institution: _____

Name of the Network: _____

Your name: _____

Your teaching specialization: _____

Timing of the exchange: _____

Duration of the exchange (in days): _____

Exchange from [country] to [country]: _____ **to** _____

B. Logistical arrangements of the exchange (where relevant, please highlight the number corresponding best to your opinion, where **5** = Fully agree, and **1** = totally disagree).

1. My arrival and reception by the host institution was trouble-free.

5 4 3 2 1

2. I was well-briefed by the host institution on arrival.

5 4 3 2 1

3. I had no trouble in finding suitable accommodation.

5 4 3 2 1

4. The grant I received for the exchange period was sufficient to cover my basic living and study expenses.

5 4 3 2 1

5. The grant payments were made so I had funds when I needed them.

5 4 3 2 1

6. Overall, the administration of the exchange was satisfactory.

5 4 3 2 1

7. Please note any specific issues related to logistics and implementation of the exchange:

8. Please note here any recommendations you have to improve *practical arrangements* (at sending and host institution levels) for future exchanges.

C. The exchange programme

9. How did you get the information on the exchange programme?

10. What were your reasons for applying to participate in the programme?

11. Are you familiar with the broad developmental objectives of the North-South-South networking programme (poverty reduction, MDGs, etc.)?

YES NO

If yes, how did your exchange visit contribute to achieving those objectives?

12. Are you familiar with the specific objectives of the network under which your exchange visit was arranged?

YES NO

If yes, how did your exchange visit contribute to achieving those objectives?

13. What were the biggest problems, if any, hindering the achievement of the programme and network objectives?

D. The exchange programme and you (where relevant, please highlight the number corresponding best to your opinion, where **5** = Fully agree, and **1** = Totally disagree).

14. What were your roles and responsibilities in the host university (e.g. teaching, course/curriculum planning, student assessment etc)?

15. These were relevant to the activity plans of my own institution.

5 4 3 2 1

If not relevant, please state why this was so.

16. The duration and timing of my visit was appropriate in terms of the expectations from the host university.

5 4 3 2 1

If the timing was not appropriate, please explain why.

17. The duration and timing of my visit was appropriate in terms of my own activities and expectations.

5 4 3 2 1

If the timing was not appropriate, please explain why.

18. In which way(s) did the host university support you in adjusting to the new and culturally different environment (e.g. orientation programme, mentoring)?

19. What was the major outcome/result of your work for the host university:

a) in terms of capacity development of the academic staff?

b) in terms of teaching curriculum and/or methodology?

c) in terms of student and programme assessment?

d) in terms of research cooperation?

20. Has there been continuation in the areas of cooperation in which you were involved?

21. Do you feel that you had a medium or long term impact on the host university's study courses (e.g. contents, teaching methodology etc.)?

YES NO Please give reasons for your answer.

22. Were you able to learn useful and relevant knowledge in your teaching/research fields? 23. Were you able to make individual contacts that may help you in your future activities or career?

24. Since your return, have you been in contact via e-mail, or otherwise with colleagues that you met during the visit?

YES NO

25. Please summarize what were the main benefits for yourself (e.g. academically, culturally, socially).

26. Would you be willing to participate in an exchange programme in the future?

YES NO Please give reasons for your answer.

27. How did your exchange contribute to your own university's expectations or objectives of the exchange programme?

28. What form of faculty networking do you consider would be most usefully supported by the N-S-S programme in the future:

- | | | |
|-------------------------------------|-----|----|
| a) teaching exchanges? | YES | NO |
| b) project/research exchanges? | YES | NO |
| c) conference/symposium attendance? | YES | NO |
| d) curriculum/course development | YES | NO |
| e) other – what? | | |

Which would you consider to be the most useful?

29. If you were in the position to plan a new exchange programme for the N-S-S network, what would you do differently?

HEALTH AFRICA INTENSIVE COURSES IN NORTH-SOUTH-SOUTH HIGHER EDUCATION INSTITUTION NETWORK PROGRAMME 2004–2015

Ilmo Anttila, Lic.Phil., M.A., Member of HADCO Board, Finland

Merja Seppälä, M.H.Sc., Senior Lecturer, Chairperson of HADCO Board
Centria UAS, Finland

1 INTRODUCTION

As described in the previous article by Mrs. Helli Kitinoja, Health Africa Network drafted and submitted seven (7) project plans within NSS Programme, and all of them were kindly approved by Center for International Mobility (CIMO), Finland. Thus, HADCO consortium of Finnish universities of applied sciences and Ugandan and Kenyan partner universities were active players throughout the lifespan of NSS Programme during the years 2004–2015. Seinäjoki University of Applied Sciences was the Finnish Coordinating institution and Mrs. Helli Kitinoja worked as the Administrative Coordinator. The Academic Coordinator of the project was Ms. Merja Seppälä at Centria UAS. The activities funded by the Finnish North-South-South (NSS) Higher Education Institution Network Programme were:

1. Reciprocal student and teacher exchange.
2. Joint intensive courses at the partner institutions in the South.
3. Activities that promoted networking between Finnish and partner institutions; preparatory and administrative visits as well as network meetings.
4. Dissemination measures (Stenbäck & Billany 2009, 71).

List of Intensive Courses held by Health Africa Network

- September 2008 at Public Health Nurses' College (PHNC), Uganda
- April 2009 at Maseno University, Kenya
- October 2010 at Maseno University, Kenya
- October 2012 at International Health Sciences University (IHSU), Kampala, Uganda
- October 2014 at Maseno University, Kenya.

Below is a detailed description of the very first Intensive Course preparation, implementation and evaluation processes. As regards the four later Intensive Courses, only brief outlines will be given here because the processes were almost identical.

2 INTENSIVE COURSE 1 AT PUBLIC HEALTH NURSES' COLLEGE, UGANDA, 15TH–19TH SEPT 2008, CULTURALLY APPROPRIATE CARE I

The first intensive course was organized in Kampala, Uganda by Public Health Nurses' College, the venue was Uganda Protestant Medical Bureau (UPMB) Guesthouse, Namirembe Hill. The main theme of the course was *Introduction to Culturally Appropriate Care*, and the aim was to introduce both Finnish and African participants to each other's cultures, education and health care systems and various culturally-related situations that may be faced in the field work.

There was a lot of advance preparation work to be done for successful running of the intensive course: During the Finnish spring season (March–May) and summer (June–August) all the attendees' lecture abstracts and group work topics as well as other programme proposals were collected. The students were given pre-assignments in which they were to describe their own university studies, health care and social work in their own countries, practical issues in everyday life, etc.

In Uganda Principal Tutor Mrs. Christine Alura worked as the main coordinator, organiser and the intensive course programme designer. In Finland the academic coordinator Ms. Merja Seppälä was in charge of

the contents of the course, and the administrative coordinator Mrs. Helli Kitinoja was responsible for planning and monitoring the course budget.



Picture 1. Health Africa 1st NSS Intensive Course. Engineer, Mr. Henry Francis Okinyal, Permanent Secretary at Ugandan Ministry of Education and Sports giving the opening speech (photo: Ilmo Anttila 2008).

There were altogether 63 Ugandan, 30 Kenyan and 20 Finnish participants. The opening speech was given by Mr. Henry Francis Okinyal, Permanent Secretary at Ugandan Ministry of Education and Sports, and at the end of the course a distinguished representative from the Ministry of Health delivered the closing words.

The Intensive Course consisted of long days and packed daily programmes (from 8.30 a.m. to 5.00/6.00 p.m.) consisting of lectures, poster presentations, workshops and study visits. At the end of each day there was a general discussion and a summary of the topics covered during that day, and the days were chaired in turns by Ugandan, Kenyan and Finnish teachers. Each morning was started by a brief summary of the previous day, presented by the Ugandan teacher who had been in overall charge of that previous day.

Thursday 18th September was the day for study visits, and all the attendees visited Kampala School for Physically Handicapped, Mpigi Health Centre, Kibuuka Memorial Primary School ja Kibuuka Memorial Secondary School. At Kibuuka schools the local pupils and teachers introduced their schools and presented through dances, songs and speeches the results of HADCO Wellbeing in the Village Project.

The feedback from the Intensive Course was very positive. All participants felt that they had received diverse, comprehensive information on Finnish, Kenyan and Ugandan cultures, societies, education, working environments and factors influencing public health etc. Furthermore, the Course had worked excellently as an orientation period for those going to Kenya and Uganda, and for those coming to Finland for student and teacher/staff exchange.

The study visit day was considered necessary and it enhanced the orientation process. The critical comments were about the long and congested days: There had been so many presentations that there was too little space for free discussions, and the planned time limits for the days were exceeded. However, as a whole, the Intensive Course was considered a success and of high quality. All the presentations by teachers, professors and students have been collected and saved on memory sticks and CDs, in total 25 presentations. Course Certificates had been printed in advance in Finland and they were delivered to all participants at the closing ceremony.

In connection with the Intensive Course there was also the first HADCO Network Meeting on Friday 19th September 2008. There were 20 participants in the meeting, and Professor Philip Aduma from Maseno University Kenya was the Chair, Ms. Irene Ndadzizaale from Uganda and Mr. Ilmo Anttila from Finland worked as Secretaries.

In the Network Meeting decisions were made on current matters concerning various arrangements in the joint Project, and preliminary plans were drafted for future student and teacher/staff exchanges. In the meeting the importance of South-South cooperation came out: There were a lot of things of common interest in higher education that could be shared and promoted together.



Picture 2. Health Africa 1st NSS Intensive Course, some participants, Professor Rosebella Onyango (MU) speaking (photo: Merja Seppälä 2008).

3 INTENSIVE COURSE 2 AT MASENO UNIVERSITY, KENYA 26TH APRIL–1ST MAY 2009, CULTURALLY APPROPRIATE CARE II, EDUCATION AND RESEARCH

Theme 1: Nutrition & Hygiene, Communicable Diseases: Malaria, HIV
Theme 2: Curriculum Development (modular curriculum): School Health, Occupational Health and Safety, Environmental Health

The program was planned and organised with Kenyan and Finnish teams. In the Kenyan team worked Professor Wilson Odero, Professor Philip Aduma and Senior Lecturer Samson Adoka, and in the Finnish team Administrative Coordinator Helli Kitinoja, Academic Coordinator Merja Seppälä and Senior Lecturer Ilmo Anttila. The number of participants on the Intensive Course was 73, and 40 of them came from Kenya, 10 from Uganda, 21 from Finland and 2 from Germany.

Again, the Intensive Course brought together teachers, students, researchers and practitioners from Kenya, Uganda and Finland, and it offered a multidisciplinary platform for a wide range of relevant fields of

studies. Also, representatives from other branches (such as eLearning) were invited to contribute to the themes and participate in the Course. Network Meeting 2 was held at Maseno University in Kisumu, Kenya 1st May 2009 in connection with the ongoing intensive course, and it was attended by 15 people.



Picture 3. Health Africa 2nd NSS Intensive Course. Course participants at Maseno University Hotel, Kisumu (photo: Maseno University 2009).

4 INTENSIVE COURSE 3 AT MASENO UNIVERSITY KENYA 25TH–30TH OCT 2010, CULTURALLY APPROPRIATE CARE III, HEALTH PROMOTION AND HEALTH TECHNOLOGY

Theme 1: Music and Art in Social well-being and Health Promotion

Theme 2: Innovative Health Technology

The program was planned and organised by collaborating Kenyan and Finnish teams. The Kenyan team members were Professor Wilson Odero, Professor Philip Aduma, Senior Lecturer Samson Adoka, and Senior Lecturer Olympia Jelagat Keino-Okal, and the Finnish organizing

team was the same as on the previous course. The total number of participants on this Intensive Course was 60, of whom 39 were from Kenya, 3 from Uganda, and 19 attendees from Finland. The low number of Ugandan participants was due to the then ongoing change of HADCO partner institution in Kampala (from Public Health Nurses' College to International Health Sciences University.)

The course participants gave positive feedback. Intensive course materials and lectures were collected on CDs. Network Meeting III took place 28th October 2010 at Maseno University School of Public Health and Community Development in Kisumu City. The number of participants in the meeting was 16.



Picture 4. Health Africa 3rd NSS Intensive Course. Course participants at Maseno University Hotel, Kisumu (photo: Maseno University 2010).

5 INTENSIVE COURSE 4 AT INTERNATIONAL HEALTH SCIENCES UNIVERSITY IHSU, KAMPALA UGANDA 15TH–20TH OCT 2012, CULTURALLY APPROPRIATE CARE IV, INTEGRATING E-LEARNING IN HEALTH CARE AND NUTRITION EDUCATION

Theme 1: eLearning

Theme 2: Community Care

Theme 3: Nutrition

Theme 4: Research Methods

The course was held at Landmark View Hotel in Kampala. The program was again planned together with Ugandan and Finnish teams. The International Health Sciences University team consisting of Dean, Senior Lecturer Mrs. Elizabeth Wafula, Academic Registrar Ms. Evelyn G. Ayot, Senior Lecturer Mrs. Elizabeth Situma, Senior Lecturer Mrs. Agnes Agwang and ICT Manager Mr. Barry Harry were in charge of practical arrangements in Kampala (venue, equipment, stationary, meals, study visits, etc.).

The opening speech was given by Dr. Ian Clarke, CEO of International Hospital Kampala, the founder of International Health Sciences University. The number of participants on the Intensive Course was 80. Among participants there were also representatives from Ministry of Education and Sports Uganda, from International Hospital Kampala, from Mpigi Health Centre and from Masaka Referral Hospital. There were presentations and workshops every day and the last day was again devoted to study visits. Reporters from Ugandan Television (UBC) made interviews on the Intensive Course and the interviews were broadcasted several times in UCB News. The closing speech was given by Ms. Elizabeth K. M. Gabona, Director of Higher Technical Vocational Education and Training at the Ugandan Ministry of Education and Sports.

The intensive course had achieved its main goal, to introduce e-learning as a teaching method in health care and nutrition higher education. The intensive course was an excellent way for dissemination of knowledge

due to the large number of participants. CDs with the course materials have been delivered to all network universities in Finland, Kenya and Uganda.



Picture 5. Health Africa 4th Intensive Course. Course participants at Landmark View Hotel in Kampala. (photo: International Health Sciences University 2012.)

6 INTENSIVE COURSE 5 AT MASENO UNIVERSITY, KENYA 13TH–19TH OCT 2014, EVIDENCE-BASED COMMUNITY HEALTH CARE SUPPORTED BY ELEARNING

Theme 1: e-Learning and Health

Theme 2: School health

Theme 3: Mental Health, Drug and Substance use, Occupational Health and Injuries

Theme 4: Food Security, Food safety and Hygiene

Theme 5: Disaster preparedness and Management

Theme 6: Role of Music and drama in health care

Theme 7: Child Health and Nutrition and Communicable and Non-communicable Diseases

Theme 8: Training Health Care Workers

The Intensive Course was held in Kisumu Hotel owned by Maseno University. The programme was planned and organized with Kenyan and Finnish teams: Maseno University Team was led by Prof. Rosebella Onyango, and its members were Dr. Agatha Christine Onyango, Senior Lecturer Mrs. Olympia Jelagat Keino-Okal and Mr. Geoffrey Olado Ouasi. They were responsible for practical arrangements in Kisumu (venue, equipment, stationary, meals, study visits, etc.). Maseno team also copied all presentations on memory sticks. The number of participants on the Intensive Course was approximately 80. There were presentations and workshops every day and on Friday the attendees went for study visits to a local hydrogen power plant, rice processing mill, and to Kogelo Village. All participants again experienced that the intensive course had achieved its main objectives and promoted intercultural understanding among them.

As was mentioned earlier, the intensive courses required a great deal of joint deliberation and planning before and during the events. Furthermore, in the months prior to all five occasions there was active, almost daily communication going on between Finnish team and the key persons at Ugandan and Kenyan partner universities as well as other stakeholders, which proved to be an essential prerequisite for success.



Picture 6. Health Africa 5th NSS Intensive Course. Maseno University Professor Philip Aduma (RIP) giving presentation. At the front Academic Registrar Evelyn Ayot from ISHU. (photo: Merja Seppälä 2014.)

7 LESSONS LEARNT WHEN PLANNING AND COORDINATING THE NSS INTENSIVE COURSES

The responsibilities and duties of the Finnish coordinating teachers included

- informing well in advance the Finnish, Ugandan and Kenyan HADCO universities about the upcoming NSS Intensive Course and about how to apply,
- drafting the Intensive Course budget together with the African hosting institution,
- joint planning of the Course Programme, starting from the 1st draft version and fine-tuning it step by step until the final Programme could be released to all participants,
- collecting the names of the delegates from each Finnish HADCO institutions. The African universities ran their own application processes,
- inquiring in advance the teachers' lecture topics and giving students their pre-assignments,
- advising first-timers on for example Visas, African climate, culture, food, tropical diseases and how to protect themselves from e.g. malaria, how to move safely from place to place,
- agreeing on the international flights, how to be transported from Entebbe and Kisumu Airports after arrival in Africa, and where to be accommodated,
- negotiating and jointly deciding on how the security of all delegates will be guaranteed, what measures need to be taken (this challenge was taken care of by the host universities in an excellent and discreet manner),
- sending money in advance to the African host University for the necessary purchases prior to the course, e.g. for buying stationery, for charges of equipment e.g. video projectors, for the rent of the lecture hall, dining hall, and for buying foodstuff for meals, refreshments etc.

- during each course the Finnish coordinators assisted the staff of the hosting University in all daily arrangements and helped them in solving any urgent issues that might arise,
- immediately after the courses all the remaining payments were made, monetary matters were settled and all the receipts collected for precise bookkeeping.

8 SOME USEFUL PERSONAL OBSERVATIONS

The commitment, social competence, planning and organizing skills of the Ugandan and Kenyan hosts, facilitators and key persons were admirable and it was a real privilege to work with them.

Lectures, general discussions and informal conversations were inspiring learning experiences for both Northern and Southern participants. The Southern partners' high quality scientific research studies and reporting their results and thereby bringing forth new approaches and insights were highly valuable professional and cultural learning experiences to the Finnish attendees.

As concerns practical daily matters, there were some differences compared to what we were used to here in Finland:

- the venue and electronic equipment (audiovisual aids) had to be hired and paid for even though the courses were often held in the host university premises,
- to be able to offer the local university students and teachers the opportunity to attend the courses, there were sometimes some minor challenges in arranging transports for them, because they were busy studying and working part of the day,
- as a whole, advance planning is crucial, but on site the organizers need to have the flexibility to change the program rapidly if needed,
- as an intensive course coordinator in Africa one has to be able to see and concentrate on the big picture and not be distracted by details or sudden minor incidents that might occur during the course,

- because the Finnish coordinators had to handle large sums of money due to the variety of expenses during and immediately after each course, some special arrangements had to be made for safety reasons. Also the strict requirements from the part of the Finnish fund-provider to carefully document all transactions for bookkeeping, contributed to the fact that checking the bills, making the payments and signing and collecting the receipts became one of the most time-consuming activities for the Finnish coordinator in charge of the budget,
- after each intensive course it was an honest wish on the part of the Finnish coordinators to receive a confirmation that participants from each HADCO university had returned to their homes safely.

The HADCO NSS intensive courses would not have come true without the encouragement, enthusiasm and solid support and help from the following administration officers and faculty and staff members:

at Public Health Nurses' College Kampala Uganda

- Principal Tutor Mrs. Christine H. A. Alura,
- Secretary Mrs. Irene Nadzizaale
and PHNC team at International Health Sciences University (IHSU) Kampala Ugand,
- Dean School of Nursing and Midwifery Mrs. Elizabeth Wafula,
- Academic Registrar Mrs. Evelyn G. Ayot,
- Senior Lecturer Mrs. Elizabeth Situma,
- Senior Lecturer Mrs. Agnes Agwang,
- ICT Manager Mr. Barry Harry
and IHSU team,

at Maseno University Kisumu Kenya

- Dean School of Medicine Dr. Wilson Odero,
- Dean School of Public Health and Community Development
Dr. Rosebella Onyango,
- Dean School of Public Health and Community Development
Dr. Pauline Andang'o,

- Senior Lecturer Mrs. Olympia Jelagat Keino-Okal,
- Dr. Agatha Christine Oyango,
- Dr. Samson Adoka,
- Dr. Vitalis Ouko,
- Maseno University team

and several others from all African partner universities not mentioned here by names, to all of whom we wish to express our sincere appreciation.

Sadly, three of HADCO's key partners and executive officers in Maseno University Administration have passed away during the last two decades. We want to convey our heartfelt gratitude and honor the memories of *the late Vice Chancellor Dr. Frederic Onyango, the late Vice Chancellor Dr. Dominic Makawiti, and the late VC Academic Affairs Dr. Philip Aduma*, all of whom were not only eager and active supporters and promoters of our joint HADCO activities but also sources of great inspiration.

BIBLIOGRAPHY

Stenbäck, T., & Billany, N. 2009. *Evaluation Report 2009:7: North-South-South Higher Education Institution Network Programme*. Ministry for Foreign Affairs of Finland. https://um.fi/development-cooperation-evaluation-reports-comprehensive-evaluations/-/asset_publisher/nBPgGHSLrA13/content/evaluointiraportti-2009-7-korkeakoulujen-pohjoinen-etela-etela-verkostoitumisohjelma/384998?curAsset=0&stId=47307

ERASMUS+ GLOBAL MOBILITY FOR HIGHER EDUCATION – HEALTH AFRICA GLOBAL 2017–2022

Tiina Ojanperä, M.Ed., Chairperson of Health Africa Network, Coordinator, Seinäjoki UAS, International Mobility Services, Finland

The global mobility included in the Erasmus+ Programme for higher education offers exchange opportunities also outside of Europe. The Erasmus+ Programme's global mobility (KA107) started in 2015. The funding comes from the European Union's external action budget and a large part of it is aimed at cooperation with the Union's neighbouring areas. Global mobility is funding both outgoing and incoming international mobility periods. Global mobility is also known as Erasmus+ International Credit Mobility.

Health Africa Network formed a mobility consortium in 2017 and applied for the global mobility funding for the first time. Consortium consists of 8 Finnish Universities of Applied Sciences (Centria, Häme, Kajaani, Lapland, Seinäjoki, Tampere, Vaasa, XAMK) together with southern partners Maseno University in Kenya and Clarke International University in Uganda.

Global funding has been received in 2017, 2018 and 2019. Coordinator was Seinäjoki University of Applied Sciences. During 2020, Tampere University of Applied Sciences applied for a new funding on behalf of the consortium. All together Erasmus+ Global Mobility funding was 139 000 euros during 2017–2019.

Higher education degree students can, regardless of their nationality, participate in the Erasmus+ Programme's global mobility and complete a part of their studies or an internship in countries outside of Europe. Students who travel abroad to study or for an internship are eligible for an Erasmus+ grant which covers some of the expenses of the exchange. During an Erasmus+ exchange, students can deepen their knowledge in their own field and gain new insights into their studies.

Health Africa consortium funding allowed to carry out the following mobilities:

- Students from Kenya or Uganda to Finland: 11
- Students from Finland to Uganda or Kenya, year 2017: 2
- In addition, 72 Finnish students had a mobility period in Uganda and Kenya with the funding from their own home universities of applied sciences.

Within the Erasmus+ Programme, also higher education institutions' teachers and other staff members have the opportunity for an international mobility period. Erasmus+ funding may be granted for teaching or training abroad. This funding covers some of the expenses of the exchange, and it is granted by the applicant's own higher education institution.

The Erasmus+ Programme offers higher education institutions' staff an opportunity for professional development. The exchange can be a study visit, a workshop, or a workplace learning period. Within Health Africa Network, teacher or staff mobilities were carried out in all consortium member higher education institutions. During one visit, two or more institutions were included in the mobility.

Health Africa consortium funding allowed to carry out the following mobilities of teachers and staff members:

- Teachers/staff members from Kenya or Uganda to Finland: 14
- Teachers/staff members from Finland to Kenya or Uganda: 8
- In addition, 3 Finnish teachers were in Kenya or Uganda with the funding from their home institution.



Picture 1. Maseno University staff and PHN students in HIV/ AIDS Health Educators' graduation. At the front Tiina Ojanperä from HADCO Team, Maseno, Kenya. (photo: Helinä Mesiäislehto-Soukka 2019.)

More information:

Finnish National Agency for Education. *Global mobility for higher education – general information*. <https://www.oph.fi/en/programmes/global-mobility-higher-education-general-information>

European Commission. *Erasmus+: EU programme for education, training, youth and sport* https://ec.europa.eu/programmes/erasmus-plus/resources/documents/erasmus-international-credit-mobility_en

1.2 Learning experiences of students and stakeholder collaboration in North and South



STRENGTHENING PROFESSIONAL COMPETENCE THROUGH INTERNATIONAL STUDENT EXCHANGE

Kaisa Seppälä, M.N.Sc., RN, Midwife, Senior Lecturer
Häme UAS, School of Wellbeing, Finland

Tiina Ojanperä, M.Ed., Coordinator
Seinäjoki UAS, International Mobility Services, Finland

For 25 years HADCO has organized through different mobility programs opportunities to study abroad for about 1000 social and health care students in Finland, Kenya and Uganda. This activity has provided numerous important encounters between students, patients, professionals and educators. Every encounter has an impact on us as humans and in interaction we have a possibility to learn more not just about our study field or profession but also about ourselves.

This article is based on some HADCO exchange student's reports, blogs, bachelor thesis and reflective discussions with the students. Almost all material is written or told by nursing degree students. Therefore, we try to reflect these experiences against some nurses' core competences. In addition, we will bring out some pedagogical methods which seem to promote student's learning process when they go through meaningful learning experiences.

1 THE IMPACT OF STUDY ABROAD ON COMPETENCES

In a survey “Gaining an employment edge” (Farrugia & Sanger 2017) with a sample of 4500 alumni the focus was the impact of study abroad on core skills and career prospects in the United States. According to this research studying abroad has an overall positive impact on the development of many job skills. Research indicates that employers value “soft skills” as much or even more than they value technical skills.

In this study 15 workforce skills of the 21st century were surveyed. The largest portion of respondents reported developing to a significant degree in several skills. Those skills were

intercultural skills, curiosity, flexibility, confidence, self-awareness, interpersonal skills, communication, problem solving, language, tolerance of ambiguity, and course of major-related knowledge (= proficiency in one’s chosen academic major or course content).

Work ethic, teamwork and leadership skills had also improved or developed during exchange studies, but less significantly (Farrugia & Sanger, 2017).

Also another study (Walters et al., 2017) suggests that even short-term study abroad experiences have an impact on student learning, personal and professional development and understanding of oneself as a global citizen. Interest area on this study was transformative learning. Study results indicate that mean critical reflection scores were moderate high among nursing students.

2 EXPERIENCES OF GAINING SOME CORE COMPETENCES

In Finland we have identified core competence areas for nurses. As examples of these competences are Client-centredness, Ethics and

professionalism in nursing, Leadership and entrepreneurship, Clinical nursing, Evidence-based practice and Decision making, Education and teaching competence, Promotion of health and Functional ability, Social and health care environment, and Quality and safety of social and health care services. (Eriksson et al., 2015, p. 60; Savonia, 2020.) Competence is seen as an ability acquired through experience and learning.

Since practical studies are in a big role in the nursing curriculums most of the HADCO students do practical studies during exchange period. These studies can be offered as placements and training in authentic environments or practical training at the university. Some theoretical studies are also provided. According to the student reports they value both studies, but specially experiences in practical placements seem to be meaningful for our students.

Client-centredness means that clients are seen as experts in their own lives, they are active participants in their care, involvement of client's family and other close people in the care is noticed and the role of interaction and dialogue in client care is valued.

Many Finnish students have written in their reports that in Kenya and Uganda they have learned better to understand how important it is to assess patients' and clients' resources in care. Poverty and limited resources need to be taken into account in implementing care and also in patient education. As an example some students were reflecting patient education in the outreaches. Local professionals recommended cheap, locally available products to improve protein intake for clients who could not afford meat. African health care professionals also show high respect on patients' spiritual needs.

Strong involvement of the family centeredness in care and respect towards elderly are also examples of good learning experiences for Finnish students. One student describes her experience in the following way:

But whatever I did, I had that feeling that I'm helping and that my presence and existence had a meaning, even with just a little touch or comforting words. That makes a difference in how I meet patients now, I can make a difference and my presence has a meaning.

On the other hand, African students reflect that in Finland they have learned a lot about individuality in care. One Ugandan student wrote the following description:

After witnessing how teams in Finland were involving patients in their care I realized how vital it was to always share with patients their plans of care.

Some other students were impressed how even clients with difficult learning disabilities were taken into care process as active participants.

Clinical nursing skills are also a competence area which is mentioned in almost all reports and discussions. This competence means skills to give psycho-social support to patients, procedures and diagnostic tests, nursing interventions, infection control and pharmacological treatment. It also covers different areas of care like medical care, mental health care, maternity care, surgical care and home care.

African students highlight that they have learned ideal modern nursing skills and how technology can assist in monitoring and many nursing interventions as well as in documentation. In the reports they have mentioned for example that

We have learned about cancer care, fractures, electrolyte imbalances, dementia, diabetes and wound care.

On the other field of nursing students report about learning experiences concerning assisted delivery, under water birth and non-medical pain relief methods. Simulation environment and other practical lessons at the university have also been important for African students. Simulation gives a safe environment to practice many critical skills like medication administration, opening IV line, resuscitation or encounter with dying patient. Students report also that they have learned how to use tests like cholesterol level or hemoglobin. Aseptic practices are also mentioned in many reports.

For the Finnish students exchange period has given a possibility to learn about many infectious diseases which are not common in

Finland. Counselling practices in HIV clinics have been important learning situations for many students. They are grateful for getting understanding in many tropical diseases, prevention and treatments through lessons and practical guidance in Uganda and Kenya.

Exchange period has taught the importance of observation skills and good anamnesis. Finnish students have learned for example how you can assess patient's anemia or risk for malnutrition and growth retardation with basic instruments and questions. African colleagues are experienced to check gestation age and fetal presentation without ultrasound. Lack of resources is compensated with creative innovations.

Here is a description from one of the student reports:

I think this whole experience opened my eyes and developed my clinical skills in ways that could never have happened in Finland. When there are no fancy and new technical devices or even a thermometer, you have to use different ways to observe, monitor and find information. For example, without any ultrasound I had to monitor the baby's wellbeing and calculate approximate birthweight. Usually the mothers didn't know how far their pregnancies were so you had no clue just from looking at the size of the baby bump that would the baby be premature or overdue.

Education and teaching competence including process, context and method aspects. Most students do report that this competence area is very challenging without shared language. Without shared language with a patient, students have noticed how powerful non-verbal communication can be. Finnish students do also highlight how creative methods African professionals are using in patient education. Students have mentioned methods like storytelling, pictures and health education by singing. On the other hand, exchange time has highlighted the value of guidelines in care. One student writes that

In my practical training I started to miss and respect all the evidence-based knowledge and guidelines we have in Finland. And I really mean it. Before my exchange I thought rarely much about them or ever thought how much they improve our health

care, but they do in ways that's hard to describe to someone that hasn't seen other than what they are used to. In Finland people are more and more against vaccinations (even in the medical field) and it is hard for me to understand their choices to leave their children unvaccinated after seeing the result of not having a comprehensive public vaccine coverage.

Ethics and professionalism are core competences in nursing. This competence area includes expertise, professional identity and working in networks and teams. One Kenyan student describes this competence in the following way.

My placement was amazing. I got to work in an organized environment with cheerful, open-minded team where all members were equal.

She continues that she was impressed how everyone from cleaner to head of the department were using similar uniforms. Teamwork, nurses' reasoning skills and scheduled timetables were mentioned in several reports as good learning experiences. One student tells that after returning back home she has been involved in a pilot project concerning essential medicines and health supplies with the aim to contribute quality to nursing care in her home country.

Finnish students however were admiring how proudly many African colleagues were talking about their profession and how peacefully they were looking after far too many patients compared to the number of staff members. Getting a profession is not self-evident and the African professionals value their education and work very highly. One Finnish student is telling the following

At first I have to say that I learned a lot of myself

and then she continues

you can't really plan things you actually don't know, especially when you don't know how you're going to react on situations you have never been in before.

3 MEANINGFUL LEARNING EXPERIENCES AND PEDAGOGIC SUPPORT

Different learning experiences are valuable but since learning is an active process it is not enough. Therefore we want to highlight some pedagogical methods we can use to promote this process.

Incoming exchange students are always writing a learning agreement with the receiving institution. Studies abroad are therefore target-oriented with the learning objectives of the sending institution. This gives a good basis for dialogue through the whole exchange process from planning to evaluation.

Several students do mention that mentors in clinical settings and from universities, and peer students have played a big role in the learning process. It seems to be extremely important to get instant feedback and have a possibility to share the experience with others in confidential way. Therefore named supervisors with co-operative and strong educational skills can help students to analyze their learning. Students were also mentioning that they benefit from professional evidence-based guidelines and access to library services.

Reflection is a teaching-learning method, which relies on higher-order thinking processes. Reflection implements methodological strategies that are able to evoke reflective thought processes. Reflective thinking arises when we begin to enquire and try to test its authenticity with evidence. This process involves the analysis of situation, doubt and self-correction processes. It is important that learner is considering the points of view of others. In the nursing context this means that students and teachers are able to question the situations that surround them with creativity and innovation. (Ruiz-Lopez et al., 2015.)

Reflection process can be supported in many ways. It can be supported by reflective discussion or also with reflective journaling. Several HADCO students were emphasizing the importance of weekly reflective conversations and evaluation discussions. Some students were describing that discussion were helping them to adapt into

new environment and practices. According to one study researchers recommend the method for study-abroad educators. Guiding student thinking may lead to reflective strategies and help to construct nuances and useful interpretations of their experiences. (Savicki & Price, 2015.)

According to the study of Ruiz-Lopez et al. (2015) reflective clinical journaling can help to build relationship of trust between the mentoring teacher and student. They recommend that students should be well informed and given written guidelines. These guidelines include for example information about context of reflective journaling (what is it? what for?) and orientation of the reflections (situation description, emotions). Students are encouraged to adapt a free writing approach or be guided by open questions. They need to know the assessment criteria. Also, the feedback should be given to the student over short periods and it has to be constructive.

One of the students wrote that studying in Finland was a turning point in his life. Therefore, he will always carry HADCO in references. During exchange period in Finland he understood that world has a lot to provide.

I would say that my HADCO-sponsored exchange stay in Finland was an eye opener to me in terms of how working public health care systems and solutions are designed and managed. In particular, I learned how rapid and sensitive molecular techniques such as PCR and qPCR could be used in monitoring and surveillance of foodborne pathogens including *Salmonella* sp. I also learned a lot about centralized clinical laboratory diagnostic services, where clinical samples are collected from health centers, transported and analysed at one well equipped regional laboratory. Being a biomedical scientist, this represents an efficient utilization of human resource and equipment, which if adopted in resource-poor countries like my country Kenya, would greatly enhance access to quality and standardized diagnostic services.

By now he has finished Master degree and also PHD studies in Germany. This autumn he has returned back to Africa with a dream to make positive change possible there.

BIBLIOGRAPHY

Eriksson, E., Korhonen, T., Merasto, M., & Moisio, E. L. (2015). *Sairaanhoidajan ammatillinen osaaminen: Sairaanhoidajakoulutuksen tulevaisuus-hanke 2015*. Ammattikorkeakoulujen terveystieteiden verkosto & Suomen sairaanhoitajaliitto ry.

Farrugia, C. & Sanger J. (2017). *Gaining an employment edge: The impact of study abroad on 21st century skills & career prospects in the United States*. IIE. <https://www.iie.org/Research-and-Insights/Publications/Gaining-an-employment-edge---The-Impact-of-Study-Abroad>

Ruiz-Lopez, M., Rodriguez, M., Villanueva Purificacion, G., Marquez-Cava M., Garcia-Mateos, M., Ruiz-Ruiz, B., & Herrera-Sanchez, E. (2015). The use of reflective journaling as a learning strategy during clinical rotations of students from faculty of health sciences: An action-research study. *Nurse education today*, 35, 26–31. <https://doi.org/10.1016/j.nedt.2015.07.029>

Savicki, V. & Price, M. (2015). Student reflective writing: Cognition and affect before, during and after study abroad. *Journal of college student development*, 56(6), 587–601. <http://dx.doi.org/10.1353/csd.2015.0063>

Walters, C., Charles, J. & Bingham, S. (2017). Impact of short-term study abroad experiences on transformative learning: A comparison of programs at 6 weeks. *Journal of transformative education*, 15 (2), 103–121. <https://doi.org/10.1177%2F1541344616670034>

Savonia. (2020). *Yleissairaanhoidajan (180 op) osaamisvaatimukset ja sisällöt*. <https://blogi.savonia.fi/ylesharviointi/2019/01/31/yleissairaanhoidajan-180-op-osaamisvaatimuslauseet-ja-sisallot-julkaistu/>

Student reports

Alanyo, A. (2007). *HADCO Student exchange program report*. (Uganda-Finland).

Alinaitwe, L. (2015). *HADCO Student exchange program report*. (Uganda-Finland).

Kabahenda, M. (2013). *My trip to Finland. HADCO Student exchange program report. Spring 2013*. (Uganda-Finland).

Kimoloi, S. (2007). *HADCO Student exchange program*. Online interview. September 2019. (Kenya-Finland).

Malinen, H. L. & Pietilä, H. (2018). *HADCO Hannat Keniassa-blogi*. (Finland-Kenya).

Mutesi, N., Nasasira, S., Musiimenta, A., & Abbey, P. (2019). *HADCO Student exchange program report*. (Kenya-Finland).

Mäyränen, P. (2017). *HADCO Student exchange program report*. (Finland-Kenya).

Okot, M., Nantale, J., Namuyiga, M., & Ndagire, J. 2018. *HADCO Student exchange program report*. (Uganda-Finland).

Viitanen, V. (2008). *"It has been important to see something very different". Finnish health care exchange students' experiences from nursing in Uganda*. Bachelor's Thesis.

MY PATH FROM KENYA TO FINLAND

Kaisa Seppälä, M.N.Sc., RN, Midwife, Senior Lecturer
Häme UAS, School of Wellbeing, Finland

Tiina Ojanperä, M.Ed., Coordinator
Seinäjoki UAS, International Mobility Services, Finland

Linah Oule, RN, HADCO exchange student
Maseno University, Kenya

Student exchange, information and experience sharing, promotion of the professional development has been a core of HADCO activities since the beginning. This article is describing professional development with the help of one “story”.

Linah Oule is one of about 1000 students who has experienced a successful HADCO exchange program. She came from Maseno University Kenya through the program and studied three months in Häme University of Applied Sciences in spring 2015. After that, she has taken many new steps and returned back to Finland for further studies.

I hold a Bachelor of Science in Nursing from Moi University, Kenya. The Bachelor program is designed to prepare nurses to work as clinical nurses, healthcare managers, nurse teachers, and researchers.

After my studies, I worked in Kenya as a clinical pediatric nurse, and as a research nurse and coordinator in malaria and HIV drugs and vaccine clinical trials. I also worked as a school principal and as a lecturer of various nursing subjects including fundamentals of nursing and medical-surgical nursing.

In 2015, While pursuing a Master’s degree in public health at Maseno University, I got an opportunity to study in Finland for three months through the HADCO exchange program. Being my first time out of Africa, it was an eye-opening experience in many ways. For one, before this time, I had rarely thought about the Nordic region or its inhabitants. The time in the Nordic climate brought many aha moments when we were finally able

to experience winter and spring, and other phenomena from high school geography lessons. Interacting with people from all over the world during various placements was an especially enriching intercultural experience. We were also able to appreciate the similarities and differences between the Kenyan and Finnish health care systems and work culture.

One area of interest was the level of patient involvement in their care in Finland. The high literacy levels in Finland mean that most people can seek information about their conditions and they are more active participants in their care, for example, most patients are able to monitor and document their blood pressure at home. This is one area we could improve on in Kenya through intersectoral collaboration with the ministry of education to raise literacy levels and by empowering of people to be more vocal about their needs and care.

As a nurse teacher at the time, Linah got a good impression about the quality of teaching programs in Finland. She was also impressed about level of motivation among student and staff members. She has special interest in educational leadership and innovative teaching methods.

By the time we travelled home, I had made up my mind about coming back to study in Finland, so I collected as much information as I could about Finnish universities and application processes. In 2016 August, I had to make the daunting decision to leave my new job as a clinical research coordinator and take a leap of faith to pursue further studies abroad on my own. Luckily, I still had contact with my mentor and friends from the exchange period and it was comforting to get encouragement and support from them.

In September 2016 she came back to Finland and started her Master Degree studies in Educational Sciences at the University of Jyväskylä.

My studies at the University of Jyväskylä have been worth the sacrifice of leaving home and my comfort zone. The university has diverse virtual and physical teaching and learning resources, which make studies and communication within the university community easy.

My previous studies at Moi University were implemented through problem-based learning and this gave me the requisite skills to handle independent studies, which make a considerable component of the curriculum at Jyväskylä. I have also learned a lot about student-centered curriculum implementation in Jyväskylä, where teachers recognize that no two individuals have the same learning from a course, and students are encouraged to make sense of their own learning based on their experiences and career goals. As a previous nurse teacher, most of my learning goals have leaned towards applicability in nursing education and my thesis was on nurse teacher perceptions of the practice architectures for nursing education in Kenya. The findings were that Kenya, like most African countries, still has many material-economic resource related setbacks for the establishment of architectures for nursing education.

Linah's educational path is still continuing here in Finland. In the autumn 2019, she has started Bachelor degree studies in Jyväskylä University of Applied Sciences with the aim to be a registered nurse in Finland.

Having successfully completed my master's degree, I plan to stay in Finland for the foreseeable future and am now undertaking complementary nursing studies in order to get a registered nurse degree in Finland. At the same time, I am developing my Finnish language skills, which are now at intermediate level. I plan to pursue a career in nursing curriculum and media development, with a focus on self-directed and online learning, and enhancing interaction among teachers and learners. It is my hope that my nursing career in Finland will be an advantage to the collaborative relationship between the Kenyan and Finnish nursing fraternities.

BIBLIOGRAPHY

Oule, L. (2019). Interview. September 2019.

LEARNING THROUGH PROJECT DURING STUDENT EXCHANGE: HEALTHY KIDS OF SEINÄJOKI TAMING OBESITY RIGHT FROM BIRTH

Mercy James, Master Student, HADCO Exchange Student
Maseno University, Kenya

Helli Kitinoja, M.H.Sc., RN, Senior Advisor Global Education
Services
Seinäjäki UAS, Finland

1 INTRODUCTION

There is an African Swahili adage that says: “*Siku njema huonekana asubuhi*” which loosely translates to mean that one can tell if a day is going to be good at dawn. The people of Seinäjoki in Finland seem to know this only too well.

The city is relatively tiny with a population of slightly above 60 000 people compared to the large settlements in Kenya where an urban area like Kisumu City has more than one million people. But what the City of Seinäjoki lacks in numbers it makes up for it in advances in medical research and technology. And for good reasons!

Walking through the streets of Seinäjoki or even as you go skating with the locals in the winter snow, you will hardly notice anything strange other than a warm, fun-loving people who greet you with a firm handshake and a smile on the face. But something more physical betrays the smiles and brings to the fore a deep-seated problem that has become a universal struggle affecting more than 20% of the population – obesity.

2 PREVENTION OF OBESITY AND OVERWEIGHT BEGINS AT THE PLACE WHERE LIFE ACTUALLY BEGINS

In the year 2013 having noted that the problem had escalated to a national level, the City of Seinäjoki set a target to fight obesity and excess weight by targeting children and adolescents. The City it seems must have received inspiration from the Swahili proverb to start early if a better day was to be envisioned.

Today, five years later it has recorded great achievements. Overweight among infants and children aged five years and below has reduced from 17% in 2009 to the year 2015 all thanks to a program by the City dubbed “Healthy Kids of Seinäjoki”.

The model demonstrates that obesity and its related health complications can be prevented through a number of non-medical initiatives including change in lifestyles and proper nutrition. But what is really unique about this program is that the change in lifestyles does not only target children but begins at the place where life actually begins – in the womb. Several hospitals and health centers have a program for expectant mothers to help them train the unborn child to live a healthy life free from obesity.

3 PROMOTING HEALTHY OPTIONS

In the maternity and child clinic, children and families receive systematic lifestyle counselling and health checkups. Through the program, food provided in schools and day care services meet national nutrition recommendations whereby the content of sugar, salt and fibre is carefully monitored by experts. It does not stop there!

During early childhood education institutions are urged to engage the students in physical activities and also support healthy life. For example, sweets or birthday cakes to day care units are not allowed instead the institution celebrates the occasion in a functional way.

The model supports families to “move more” and spend less time on gadgets, which takes most of the blame for the increasing numbers of obesity cases in the developed world.

Some people see the measures taken by the city as punitive, but the officials are not about to relax on the campaign: “It’s often asked how much pressure we put on families and on the children, but we aren’t working on obesity. Instead, we are providing all children with the opportunity to eat healthy food. The model avoids passivity and encourages a culture of physical activity,” the city’s Coordinator of Health and Welfare Promotion, Ulla Frantti-Malinen was quoted saying by the local media.

The overall goal of this programme is to promote healthy options which include lifestyle guidance, nutrition and exercising in the lifestyle of children and families. The work against obesity of the City of Seinäjoki is an excellent example of Health in All Policies (HiAP) which through reduction of obesity and overweight contributes as a common target for the whole City.

4 LEARNING MOBILITY SUPPORTED BY THE EUROPEAN UNION ERASMUS+ PROGRAMME

During a three-month visit to Finland on an exchange programme in Seinäjoki University of Applied Sciences sponsored by the Erasmus+ Programme and a European Union Learning Mobility Grant, a number of students from across the world had a first-hand experience with this innovative health model.

I was privileged to be among this team and got life-long knowledge and experience, which when adopted by other developing countries like my motherland Kenya could go a long way in averting the risks of obesity and related health complications. Through the program the City was able to integrate three very vital precursors for good health in all sectors namely: Nutrition, Physical Activity and Lifestyle Guidance.

Over the duration of the study, we had an opportunity to attend the Healthy Kids of Seinäjoki International Conference 2018 on ending childhood obesity and overweight. The conference involved likeminded countries who presented their achievements in fighting obesity after borrowing best practices from the Healthy Kids of Seinäjoki Model.



Picture 1. Healthy Kids of Seinäjoki International Conference 2019 and visitors from Kenya, Uganda and Namibia (photo: Helli Kitinoja, 2019).

5 TOGETHER TOWARDS SUSTAINABLE DEVELOPMENT GOALS

In Kenya stunted growth and underweight among children remains a major challenge with cases of being on the rise in most parts of the country with a population of more than 48 million people. Having attended the program I now believe that Kenya can learn a thing or two from it particularly the “Active School Day Policy” of encouraging children to be more active by playing, moving and learning. The teachers should be encouraged to come up with cost effective teaching methods that encourage physical activity.

The world is fast becoming smaller signaling a need for every nation to benchmark to find solutions to common health problems. “People need equal opportunities to live a healthy life. Promote participation and give powers to decide upon themselves,” said Tuomas Kurttila, the Ombudsman for Children, Finland during my little encounter with him at the Healthy Kids of Seinäjoki conference.

Finland is ranked top five in progress made towards sustainable development goals with about 81% achievement. As a country there is a need for Kenya to embrace collaboration, consistency and little efforts which in turn yield better results. Sectors need to come together and integrate so as to make progress towards achieving the sustainable global goals.

As I begin to count the days and plan my long journey back home, I cannot help but ask myself if the solution to our myriad of public health issues lies in this model. Only time will tell! But first, Kenya has to put the model to test.

BIBLIOGRAPHY

City of Seinäjoki. (n.d.). *Healthy Kids of Seinäjoki*. <https://www.healthykids-ofseinajoki.fi/en/>

CARING HANDS IN UGANDA

Milla Happonen, Director
Caring Hands, Uganda

1 INTRODUCTION

Uganda has been my home for over 20 years. I have lived on three continents. I was born in Finland and moved to Canada with my husband in the 1980s. From Canada, we moved as a family to Uganda in 1995. Touched by the poverty around us and in the spirit of the holidays, we planned to host a Christmas meal for 120 poor families in our Kampala neighborhood. We asked our friends and family to help us. We were overwhelmed by the generous donations of people wanting to help. That Christmas, we ended up providing a month's worth of food to over 600 people. It made me feel so good to see how thankful families were that someone cared about them and wanted to help.

However, I soon realized that this was not a long-term solution to their problems. I established Caring Hands to give poor families a chance to get a job, make some money, and find a way out of poverty. Our Livelihood Program gives disadvantaged women and youth the tools they need to become independent and build a future. Their stories are inspiring.

It gives me joy to see young lives change with hopes and opportunities for the future. By buying Caring Hands jewelry you can also help to lift families out of poverty and give young Ugandans a chance to build a brighter future. I hope you appreciate the unique craftsmanship and exquisite designs. Your purchase will provide individuals a new lease on life.

2 CARING HANDS

Caring Hands was founded in 2005 and was registered as a Non-Governmental Organization in 2008. During the first years, Caring Hands focused on empowering over 50 women by training them to make recycled paper jewelry and by marketing their products. Caring Hands became widely known for these beautiful, high quality products. The profits from the sales were used to empower vulnerable people living in poverty (2005–2010). Later, Caring Hands received funding from USAID and the Ministry of Foreign Affairs of Finland (2010–2016).

Caring Hands has also trained over 1000 young people and facilitated the formation of 39 Village Saving and Loan Association Groups (VSLA) with over 900 community members in the greater Kampala area. The saving groups create access to capital for businesses for the members. Currently, the main source of income for Caring Hands is the proceeds from the sales of handcrafted jewelry made from recycled materials and donations.

3 STRATEGIC PLAN 2017–2020

There is high unemployment in Uganda among the youth (64%). The Caring Hands Strategic Plan 2017–2020 aims at contributing to a better livelihood for young adults, especially women (18–30 year-olds) in our community. The activities in achieving this goal are to train in entrepreneurship skills and to create access to capital.

Goal

Caring Hands strives to empower unemployed youth and women to fulfill their right to meaningful work and livelihoods.

Beneficiaries and activities

The Economic Livelihood Program offers a four-month entrepreneurship training for 100 vulnerable young adults annually. The target is 18–30 year-olds living in poverty, women, slum dwellers, single parents, people living with HIV, people living with disabilities, the educated

unemployed, and school dropouts. The training includes business planning, how to start small businesses, savings groups, promoting access to funding for small businesses, acquiring skills through apprenticeship as well as start-up kits. Caring Hand's staff monitors the performance of started businesses by beneficiaries and gives technical support. Caring Hands is committed to contribute to the development of our community. We focus on improving the well-being of the most vulnerable members by empowering them through training. This gives them the opportunity of independence.

Implementation findings 2017–2018

The Economic Livelihood Program entrepreneurship trainings have been running for two years (2017–2018). When an assessment was made of the program, it found that women over the age of 30 wanted to attend the trainings also. We are now adhering to these findings and in 2019 vulnerable women over the age of 30 have been included in the trainings.



Picture 1. Entrepreneurship training: Student Flavia orientating new students at Caring Hands Center, Bweyogerere, Kampala (photo: Milla Happonen 2018).

Partners

Caring Hands (Uganda) works together with Caring Hands Finland ry and Caring Hands Society (Canada). Together we market our recycled products and develop the Caring Hands Centre in Bweyogerere (suburb in Kampala). In 2017, Caring Hands signed a Memorandum of Understanding with the Wakiso District Local Government. The Memorandum of Understanding aims at harmonizing the efforts of Caring Hands with the District and Caring Hands in providing socioeconomic livelihood services.

Future plans

Caring Hands Centre has excellent facilities that are used for carrying out the activities that contribute to bettering the community. We are looking for diverse ways on how to increase the funding for these activities. Caring Hands (Uganda) works closely with Caring Hands Society (Canada) for the further development of the property. The goal is to develop the plot in such a way that it will generate sustainable rental income. Caring Hands is striving to further develop and broaden the markets of their recycled products. Caring Hands also works on developing the capacity of their committed, hardworking staff.

Health Africa

The Finnish Health Africa exchange students have had the opportunity to do part of their practical training at Caring Hands Kampala, which placements have been particularly beneficial to Bachelor of Social Work students.



Picture 2. Milla Happonen, Caring Hands Director, Kampala, Uganda (photo: Hannu Happonen 2015).

HEALTH AFRICA DEVELOPMENT COOPERATION ORGANIZATION'S IMPACT IN UGANDA

Hellen Kamunuga, MBA, Project Manager
Uganda

Erasmus Kamunuga, Senior Lecturer, Pastor
Uganda

During the mid-90s we got to know about Health Africa Development Cooperation Organization (HADCO) in Uganda, where the Finnish students came to do their practical studies in Kiyeyi Tororo District. We do describe HADCO as a link to transformation. Our role in HADCO was to give logistical support and take care of its bookkeeping and purchases. The logistical support entailed airport pickups, booking for accommodation, orientation to Uganda and its culture. We provided support to the Finnish Students, whenever there was need, for example, issues to do with their entry permit or in case of sickness etc. We also did a follow-up of HADCO activities. There were minimal challenges except when the Finnish Students fell sick.

Over the years HADCO undertook activities that impacted on vulnerable people in Uganda especially children and youth. Some of the activities were conducted by the Finnish students during their practicum in hospitals and other social service organizations. Among the activities conducted by HADCO was the building of a kitchen and dining hall at Kibuuka Memorial Primary School, Construction of a Health Clinic for both the pupils of Kibuuka Memorial Primary school and the students of Kibuuka Memorial Secondary School, although it also benefited the community within these two schools. HADCO instituted a school project to boost the livelihood of the students and pupils of the two schools through a piggery project. HADCO has facilitated understanding of cultures between the Finns and Ugandans, in terms of the cooperation and exchange trip of Ugandans to Finland. It also supported some Ugandans to undertake further studies, thus increasing their chances for improved livelihoods.

In order to describe the impact that this international cooperation has had on us as a family and other stakeholders, we visited the sites of intervention by HADCO on 16th August 2019, and below are our findings on HADCOs impact as reported by the beneficiaries:

1. The kitchen and dining hall built at Kibuuka Memorial Primary school first of all is very unique in comparison to what other schools have. It has led to an increase of the school population due to the availability of food. It is efficient and effective since the kitchen stove is an energy saver and makes food get ready fast. Meals are still being prepared from this kitchen, though the porridge (breakfast) does not have sugar as it used to be. The kitchen and dining are still serving the intended purpose although it has not been maintained well and due to the increase in the School population, the benches and the tables meant for the dining hall are being used in the classrooms. The tank which HADCO provided to the school is still in good condition and serves the whole school population.
2. The piggery project benefited both schools in terms of boosting their food security, as the matured pigs were sold and the money used to buy food items like beans and maize for the schools. The pig stys are still functional though being used by the school teachers as individuals.
3. The health clinic benefited the population of both Kibuuka Memorial Primary and Secondary schools, besides the people living in the community around the schools. The clinic, which was handed over to the schools in 2007 operated until 2015 and was closed in 2016 when the two schools failed to pay the salary of the nurse in charge. Otherwise it is still in good condition and has all the medical equipment that was procured by HADCO.
4. One of the hospitals where the Finnish students practiced is Mpigi Health center, where the whole community benefited in many ways, because the students would donate needles, gloves, maternal delivery kits and would share knowledge with the hospital staff. People who helped to provide services to the Finnish students, for example the matron at the hostel benefited financially and were able to use the money to pay their children's school fees.

As a couple, we view HADCO as a link to empowerment and long-lasting transformation. In 1999 Hellen got an opportunity to go to Finland to pursue her Bachelor's Degree in Business Studies (BBA) at Kokkola through the assistance of the then Chairperson of HADCO Ms. Leila Latvasalo. We attribute this achievement to HADCO that created an avenue for the encounter with the chairperson who was able to assist Hellen acquire quality Education. After Hellen's graduation, before returning to Uganda, the incoming chairperson Ms. Merja Seppala in a meeting at Rimmi Kokkola requested her to be a contact person for HADCO in Uganda of which she gladly agreed. It has been a great experience in this cooperation and to receive Two (2) groups of the Finnish Students and their teachers' each year has meant a lot to us. This has given us many friends from Finland and we benefited in many ways, socially, financially to mention but a few. This relationship has contributed to our wellbeing as a family. HADCO also facilitated our visit to Finland as a family in 2007, enabling Erasmus and Natasha to experience life in Finland. The transformation in our lives has been long lasting, as the skills and the exposure received in Finland have contributed to Hellen's career path to attaining a high position in Fida International as a Country Program Manager for Uganda. With this success story, we have been able to support some vulnerable children to acquire education and give them a chance to a better livelihood in future.

Generally HADCOs intervention in Uganda has yielded positive results that are long lasting amongst communities.



Picture 1. Erasmus and Hellen Kamunuga with their daughter Natasha, Uganda (photo: Family Kamunugas' home album 2019).



PREPARING FOR EXCHANGE IN AFRICA – EVOKING CULTURAL AWARENESS RELATED TO THE CONCEPT OF RESPECT AS A CARING ACTIVITY IN AFRICAN CONTEXT

Anitta Juntunen, Ph.D., RN, Principal Lecturer
Kajaani UAS, School of Social and Health Care, Finland

1 INTRODUCTION

Finnish students engaging to Health Africa program are requested to prepare themselves for an exchange period by participating to an orientation program. Among practical and other issues, the orientation program aims to sensitize students to cultural awareness. Cultural awareness refers to understanding of differences between one's own people and people from other backgrounds, particularly differences in attitudes and values (Collins dictionaries, i.a.). In this article, my aim is to give an example of a caring activity, which interpretation requires gaining of cultural awareness.

In the 1990s I worked three years as a nurse tutor in the Ilembula Nurses' and Midwives' Training School in Tanzania. During my stay there, I observed that people, including health care professionals working at the Ilembula Lutheran Hospital, often mentioned the word 'respect'. A few years later I returned to Ilembula for an ethnographic fieldwork to collect data for my doctoral dissertation examining care as a cultural phenomenon among the Bena living in the village of Ilembula. (Juntunen, 2001.) When working in the field at the Ilembula village, I discovered that respect was clearly associated with care and health

promotion. Thus, the purpose of this article is to increase cultural awareness by describing the character and typical features of respect as a caring activity among the Bena in the Ilembula village and to find out why respect is an important caring component for them.

2 RESPECT IN CONFIRMING UNITY AND WELL-BEING

The outcomes of my findings showed that respect had two significant functions: firstly, in confirming unity within the extended family and, secondly, in ensuring physical, economic and social well-being of an individual and his/her offspring. The villagers and patients with their caregivers on hospital wards, when explaining their views about care, described activities based on respect. According to the traditional worldview of the Bena, living-dead ancestors had a power either bless or punish their descendants, which clarified the significance of the concept of family unity. The characteristics of respectful caring activities were maintaining integrity within the extended family, moral responsibility, role division, and being present.

2.1 Maintaining integrity within the extended family

When working as a nurse tutor, I observed on the hospital wards that illnesses, excluding minor health ailments, were not a private matter. The extended family was involved if the patient's condition was not improved by home remedies. The reason for this was the need to share the treatment costs, to give information about the patient's health history to the nurses, doctors or a *mganga* (traditional healer, pl. *waganga*) and to take care of the patient's basic needs, which required the contribution of many people.

Care meant maintaining integrity within the extended family, because capable family members shared the hardships caused by the illness. It often meant economic or material support, but also assistance in practical matters, such as arranging transport and taking care of the

patient or his/her children and household. Family members visited the patient regularly to say *pole* (condolences) and to find out about his/her progress. They did this in order to ensure support from the extended family in the future when they might have troubles themselves, or to prove that they did not cause the illness by means of witchcraft.

2.2 Moral responsibility

Moral responsibility was expressed best in the attitude known *kuhangaiga* (being anxious). The family became anxious if the patient did not show signs of improvement and found all available specialists and remedies it could afford. This often meant consulting one *mganga* after another besides hospitals and private clinics, buying medicines, and depending on the cause of illness found by a *mganga* performing rituals among the extended family.

The family's moral responsibility for care was seen in their efforts to meet the patient's wishes in order to ensure his recovery, which reflected the collective and harmonious aspects of their worldview. The villagers said that a sick person was never left alone. At home, somebody, e.g. a child, was constantly nearby to hear the patient's wishes. In the hospital, the relatives explained the interaction between their caring actions and the patient's condition, e.g. the patient vomited because the relative delayed giving him/her a bed bath. If a patient's condition required a long hospital treatment, the relatives stayed in the hospital even for 2–3 months. The relatives were very careful in catering to the needs and wishes of elderly family members, because by doing so they believed to be blessed by the living-dead ancestors. The moral responsibility to care was stressed by villagers who had noticed that some relatives, e.g. daughters-in-law, were not willing to take of their mothers-in-law. The villagers believed that such persons would be given troubles, e.g. illnesses, because of their behavior.

2.3 Role division

I observed on the hospital wards that role division was a characteristic of respectful caring actions. In interviews I was told that after taking self-care remedies, such as local herbs or chemical drugs, the patient occasionally turned to a grandmother or grandfather who usually knew the herbs used traditionally in the family. If s/he became severely ill or had long-term health ailments, the head of the household had to be aware of it, and he usually informed the head of the extended family. The main duty of the head of the family was to pay the expenses or to find money to cover the costs. Then the patient could be sent to hospital or the family might decide to consult a *mganga*, or both.

When the patient was unable to attend to his/her daily needs, the members of the extended family were expected to assist him according to their age and sex. If a woman required bedside care, any of the grown-up female relatives could accompany her to the hospital, to home, or sometimes to a *mganga*. Her husband or grown-up daughters were allowed to give her bedside care. When a male person needed bedside care, a male relative, a wife or a grown-up son gave it. A child was taken care of by any of the grown-up relatives, including the father. The position of the firstborn son was significant when one of the parents fell ill. He was expected to come and arrange everything to ensure good care, either alone or with the other parent. The role division in giving care was based on beliefs related to *baridi*, meaning emotional coldness. *Baridi* was a slowly progressing physical and mental condition which made the person unable to perform the duties and tasks expected from him/her on the basis of his/her age and sex.

2.4 Being present

Respect meant encounter with an emphasis on being present. The reason for it was found to be the tradition that the patient was not allowed to be left alone, since there was always a possibility that s/he would die without anybody hearing his/her last words. S/he might have been involved in witchcraft or made other serious mistakes causing, for example, *litego* (a curse) and wanting to confess this.

Being present began with greetings, the expression of pole and asking about the patient's condition. It included giving time, sitting together, and eating or drinking tea together, or staying quiet but physically close to the patient. The one taking care of the patient, fed and bathed him/her if necessary, washed linen, changed clothes and slept near him/her, often on the floor in the hospital. S/he assisted the nurses by keeping an eye on the intravenous fluid infusions, urinary catheter, feeding via a nasogastric tube, collecting specimen, transporting the patient to the x-ray department and monitoring his/her general condition, especially in the postoperative stage. Succor, which here refers to assistance given by relatives at times of need, was an important element of being present.

The relative was a mediator: s/he informed physicians and nurses about the history of the patient's illness and transferred their orders to the patient. However, it was even more important to keep the rest of the family informed about the progress of the patient's condition and prescriptions given by health professionals. The patients and their relatives expected reassurance, medication and technical interventions from nurses.

Being present was the key aspect of the encounter of *waganga* with their patients, whom they called *wageni* (guests). They gave time to the patient, sometimes even 2–3 days to find the cause of the health ailment, listened to him/her, made observations about his/her way of speaking or tone of his/ her voice and gestures. The *waganga* found it important to know where the patient came from, because they were aware that the meanings of the word patients used to describe symptoms varied, depending on where they came from.

3 CONCLUSION

Respect has an important role in care all over the world; thus, it is a universal caring component, but the forms of it differ, depending on the culture. For example, in Finland, respect is an important component in present client or patient-centered care the main characteristic of which

is an empowering encounter with mutual interpersonal interaction between a patient and a health professional, time giving and being present.

Respect as a caring activity in the Bena cultural context in Ilembula reflected the Bantu worldview and sociocultural structure and was based on traditional Bena knowledge. It offered the means for a Bena to explain the events of life and to control life. Nevertheless, the traditional Bena society cannot keep its stability for a long time; it needs to be able to cope with conflicts in relation to modern interventions and ideas. The transformation of cultural values and beliefs in Ilembula was obvious; thus, the findings of my study could be described as disappearing folklores. The village health care workers and trained health care professionals gave information and advice that was considered contradictory to the traditional knowledge, which was the reason why the villagers neglected them. However, I think that professional health care workers, in order to be successful in their field, also need to take into account the cultural traditions and activities by reflecting them rather than denying or keeping quiet about them.

Finnish students, when encountering with African patients, easily recognize differences in health behavior and communication patterns compared to their own citizens. However, recognizing differences is not enough; the students need to develop their understanding of differences. That is why cultural awareness is included in the HADCO's orientation programme for exchange students and teachers

BIBLIOGRAPHY

Collins dictionaries. (i.a.) Cultural awareness. In *English dictionary*. <https://www.collinsdictionary.com/dictionary/english/cultural-awareness>

Juntunen, A. 2001. *Professional and lay care in the Tanzanian village of Ilembula* (Acta Universitatis Ouluensis D 637) [Doctoral dissertation, University of Oulu]. Jultika. <http://urn.fi/urn:isbn:9514264312>

SOCIAL AND EMOTIONAL SUPPORT DURING WIVES' PREGNANCY, CHILDBIRTH AND PUERPERIUM: A COMPARATIVE ANALYSIS OF FINNISH AND KENYAN FATHERS' EXPERIENCES

Helinä Mesiäislehto-Soukka, Ph.D., M.A., Midwife, Senior Lecturer (emerita)
Seinäjoki UAS, School of Health and Social Work, Finland

David Omondi Okeyo, Ph.D., M.Sc., MPH, Chief Executive Officer
Kenya Nutritionists and Dieticians Institute (KNDI), Nairobi, Kenya



Picture 1. Dr. David Omondi Okeyo and Dr. Helinä Mesiäislehto-Soukka (photo: Helinä Mesiäislehto-Soukka).

ABSTRACT

This research was an important part of Health-Africa co-operation, which had begun in 1994. The Health Africa Development Cooperation Association was founded in 1999. At the time the research was conducted, eight Finnish Universities and two African universities;

Maseno University in Kenya and, Clarke International University in Uganda, were collaborating under the North-South-South programme. Our gratitude goes to Health-Africa Co-operation which funded the programme. A big thanks goes to Seinäjoki Central Hospital and the community of Kabondo in Homabay County, Kenya.

Finnish and Kenyan fathers have not previously been investigated using open interviews. The research was critical within the Sustainable Development Goals from the point of view of promoting gender equality, health and wellbeing. This was also an important goal of Finnish development cooperation. Fathers need attention to achieve these goals. The diversity of cultures poses challenges for development cooperation, as this research represents. In any case, it is common for both countries to recognize the importance of fathers in promoting the well-being of mothers and children. The research aimed at identifying factors that promote and prevent the provision of support to women during and after pregnancy, from the perspective of fathers. Key issues presented as outcome of the research surrounds emotional and social support in the context of fathers' experiences during pregnancy, childbirth and puerperium.

1 INTRODUCTION

Development cooperation requires family research. Raising the cultural perspective is also important as internationalization and mobility increase. From the point of view of family research in European (Gehards, 2010) and African (Dowden, 2010) culture there are many differences in cultures, like population growth, the level of education among women, women working and their position, family structures (Mburugu & Adams, 2005; Tilastokeskus, 2019) and child and maternal mortality. How men recognize the need for wife support in a family expecting for a child? The extent to which they commit to supporting a mother is a cultural issue.

Maternal and child mortality remain a major challenge in developing countries, especially in Africa. At present, there is a particular interest

in identifying the ways in which the proper care of mothers and children can be organized. Globally, about 360 000 died because of deliveries. 99% of them happen in Africa (WHO et al., 1999; UNICEF, 2015; WHO et al. 2010). The reason for this is inadequate and poor-quality maternity care and childcare activities after pregnancy and childbirth (Carroli et al., 2001; WHO, 1999). According to the CIA (Central Intelligence Association) report (2012) the birth rate in Kenya was 31.9 births per thousand people. According to the birth rate of 2019, the woman would give birth to an average of 1.35 children in Finland, the Figure is now almost the lowest of all time (Tilastokeskus, 2020).

The focus of the Global Reproductive Health Program in developing countries is women's education, maternity care, child health care and family planning. Nutrition (Omondi, 2010) is one of the most important things during pregnancy and puerperium. At present, the inclusion of men in maternity and child health care is also encouraged. In African countries, it should be emphasized, because it has the main role in making decisions about the family, because men have a key role in making family decisions. Men's knowledge, attitudes and practical skills during pregnancy and after childbirth are essential for protecting both mother and child (Cohen & Burger, 2000). It is essential that maternity and child health programs focus in particular on encouraging men in Africa to play a more active role during and after a woman's pregnancy. Finnish fathers, in turn, have been actively involved in monitoring the pregnancy of their wife since the 1970s, have been involved in childbirth and a large number of fathers also take parental leave. In Finland, however, fathers are still encouraged to participate more closely (Mesiäislehto-Soukka, 2005; 2006; 2011; Sosiaali- ja terveystieteiden ministeriö, 2008; Keyriläinen, 2019) in family life especially after the birth of a baby. The subject has not previously been studied from this perspective. In order to gain new knowledge, this study describes the experiences of Finnish and Kenyan men about the importance of support offered to their wives during pregnancy, puerperium period and after.

2 RESEARCH PROCESS AND METHODS

2.1 The purpose and study tasks of the research

The purpose of this research was to compare Finnish and Kenyan fathers' experiences about the importance of supporting wives during and after pregnancy. Wife in this context referred to lady who is officially married or living with a male partner under the same roof. Describing the experiences of the fathers was important because it motivates fathers to support the emotional social wellbeing of the wife and the whole family. Research questions included what kind of experiences do 1) Finnish or 2) Kenyan men have about the importance of fathers supporting their wives' emotional and social wellbeing during pregnancy and the puerperium period? The study envisaged that by comparing the results from Kenya with those of Finland, conclusions could be drawn on how the presence of fathers could be strengthened for the benefit of the whole family, taking into account the cultural factors of the target countries.

2.2 Research design

The approach of this study was qualitative (Polit & Hungler, 2001). The data was collected by using an interview frame with elaborate themes. This allowed the fathers to tell their experiences narratively and freely. Data was analyzed using framework (Ritchie & Spencer, 1994) and material-based content analysis (Kyngäs & Vanhanen, 1999; Elo & Kyngäs, 2007). The hidden messages were also interpreted since the nature of the subject of this study was precisely within the cultural context.

2.3 Research participants and data collection process

Research data was collected by interviewing a total of 40 volunteer men, who came in 2013–2016, 20 from Finland and 20 from Kenya. Twenty fathers who participated in childbirth were voluntarily registered at Seinäjoki Central Hospital. They received the newsletter from the study and the consent they signed. The interview time took approximately 1 hour and the interview process was in Finnish language after three

– six months from the date of childbirth. In Kenya, informant fathers were collected by key personnel and targeted only husbands of spouses who gave birth to the baby. Local birth assistants helped in mobilization of fathers from villages within the Kabondo, which represented LUO-tribe of Nyanza region. Fathers were interviewed in Swahili or English.

2.4 Ethical issues and reliability

Ethical issues were considered in this study for a number of reasons. It was also important to recognize that the internationality of the research and the difference in the value world were an ethical issue. This posed challenges and required special sensitivity to attitudes towards fathers' life situations. A written Informed consent was obtained from fathers with details of authors of the study, the purpose of the research and the use of the material. The reliability of the study was ensured by the reliability criteria of qualitative research (Lincoln & Cuba, 1985; Elo & Kyn2007; Kyngäs & Vanhanen, 1999). Participants in the study may also have spoken out of the research because they wanted to. The ethical councils of background organizations involved in both countries were subject to a study plan at their discretion to issue research licenses (Henkilötietolaki 523/1999; Laki lääketieteellisistä tutkimuksista 488/1999; Laki lääketieteellisten tutkimusten muuttamisesta 794/2010). The Kenya Nutritionists and Dieticians Institute ethical committee reviewed the content of the research plan and approved it as publishable content. Fathers interviewed remained anonymous throughout and after the research process. The storage and disposal of the data was properly carried out within the common principles and conduct of ethical research.

2.5 Data processing and analysis

The process of analyzing the research data started during the initial process of data collection. Interviews were conducted in a professional manner and information recorded alongside observation notes. Both researchers were each familiar with uniqueness of their own culture and settings. Each father's interview was recorded and later transcribed. The data was read many times carefully for familiarization (Polit et

al., 2001). Analysis of the research material continued by reading the material, reducing it, grouping it and abstraction it. In connection with the reduction, the materials were encoded with terms related to the research tasks. During the grouping, the scientist combined the simple expressions of nodes that belonged together. The abstraction of the material included the naming of subcategories, top categories, and linking categories. The names which could already have been familiar concepts were renamed according to the connecting categories describing the phenomenon. (Kyngäs & Vanhanen, 1999). After both researchers had considered the descriptions produced in their own country, a comparison was made between the countries in narrative format. Here we used a comparative grip and a frame analysis to keep the results of both countries in their own frames and contextual understanding.

3 RESULTS

3.1 Description of participants in the research

The number of men interviewed in Finland was twenty and eight in Kenya. All the Finnish men came from Western Finland i.e. Southern Ostrobothnia, Seinäjoki and the neighboring communities. The Kenyan fathers lived in Kabondo, the Nyanza region, and they represented the LUO tribe. The average age of the Finnish men was 33,6 years, the youngest of them was 26 and the oldest 47. 17 were married, one in his second marriage, one in his third so these two represent blended families. Three lived in common-law marriage. The total number of children of all these fathers was 60. Some of the children in blended families were already adults or did not live at home. The number of offsprings per family was 1–5, in one family there were five under school age. The level of education varied from secondary to university level. All the trades or tasks of these men required active updating of knowledge and skills. Those men that were focused on self-sufficiency economy invested in it and were eager to look after their families' nutrition. Six of the fathers were entrepreneurs. Characteristic of them was long working days, travelling and absence from home, also

good livelihood that was appreciated by their spouses. None of the fathers were unemployed. Religion played a major role in six fathers' lives; they were Christians, part of them represented Pentecostalism. The average age of the Kenyan fathers was 31,5 years the youngest being 23 and the oldest 55. Their marital status was not clear but they referred to their partners as wives, so the assumption was they were married. Two fathers told they already had one child, a one-year-old and a two-year-old. Neither told where the child in question lived. Two of the eight pregnancies came as a surprise. The fathers' thoughts and wishes concerning the offspring's sex were varied but colored by their culture and traditions. Both sexes were approved of and equally important. The fathers brought forth the idea that both sexes could diminish poverty. If this was the first child, the sex wished for was male, but after all it would be something the Lord would wish for and you could not influence it. A boy – praise the Lord!

African cultures and traditions appreciate males more than females because they take over the lead from their fathers. The level of education with the Kenyan fathers varied from four years to university studies, so did their jobs. Some of the fathers did some odd, miscellaneous jobs and had a daily wage, or had a 'boda-boda' job, which meant being a motorcycle taxi driver. Some of the fathers were farmers back home, some studied at university or were university graduates, and some were trying to get in. All Kenyan fathers found religion important, Christianity; Adventist or AIC (African Initiated Church). The most noticeable thing with the fathers in both countries was their happy feelings associated with newborn babies. Among some Finnish fathers this feeling was so strong that it cumulated into tears during the interview especially when such father had been waiting to get a baby for 5–10 years. The interview was more focused on situations when a father was always travelling while there is a newborn in the family. Some fathers wished to change jobs or give up a job that required travelling.

Most of the pregnancies were wanted and expected but in one case where there were a pair of twins, the pregnancy was a real surprise to the father. For two other men all the pregnancies had been surprises in their lives, though equally wanted. In some cases, with Finnish men, they had a very clear secret wish for a boy, especially so if there was

already a girl or more than one girl in the family. One father hoped for a boy but got two instead. Often hopes associated with a boy were connected with the father's interest in sports, which they assume would be the son's interest as well. Fathers believed that this would be a safety measure to cushion boys out of mischief in the future. All that was connected with the father's life was meant to be connected with the son's life in the future. Cars, dogs, horses and fishing were things that the fathers wanted to share with their sons, according to this interview. As for the gender, there seemed to be pressure from the surrounding people. Entrepreneurs felt the gender mentioned secretly implied the idea of a son carrying on his father's business. Many fathers brought out the idea that children were God's gift.

3.2 Emotional support

The Finnish fathers emphasized the significance of emotional support during the whole pregnancy, but particularly in the early pregnancy, and when the labour was approaching. Mental support, prescience and trusting that everything would turn out as normal made men participate in the ultra-sound scan and visits to maternity clinics. Creating a sense of security, being an active member of the family, maintaining educational discussions on the elder children of the family, and fulfilment of equality were considered important forms of emotional support, listening to the mother's worries as well. The father's coping mechanisms may have been at risk too, particularly those men who were entrepreneurs or worked far from home could not participate in the pregnancy or in the older children's upbringing, although they were willing to do so. Men asked questions on who would support the men during such complex situations. Engaging in sport was considered a way of cushioning men from this kind of pressure.

Receiving mental support from all the family members was found important, but so far society has not done enough in the area. With the first pregnancy, fathers were anxious but tried to relieve the mother's tension and fears. Men found understanding the pregnancy to be a strong emotional experience from the perspective of both parents. The wife's mental strength was a decisive factor if the husband felt weak at

times. All this was related to emotional experiences, of which having surprise twins was a good example! Mothers do not always ask for emotional support because concrete support overrides anything else when there are five under five-year-olds in the family.

Some fathers coped with their sense of humour. Significant skills were also needed in household chores. The families faced a lot of surprise challenges such as death in the family, a fire, the wife's severe depression during pregnancy, tight relations in the extended family and the baby not sleeping at nights were a strain on all the family. Also living apart, studying away from home, and hobbies that took too much of either the father's or all the family's time had to be dealt with. The fathers brought forth the idea that their participation and commitment had a strong connection with how the emotional support was experienced in the family. In some of the families the feeling of being in love was enough to conquer all problems. Some of the fathers involved had their lives totally changed with the pregnancy. Memories from their own childhood and the thoughts that were caused by them were already in the background, alcoholism had been left behind, and there was this wonderful life ahead with the wife and their two little girls in their own home. The father had a strong will and self-appreciation as a father, which was strongly reflected on all the family members.

The relationship between the couple was the centre of the emotional experience. The man nourished the relationship by discussing things, by accepting and appreciating the changes in the wife's appearance and sexual attraction by expressing this. Holding the wife in his arms, bringing her roses, dressing the support girdle on, having dinner out were some of the concrete actions which were taken in spite of the lack of time. Most of the fathers said having the baby had brought the couple closer together.

The Kenyan fathers expressed their motivating and supporting attitude saying that everything would be all right. Some of the fathers emphasized humility and patience as important features, others the wife's kind and adjusting attitude. Kenyan fathers also said all disruptive and shocking events should be avoided during pregnancy; they emphasized the significance of morals and maintaining good relations.

The fathers were to avoid all neglect and discrimination, with the help of support they could create in the wife the feeling of being taken into account. Men were supposed to do their duties while the women were pregnant; also the Kenyan women expressed their demands to their husbands. This happened often when the husband had been unable to fulfil his promises. The fathers encouraged their wives to consider the pregnancy a blessing and joy. Some of the fathers asked the church to do a prayer for the wife and her pregnancy. Emotional support was considered to strengthen the family and create a sense of togetherness. The Kenyan fathers did not describe things that had to do with their relationship with the wife.

3.3 Social support

The basis of Finnish men's social support became evident when they described them being pregnant, not just the wife. The pregnancy was something the couple shared. Their social networks and contacts were good. Some of the fathers had so bad experiences from their own childhood that little things did not matter now. Shared responsibility and grandparents' support worked all right. Social support expanded to educational matters in some cases. A father took the whole responsibility for reorganising the older children's regular meals. In extended families the father considered it important that the children from his previous marriage regularly visited his new family and that the relations between the children developed positively. These fathers said the social service system had pushed the fathers aside in custody matters.

Relatives, peers and congregations were found important suppliers of support, for all the family members. Fathers gave estimates on how much the people close to them had assisted them weekly. The families had received help from their grandparents from eight hours a week to the total of three months. The young families praised the Finnish day care system. The fathers appreciated the maternal clinics, but also pointed out that the system was still meant more for the woman than for the man. Generally, the maternity and paternity leaves were appreciated, but there were fathers who were not happy with some of the details in the system. It was unfortunate that the criticism was pointed

at the solutions that the social service system was responsible for, and these families were just those that most were in need of assistance.

The Kenyan fathers paid attention to togetherness and family orientation, they tried to influence the wife's state of mind and avoid anything that would upset her. They tried to relieve the wife's fears by stating that other women had been pregnant before and survived it. Fathers encouraged their wives to stay close to other people. They did not want their wives to turn disrespectful or hostile towards other people. They found quarrels normal, something that people had to cope with themselves. One of the fathers brought up the detrimental influence of violence in the family.

4 DISCUSSIONS AND CONCLUSION

4.1 Convergent and divergent social and emotional experience

In this section, the paper analyses areas of convergence and divergence experience among the Finnish and Kenya fathers. Both father from Kenya and Finland experience issues of "fatigue, swelling of legs and nausea." However, divergent experiences were noticed between the two countries such that high risk of overweight caused by favourite food and high risk of depression among Finnish families while high risk of malnutrition due to negative attitude towards certain foods and change of mood. A sense of emotional support was evident for both Kenyan and Finnish men from general principles. Finnish men described in detail, what is required while Kenyan men were seen to be less specific on the subject somehow due to lack of understanding of the concept. However, it appeared that Kenyan men also relied on spiritual support as a centre for emotional control. Concrete support had moderate convergence between Finnish men and Kenyan men. The most critical elements included support towards reduced workload and empathy attached to wife's pregnancy. The essence is to ensure the pregnancy is smooth. Both Finnish men and Kenyan men concurred on the external relationship with significant others. Finnish men demonstrated more strong social relationships

with extended families and friends. The social support concept among Kenyan men demonstrated more closed system only exhibited through respect to external relationships with limited space for external groups to provide free support. Somehow, Kenyan men appeared to deal with their wives' pregnancies with limited contribution from outsiders whether close relatives, extended families or friends.

The elements of social and emotional support become critical intervention during postpartum period where maternal depression becomes a problem and would require good attention from husband and the significant others (Dietz et al., 2007). Chances are that postpartum women will be highly depressed without social support (Glazier et al., 2004). The general feeling is isolation and perceived how social support may lead to serious depression (Robertson et al., 2004; Leigh & Milgrom, 2008). This suggests the reason it would be necessary for husband to be available to provide social support to their wives during both antenatal and postnatal periods. In many cases, social support encompasses emotional support matrix (Dennis, 2003) which are purely intrinsic factors. It implies that when external influence characterized by effective social support from husband, a solution is granted on intrinsic emotional support and better outcomes of maternal and child care.

4.2 Conclusion

Both Finnish and Kenyan men experienced anxiety and pressure especially during the first pregnancy of their wives. Kenyan men eased the anxiety by religious and spiritual support as a centre for emotional control by asking the church to do a prayer for the wife and pregnancy while Finnish men eased it by a sport. The Finnish men expressed their emotional support differently in terms of the relationship with their wife by nourishing the relationship by discussing things, by accepting and appreciating the changes in the wife's appearance and sexual attraction by expressing this. Holding the wife in his arms, bringing her roses, dressing the support girdle on, having dinner out were some of the concrete actions which were taken in spite of the lack of time. Kenyan Fathers did not describe things that had to do with their relationship with the wife.

The Finnish men and Kenyan men approached the Social support differently. While the Finnish men described themselves being pregnant not just the wife this was unlike for Kenyan men. The Finnish men appreciated the day care system and maternal clinics with a focus on maternity and paternity leaves this did not come out with the Kenyan men. Finnish men shared responsibility with their wives and the extended family gave major support. While the Kenyan men appeared to deal with their wives' pregnancies with limited contribution from outsiders whether close relatives or extended families or friends and they would do things not to upset the women, relieve fear that other women have survived and staying closer to other people.

It is therefore necessary for the husband to be available to provide emotional and social support to their wives for better outcomes of maternal and child care.

BIBLIOGRAPHY

Carroli, G., Rooney, C., & Villar, J. (2001). How effective is antenatal care in preventing maternal mortality and serious morbidity? An overview of the evidence. *Paediatric and perinatal epidemiology*, 15 Suppl 1, 1–42. <https://doi.org/10.1046/j.1365-3016.2001.0150s1001.x>

Central Intelligence Association (CIA). (2012). *The World Factbook*. <https://www.cia.gov/index.html>

Cohen, S., & Burger, M. (2000). *Partnering: A new approach to sexual and reproductive health* (Technical paper 3). United Nations Population Fund. <https://www.unfpa.org/publications/partnering-new-approach-sexual-and-reproductive-health>

Dennis, C.-L. (2003). The effect of peer support on postpartum depression: A pilot randomized controlled trial. *The Canadian journal of psychiatry*, 48(2), 115–124. <https://doi.org/10.1177/070674370304800209>

Dietz, P. M., Williams, S. B., Callaghan, W. M., Bachman, D. J., Whitlock, E. P., & Hornbrook, M. C. (2007). Clinically identified maternal depression before, during, and after pregnancies ending in live births. *The American journal of psychiatry*, 164(10), 1515–1520. <https://doi.org/10.1176/appi.ajp.2007.06111893>

- Dowden, R. (2010). *Africa: Altered states, ordinary miracles*. Portobello Books.
- Elo, S., & Kyngäs, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
- Gehards, J. (2010). Culture. In S. Immerfall, & G. Therborn (eds.), *Handbook of European societies* (p. 157–215). Springer.
- Glazier, R. H., Elgar, F. J., Goel, V., & Holzapfel, S. (2004). Stress, social support, and emotional distress in a community sample of pregnant women. *Journal psychosomatic obstetrics & gynecology*, 25, 247–255. <https://doi.org/10.1080/01674820400024406>
- Henkilötietolaki 523/1999.
- Kyngäs, H., & Vanhanen, L. (1999). Sisällön analyysi. *Hoitotiede*, 11(1), 3–12.
- Keyriläinen, M. (5.12.2019). Perhevapaan vaikutus naisten urakehitykseen kielteisempi korkeakoulutetuilla. *Tieto & trendit*. <https://www.stat.fi/tie-totrendit/artikkelit/2019/perhevapaan-vaikutus-naisten-urakehitykseen-kielteisempi-korkeakoulutetuilla/>
- Laki lääketieteellisistä tutkimuksista 488/1999.
- Laki lääketieteellisestä tutkimuksesta annetun lain muuttamisesta 794/2010.
- Leigh, B., & Milgrom, J. (2008). Risk factors for antenatal depression, postnatal depression and parenting stress. *BMC Psychiatry*, 8, 24. <https://dx.doi.org/10.1186%2F1471-244X-8-24>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Mburugu, E. K., & Adams, B. N. (2005). Families in Kenya. In B. N. Adams & J. Trost (eds.), *Handbook of world families* (p. 3–24). Sage.
- Mesiäislehto-Soukka, H. (2005). *Perheellisäys isien kokemana – fenomenologinen tutkimus* (Acta Universitatis Ouluensis D Medica 829) [Väitöskirja, Oulun yliopisto]. Jultika. <http://urn.fi/urn:isbn:9514277260>
- Mesiäislehto-Soukka, H. (2006). Fathers still go unnoticed at maternity clinics. In A. Oksanen, E. Paavilainen, & T. Pösö (eds.) *Comparing children, families and risks* (p. 131–138). Tampere University Press. <http://urn.fi/urn:isbn:951-44-6654-3>.

Mesiäislehto-Soukka, H. (2011). Isien itsetietoisuuden lisääminen: haaste äitiysneuvoloille. In K. Koivisto, E. Latvala, L. Vanhanen-Nuutinen, & P. Vuokila-Oikonen (toim.) *Tutkimuskohteina hoitaminen ja hoitamaan oppiminen: Professori Sirpa Janhosen juhlakirja* (p. 28–32). Oulun seudun ammattikorkeakoulu. <https://urn.fi/URN:ISBN:978-951-597-070-1>

Omondi, O. D. (2010). *Psychosocial correlates in dietary and physical activity behaviours: A mental health tailored communications model for motivating type II diabetes towards healthy eating and physical activity*. Lambert Academic Publishing.

Polit, D. F., Beck C. T., & Hungler B. P. (2001). *Essentials of nursing research methods, appraisal and utilization* (5. ed.). Lippincott Williams & Williams.

Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman, & R. G. Burgess (eds.), *Analyzing qualitative data* (p.173– 94). Routledge.

Robertson, E., Grace, S., Wallington, T., & Stewart, D. (2004). Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General hospital psychiatry*, 26(4), 289–295. <https://doi.org/10.1016/j.genhosppsy.2004.02.006>

Sosiaali- ja terveysministeriö. (2008). *Isien ja isyyden tukeminen äitiys- ja lastenneuvoloissa* (Sosiaali- ja terveysministeriön selvityksiä 2008:24). <http://urn.fi/URN:NBN:fi-fe201504226949>

Tilastokeskus (2019). *Perheet: Taulukot* (Suomen virallinen tilasto (SVT)). <https://www.stat.fi/til/perh/tau.html>

Tilastokeskus. (24.4.2020). *Syntyvyyden aleneminen hidastui*. http://www.stat.fi/til/synt/2019/synt_2019_2020-04-24_tie_001_fi.html

UNICEF. (2015). *Vuosituhattavoitteet*. <https://www.unicef.fi/unicef/tyomme-paakohteet/vuosituhattavoitteet/>

WHO, UNFPA, UNICEF, & The World Bank. (1999). *Reduction of maternal mortality: A joint WHO/UNFPA/UNICEF/World Bank statement*.

WHO, UNICEF, UNFPA, & World Bank. (2010). *Trends in maternal mortality 1990–2008: Estimates developed by WHO, UNICEF, UNFPA and the World Bank*.

FINAL THESIS PROCESS AS INNOVATION IN INTERNATIONAL DEVELOPMENT WORK

Helinä Mesiäislehto-Soukka, Ph.D, M.A, Senior Lecturer (emerita), Psychotherapist
Seinäjoki UAS, Finland

Sinikka Vainionpää, M.N.Sc., M.A, Senior Lecturer
Seinäjoki UAS, Finland

1 INTRODUCTION

Triggering my mind to do further research in future.

SEAMK standard written format. Choosing the topic and setting the goals. Best Aseptic techniques and guidelines. Methodology, literature review and discussion.

The title is a very relevant issue for women's health. It has trusted and reliable scientific sources for its information. It offers effective and safe interventions that are based on research evidence...it can be easy to circulate in print as a guide.

My thesis has outlined the important activities needed in young families to practice to improve parental and children's bonding. These activities are seen general and quite simple at first however, that does not mean that they are not important, and also, they needed to be reminded to everyone.

...to compare with two different countries"..."comparing showed clear differences between two countries.

I think our thesis was really good, and I also think that we managed to write it in a form that is quite well balanced. We have a lot of information about both countries and I was proud of our discussion part, in which we compared two countries.

The aim of this article is to inspire students to collaborate internationally and to look at proven thesis supervision practices in an English-language nurse education program. The topics of the theses of the nursing students were agreed with the representatives of African partner universities belonging to the Health Africa network in the spring of 2018; Maseno University, Kenya and Clarke University, Uganda. The choice of topics was influenced by several years of cooperation, interest in Finnish practices and interest in the selected topics. The topics serve both international and national development work. Proposing topics for theses was a successful decision and the thesis process proceeded according to planned schedule. The supervision was carried out in close cooperation with the students and the basic pillar of the supervision was SeAMK's (2019) thesis guide. In the process, the interaction that valued the student, encouraging self-direction and utilizing solution orientedness were emphasized. Previous cooperation between the group of students and the teachers and knowledge of the working methods helped the work to run smoothly in a positive and collegial spirit. The results of collaboration materialized in seminar presentations that showed the students had achieved their goals in an excellent way.

2 HEALTH AFRICA NETWORK AS A BRIDGE TO DEVELOPMENT

Health Africa -co-operation began as early as 1994 as co-operation between Finland and Uganda. Health Africa Development Association began operations in Finland a little later, 1999. As the cooperation continued, Maseno University from Kenya joined in 2004 with the North-South-South program. The Health Africa operating in Finland includes eight universities of applied sciences: Häme, Kajaani, Kokkola, Lappi, Mikkeli, Seinäjoki, Tampere and Vaasa UAS. Development co-operation goals have been the direction indications in Finland throughout the 25-year period of operation. Through many phases, close collaboration with representatives of Clarke University in Uganda as well as Maseno University has enabled interesting forms of collaboration. Without the active cooperation of Health Africa Network, we would hardly have

achieved the goals we set. An important part of the network's activities have been student and teacher exchanges, which have provided an opportunity to exchange experiences, discuss cultural similarities and differences, develop both nursing and midwifery education, but also other areas of social and nursing. (Mesiäislehto-Soukka, 2017b.)

Until the year 2020, 800 social, health or physiotherapy students have participated in to student exchanges from Finland to Kenya or Uganda. From Kenya or Uganda to Finland, a student exchange period has been made possible for 110 health care or nutrition students. An amount of exchanges of experts and lecturers have been 75 experts from Kenya or Uganda. They have visited the Universities of Applied Sciences cooperating in the Finnish Health Africa Network and 90 of the Finnish experts mainly Health and Social lecturers have been able to complete their exchange in Kenya and Uganda. In addition, Health Africa Network has implemented a total of five intensive courses in Kenya and Uganda with more than 400 participants (Mesiäislehto-Soukka 2017a). From the perspective of universities, the basis for co-operation has been the development co-operation goals set by Finnish state (Ulkoasiainministeriö, 2012; Valtioneuvosto, 2016; Valtioneuvoston kanslia, 2015), curricula for social and nursing and physiotherapy in Universities of Applied Sciences, goals for internationalization, students' study goals and wishes expressed by the host country.

3 STUDENTS COMMITTED TO INTERNATIONAL DEVELOPMENT

The English-speaking group of students in the phase of Seinäjoki University of Applied Sciences consisted of students from several different countries and cultures coming to study nursing. The group also included two Finnish students who participated in an international student exchange in Kenya and Vietnam in the middle of thesis process.

The home countries of foreign students, in turn, appropriately represented countries close to the partner universities, and from a health care perspective, this increased identification with the circumstances to which the results of the theses were intended to be applied.

The idea behind the choice of these topics was that their output could be utilized in many countries and in different nursing situations in different communities. It was important for students that the topics of the theses were perceived as useful and they were not too easy or difficult in their opinion. This increased commitment to work. The fact that success in the thesis promotes graduation as a nurse, and international development work also increases appreciation, strengthened the commitment both as a group and as individuals. Many of the students in the group also had an education or degree completed in their home country which helped them understand the thesis process.

Starting the thesis is a big step for the student, the success of which is supported by guidance. Thesis supervision is always an intensive process despite the fact that the student is required to be self-directed and work independently. Some students need more guidance, some survive with less contact. During the guidance of an international group of students, sensitivity is also required for the success of student encounter, interaction and cooperation. It was the perception of student-specific starting points that proved to be the most important characteristics of supervisors in this thesis process. In the early stages of the thesis process, supervisors focused on supporting how the research perspective is selected and how the student is encouraged to choose the topic that is of particular interest to him or her. A genuine appreciation of both the student and his choices proved important. In the interactions, special attention was also paid to non-verbal communication, which was supported by organizing face-to-face meetings in addition to classroom work (Mesiäislehto-Soukka, 2019).

A literature review was chosen as the method of the theses. The data acquisition was mainly successful, although the challenges were caused by combining research in English and Finnish. In particular, students who came from African countries focused on those health care facilities where Finland had succeeded in developing its activities, such as the prevention of cervical cancer and high-quality maternity care. The success stories of Finnish healthcare presented above increased students' motivation for international development work. The success of the data acquisition was facilitated by previous research method studies and the guidance of an IT specialist in information retrieval during the thesis process (SeAMK, Degree Program in Nursing, 2019).

The working life period in Ugandan maternity hospital in 2018 was an incentive for the thesis topics and the co-operation with university representatives. That led to a discussion on the thesis topics of English-speaking nursing students studying at Seinäjoki University of Applied Sciences in Finland. Based on the development proposals of the partners, the concrete topics of the theses and work around the agreed themes began. The five theses were commissioned by the Health Africa Development Association (TAKRY), one of the theses Seinäjoki Central Hospital, one of the theses by Alajärvi, Family Counselling Health Centre as well as Lehtimäki Elderly Home Association. The theses were completed in April 2020 in English. Here below the permanent web addresses of published theses are presented:

Bett, Brian: Exercise with elderly people <http://urn.fi/URN:NBN:fi:amk-2020083019974>

Carmel, Sharon: Urinary incontinence treatment and prevention among woman <http://urn.fi/URN:NBN:fi:amk-2020091320401>

Hellström, Topi & Melasalmi, Pihla: Nutrition during pregnancy in Kenya <http://urn.fi/URN:NBN:fi:amk-2020091020323>

Idi, Chinedu: Emergency labour outside hospital: a guide for non-medical assistants in care and management of emergency labour outside hospital <http://urn.fi/URN:NBN:fi:amk-2020052714296>

Kanu, Christopher: Non-pharmacological treatment and prevention of diabetes type II <http://urn.fi/URN:NBN:fi:amk-2020092120606>

Le, Anh: Early family interaction – how to practise it? <http://urn.fi/URN:NBN:fi:amk-2020090920291>

Maharjan, Rabina, Bhandari, Prabin & Charti, Man: Aseptic measures during peripheral intravenous (PIV) therapy in health care settings <http://urn.fi/URN:NBN:fi:amk-2020090520126>

Poromaa, Cadybeth: Cervical cancer screening as a preventive intervention in Kenya by use of Finnish model <http://urn.fi/URN:NBN:fi:amk-2020090220053>

The theses were published at SEAMK's Theseus. In order to pass on the evidence-based knowledge, the aim is to produce clear posters for use of partners on the basis of published theses in the future.

4 CONCLUSION

The thesis supervision process is always a sample of skills in the work of lecturers. This time, lecturers enjoyed well-done theses, friendly, trust-inspiring, professional students who greatly appreciated the guidance we provided. We also succeeded as colleagues with a very challenging "COVID-19 virus spring" in telecommuting. Many thanks to Sinikka, Nursing students and representatives of partner Universities in Kenya and Uganda and representatives of working life.

At the end of the thesis process, the self-assessments done by the students best describe the process they have gone through over a period of more than a year. The thesis guidelines of Seinäjoki University of Applied Sciences (2020) pay attention to students' self-assessment. In the self-assessment, each student in the English-speaking nursing group stated that they had learned to acquire and use scientific, evidence-based knowledge during the thesis process. Critical thinking and evaluation skills had also increased, as had scientific writing skills. The students said that they had learned the contents of their own thesis especially well. The question of what kind of professional skills the thesis developed in you provided descriptions of research methods, scientific writing and especially the results of the thesis that can be applied through the representatives of partner universities in the development of nursing. The thesis also encouraged making future plans for studying, as can be deduced from the following comment:

I think thesis did a lot and I learned many things about writing a research, which can be very useful in the future. Thesis is an important part of the studies, because there might be situations when I need to do research for my workplace or maybe even in continual studies in the university, so after doing this thesis I think I improved my skills and knowledge as a nurse, so I can do those possible research studies easier as a nurse.

BIBLIOGRAPHY

Mesiäislehto-Soukka, H. (2017a). Opiskelija- ja opettajavaihto kehitysyhteistyömuotona – sosiaali- ja terveysalan opiskelijoiden kokemuksia Ugandasta ja Keniasta. In E. Varamäki, P. Junell, S. Päällysaho, S. Saarikoski, & S. Uusimäki (toim.), *Kansainvälinen, yrittäjähenkkinen SeAMK – paras korkeakoulu opiskelijalle: Seinäjoen ammattikorkeakoulu 25 vuotta* (p. 109–119). [Seinäjoen ammattikorkeakoulun julkaisusarja. A. Tutkimuksia 26]. <https://urn.fi/URN:ISBN:978-952-7109-66-3>

Mesiäislehto-Soukka, H. (2017b). Reteaming-valmennus muutosprosessin hallintaan sairaanhoitajakoulutuksessa. In A. Heikkilä, M. Lehtola, & S. Saarikoski (toim.) *Hyvinvointi ja luovuus: SeAMK Sosiaali- ja terveysala tutkii ja kehittää 2* (p. 32–41). [Seinäjoen ammattikorkeakoulun julkaisusarja B. Raportteja ja selvityksiä 130]. Seinäjoen ammattikorkeakoulu. <http://urn.fi/URN:ISBN:978-952-7109-75-5>

Mesiäislehto-Soukka, H. (2019). Kansainvälisiä kohtaamisia sosiaali- ja terveysalalla. In T. Tiilikka, H. Majasaari, & S. Saarikoski (toim.), *Kohtaamisen oppimista ja osaamisen kehittämistä sosiaali- ja terveysalalla* (p. 67–75). [Seinäjoen ammattikorkeakoulun julkaisusarja B. Raportteja ja selvityksiä 148]. Seinäjoen ammattikorkeakoulu. <https://urn.fi/URN:NBN:fi-fe2019121949089>

SeAMK. (2020). *Seinäjoen ammattikorkeakoulun opinnäytetyön arviointikriteerit*.

SeAMK. (2019). *AMK-tutkinnon opinnäytetyöohje*.

SeAMK. (2017). *Study guide. Degree Programme in Nursing*. <https://opinto-opas.seamk.fi/21/en/50/78?lang=en>

Ulkoasiainministeriö. (2012). *Suomen kehityspoliittinen toimenpideohjelma. Valtioneuvoston periaatepäätös 16.2.2012*.

Valtioneuvoston kanslia. (2015). *Kestävän kehityksen globaali toimintaohjelma Agenda2030*. <https://kestavakehitys.fi/agenda-2030>

Valtioneuvosto. (4.2.2016). *Kehityspoliittinen selonteko*. https://valtioneuvosto.fi/artikkeli/-/asset_publisher/kehityspoliittinen-selonteko-suomiedistaa-kestavaa-taloukasvua-naisten-asemaa-seka-hauraiden-valtioiden-haasteiden-ratkomista

TREATMENT OF CHRONIC WOUNDS – GUIDE FOR UGANDAN HEALTHCARE

Eveliina Yli-Rahnasto, RN

Seinäjoki UAS, School of Health Care and Social Work, Finland

Tanja Hautala, M.H.Sc., Senior Lecturer (- 2021)

Seinäjoki UAS, School of Health Care and Social Work, Finland

Kristiina Store, M.H.Sc., Senior Lecturer

Seinäjoki UAS, School of Health Care and Social Work, Finland

Helinä Mesiäislehto-Soukka, Ph.D, Senior Lecturer (emerita)

Seinäjoki UAS, School of Health Care and Social Work, Finland

1 INTRODUCTION

Chronic wounds are becoming more common in the population, and at the same time increase the cost of health care and cause significant harm to the individual. Therefore, wound care should include a multi-professional group so that wound care can be implemented holistically. The thesis deals with Factors affecting chronic wounds as well as evidence-based treatment methods.

The purpose of the thesis was to find out what a chronic wound is and how to treat chronic wounds in an evidence-based way. The aim is to create a written wound care guide for healthcare organizations in the Kampala region of Uganda.

Furthermore, the aim of the thesis was to develop nurses' knowledge of more effective wound care in above mentioned organizations. The thesis was guided by the research question; what factors are associated with the treatment of chronic wounds. A written guide was designed from the results of the thesis (Appendix 1,2,3). The thesis author observed

wound care in one health care organization in Uganda. Inadequate hygiene during wound care proved to be a most significant finding.

Based on the findings, the content of written guide focused on aseptic procedures and infection prevention, which was perceived as the most significant deficiency in hospitals. The written guide describes the classification of wounds according to the color-coding.

2 CHRONIC WOUND AND ITS TREATMENT

2.1 Chronic wound

A wound is defined as chronic if the wound has a retarding external or internal factor. A venous wound is defined as chronic at four weeks, but an ischemic wound is defined as chronic after a little as two weeks. (Suomalainen Lääkäriseura Duodecim, 2017.)

There may be several factors for wound chronification, but poor arterial circulation is the most common cause. Poor arterial circulation results in the tissue not receiving enough nutrients or growth factors. Due to poor arterial circulation, the cell types present in the connective tissue disrupt and the production of collagen is stopped. This has an effect on the elasticity of the skin. (Ahmajärvi & Isoherra, 2017.)

Underlying diseases in wound patients are often associated with diabetes, cardiovascular disease, and obesity. (Palve, 2017, p. 518.) Chronic wounds have increased due to the generalization of diabetes. (Kartinen et al., 2017, p. 481.) It is estimated that 40% of the adult population has some degree of venous insufficiency in the lower extremities, and as many as 70–90% of all leg ulcers are due to venous insufficiency. (Vikatmaa, 2012, p. 266.) There are about 2 500–5 000 patients in Finland who suffer critical lower limb ischemia. (Vikatmaa, 2012, p. 277–278.)

Wound healing in children is slightly faster compared to the elderly due to more efficient blood circulation and lack of adipose tissue. (Hassinen

& Mustonen, 2012, p. 292). Poor eating habits negatively affect cell division in the wound, slowing wound healing. (Ahmajärvi & Isoherra, 2017). Malnutrition impairs wound healing. Wound healing requires protein and vitamin C. Protein as well as vitamin C are the key factors in wound collagen. (Weledji et al., 2012, p. 70.)

2.2 Treatment of chronic wounds in Finland

High-quality wound care should involve a multi-professional team, which should include primary and specialist care workers (Jalonen & Ylönen, 2016, p. 19). Wound care should be consistent and clear (Viljanen-Peuranen et al., 2011, p. 57.) At an early stage of wound care attention should be paid to the origin of the wound. Once the origin of wound is known, the wound can be treated with the right method. In many cases, wound care is targeted at treating the underlying disease. (Palve, 2017, p. 518.)

Wound care products are selected individually, which is influenced by, among other things, the location of the wound and mobility of the patient (Viljanen-Peuranen et al., 2011, p. 57). When choosing the right wound care product, you can use the TIME chart. The diagram explains what factors need to be considered when choosing a wound care product. The chart proceeds systematically, first looking at the tissue type of the wound bed and depth of the wound. It is then examined to see if there is any detectable infection in the wound. The infection can be identified on clinical grounds. In the third step, the moisture conditions of the wound are examined. It is important to keep the wound moist, but an excessively moist wound base will slow wound healing. In the last step, the edges of the wound are examined.

In order for the basal to regenerate, the edges of wound must be clean (Ahmajärvi, 2018). There are a number of different methods that can be used to clean a wound, depending on the nature of the wound, its origin, and other environmental factors. The purpose of wound cleansing is to remove all dirt, dead tissue and foreign material from the wound. After cleansing, the wound bed should look like bloody granulation tissue. A chronic wound has a better chance of healing when dead skin cells are removed from the wound surface. (Juutilainen, 2011.)

When we want to clean the wound surface or to remove fibrin coating, mechanical cleaning is conducted. For this purpose, devices such as curettes, scoops, tweezers and scissors may be used depending on the type of the wound. In general, curette is more effective than surgical scoop. Even a nailbrush can be used, for example in cleaning broken and dirty skin. While performing the mechanical cleaning, surface anaesthetic or analgesics can be used, if the wound care causes pain to the patient. (Juutilainen, 2011.)

The most common downsides in the care done in healthcare organization are infections. Fighting infections is a key part of quality patient safety. The single most important factor in preventing infections is high-quality hand hygiene. The primary method of hand hygiene is washing the hands first with soap and the use of an alcohol-based rinse aid. (Heikkinen, 2018, p. 1–4.) Foreign objects that predispose to infections can also enter the wound area. During the inflammation phase, the wound area is particularly microbial, allowing microbes to easily pass through the tissues. If the inflammatory phase is prolonged due to infection, there is a risk of wound chronicification. (Hassinen & Mustonen, 2012, p. 291.) Diagnosis of chronic wound infection is made based on clinical symptoms as well as possible inflammation. According to treatment recommendations, the clinical symptoms are redness, swelling, fever and pain. (Karppelin & Lahtela, 2017.)

The wound patient may experience pain constantly, in which case we speak of resting pain. Pain may occur at different intensities at different times of the day. The assessment of wound pain is mapped from the patient's subjective assessment. If the patient is unable to express pain, the pain can be assessed in conjunction with relatives and involved medical staff. (Malmgren & Kontinen, 2012, p. 90–91.) Pain can be assessed with a pain meter or pain vocabulary (Formisto, 2017, p. 12).

The benefits of structural recording of wound care are significant based on the results of the studies. Numerous positive effects have been observed in structural recording, including a faster response to wound pain. Nurses' clearer writing style and understanding of the structural recording of nursing work has improved significantly. The structural recording of wound care should clearly specify the type of wound in

question. The type of wound can still be classified on a different scale, depending on how severe the wound is. (Kinnunen, 2013, p. 63, 71.)

2.3 Principles of chronic wound care in Uganda

The author of the thesis was in the autumn of 2019 completing a three-month exchange period in Uganda. Kampala exchange sequence was performed in a public side of the hospital. Inactive and unstructured techniques were used for observation. Prior to the observation, images and preconceptions about how wound care would be implemented in the wards were created. During wound care, the hypothesis changed, and the events seen were recorded in an observation diary. During the exchange period, wound care was observed mainly by monitoring Caesarean section wounds.

Several Caesarean section wounds were seen in the maternity ward of a hospital. In the hospital, section wounds were not completely sutured but were left partially open. Prior to wound care, the nurse placed the wound care supplies on the patient's bed in a waste bag with a cotton swab, a small knife about 3 cm in size, a bottle of NaCl, Iodine, Hydrogen peroxide and dry folds. The nurse began care by putting factory-clean gloves in her hand and taking the old folds out of section wound. The wound was cleaned with saline, after which the wound was dried with swabs taken from a waste bag. Hydrogen peroxide and Iodine were then applied to the wound to clean the wound. After cleansing, the wound was dried with swabs taken from the waste bag. After drying, the caregiver opened the package of sterile folds and poured the antibiotic, Metronidazole antibiotics was put on top of the folds. Wet antibiotic folds were placed in an open wound. Finally, tape was placed over the wound to prevent the folds from coming off the wound.

Staff member's hands were not washed or disinfected prior to wound care. The same gloves were used during wound care, without changing them. At each wound care session, wound care supplies were placed on the patient's dirty bed. Wound care supplies circulated in each patient's bed, possible spreading bacteria.

In addition to factory-clean gloves, running water was available at the hospital, but no soap or paper was found in the hospital. There were a few pieces of disinfectant bottles in the compartments, but their use was very limited. If disinfectant was used, its massage technique was incorrect. The disinfectant was rubbed slightly into the palms, leaving fingers, finger spacing, and the back of the palm without disinfectant. Nursing staff could be in patient contact with several different patients doing different examinations without factory-clean gloves, or hand disinfection.

In the hospital ward, the incised waste was placed in the hazardous waste bin, which was a cardboard box. From time to time, the needles penetrated the cardboard box, causing the hazardous waste container not to provide adequate protection for the incised waste. The rooms and corridors were very cramped and due to lack of space, patients had to spend the night in unclean corridors of hospitals without a mattress or any shelter. The placement of patients in the corridor can be considered a safety risk, as sometimes the corridors were so crowded that it was difficult to walk there.

During the exchange period, it emerged that Uganda does not have a nationwide patient information system, so Ugandans do not have a social security number with which to identify themselves when dealing with healthcare. Each patient was given a patient file in which treatment procedures were recorded. The patient file circulated with the patient for first aid ward to the ward.

3 GUIDE TO CHRONIC WOUND TREATMENT FOR UGANDAN HEALTHCARE

As a concrete output of the functional thesis, a written wound care guide was produced for healthcare organizations in the Kampala region of Uganda. The written guide was created based on the findings, with the emphasis on hygiene and asepsis. The guide provides a Wound Care Association's colour classification helper that is evidence-based information.

The aim was to create a written wound care guide that takes into account the lack of resources. The aim of the written guide is to make Ugandan nurses understand the importance of hygiene and asepsis in wound care. The aim of the guide is to highlight how infections can be prevented with small methods in the context of wound care. The written guide wanted to emphasize the pictorial presentation style. In this way, the flow of information would not be hindered by possible language skills. Guide to chronic wound treatment for Uganda Healthcare is presented with appendix 1, 2 and 3.

4 CONCLUSION

According to Bukenya et al. (2017, p. 2, 8), most of the research conducted in Uganda has focused on nutrition and nutrition related practices and attitudes. There are no researched data available on the treatment of chronic wounds in Uganda, so the topic of the thesis is very important and topical. The findings revealed significant deficiencies in wound care in Uganda, the most important of which was a lack of hygiene. According to findings, even small measures could contribute to the improvement of the level of hygiene, without, however, contributing to the increase in costs.

According to Bateganya et al. (2009, p. 421–422.) Ugandan national studies have found serious deficiencies in the hospital. Only 6% of Ugandan hospitals have access to water, soap, disinfectant and factory-clean gloves. According to the findings, an alcohol-based rinse aid, running tap water and factory-clean gloves were available in one hospital. However, there was no soap available in the hospital to wash your hands. Although an alcohol-based fabric softener was available, the findings indicated that its use was of poor quality. The non-use of disinfectant and use of the same gloves made it possible for microbes to spread through the hands. The unhygienic nature of the procedure allowed microbial passage and could be a retarding factor for wound healing. Factors associated with wound chronic process, are valid around the world. An evidence-based knowledge of wound care should be achieved by all healthcare organizations. According to the findings, in

Uganda, no efforts were made to heal the pain in wound care. Patients tried to mask the pain that occurred during wound care. Malmgren and Kontinen (2012, p. 90–91) suggest that healthcare professionals should encourage the patient to report pain so that the pain can be relieved. The findings showed that in Uganda, nurses did not pay attention to the patient's pain but ignored the pain altogether. Ignoring pain can be associated with African culture. According to one nurse, the African is so strong that she does not need painkillers.

Research on wound care in Uganda would be paramount, as high-quality wound care could reduce the number of patients in health care organizations and the workload of health care professionals. It would be paramount to train doctors and nurses to be better wound care experts. In addition to training, the change would require a change in the attitudes of nursing staff.

In the present study the findings on wound care are based on one Ugandan health care organization, so it cannot be assumed that wounds would be treated with the same technique throughout the country.

BIBLIOGRAPHY

Ahmajärvi, K. (2018). Haavanhoitotuotteiden merkitys ja niiden valinta haavapotilaan hoidossa. *Yleislääkäri*, 33(8), 13–17.

Ahmajärvi, K. & Isoherra, K. (2017). Kroonisten haavojen hoito perusterveydenhuollossa. *Suomen lääkirilehti*, 72(8), 524–526.

Bateganya, M., Hagopian, A., Tavrow, P., Luboga, S., & Barnharnt, S. (2009). Incentives and barriers to implementing national hospital standards in Uganda. *International journal for quality in health care*, 6, 421–42. <https://doi.org/10.1093/intqhc/mzp044>

Bukenya, R., Ahmed, A., Andrade, J., Grigsby-Toussaint, D., Muyonga, J., & Andrade, E. (2017). Validity and reliability of general nutrition knowledge questionnaire for adults in Uganda. *Nutrients*, 9(2), 172. <https://doi.org/10.3390/nu9020172>

Formisto, K. (2017). *Kivun arviointi ja mittaaminen* [Pro gradu -tutkielma, Tampereen yliopisto]. Trepo. <https://urn.fi/URN:NBN:fi:uta-201704101417>

Hassinen, M., & Mustonen, H. 2012. *Haavan solubiologia -paranemisen vaiheet* [Solu- ja kehitysbiologian kurssin kirjoitelma, Oulun yliopisto]. https://www oulu.fi/sites/default/files/content/esseet_Da.pdf

Jalonen, L., & Ylönen, M. (2017). Näyttöön perustuva haavanhoito. In C. Laakkonen, A. Kuukasjärvi, & M. Ylönen (toim.), *Tutkimuskлубit hoitotyötä kehittämässä* (Turun ammattikorkeakoulun raportteja 228). <http://julkaisut.turkuamk.fi/isbn9789522166296.pdf>

Juutilainen, V. (2011). Likaisen haavan hoito. *Lääketieteellinen aikakauskirja Duodecim*, 127(13), 1366–1372. <https://www.duodecimlehti.fi/duo99639>

Kaartinen, I., Berg, L., & Lagus, H. (2017). Haavanhoitoon kannattaa panostaa. *Suomen lääkirilehti*, 72(8), 481.

Karppelin, M., & Lahtela, J. (2017). Onko kroonisessa haavassa infektio. *Suomen lääkirilehti*, 72(8), 512–516.

Kinnunen, U.-M. (2013). *Haavanhoidon kirjaamismalli – innovaatio kliiniseen hoitotyöhön* (Publications of the University of Eastern Finland. Dissertations in Social Sciences and Business Studies 60) [Väitöskirja, Itä-Suomen yliopisto]. eRepo. <http://urn.fi/URN:ISBN:978-952-61-1209-1>

Malmgren, K., & Kontinen, V. (2012). Kipu haavanhoidossa. In V. Juutilainen, & H. Hietanen (eds.), *Haavanhoidon periaatteet*. Sanoma Pro.

Palve, J. 2017. Kroonisten haavojen konservatiivisen hoidon mahdollisuudet. *Suomen lääkirilehti*, 72(8), 518–523.

Suomalainen Lääkiriseura Duodecim. (2017). *Krooninen alaraajahaava: Käypä hoito -suositus*. <https://www.kaypahoito.fi/hoi50058>

Vikatmaa, P. (2012). Valtimoperäinen laskimohaava. In V. Juutilainen, & H. Hietanen (toim.), *Haavanhoidon periaatteet*. Sanoma Pro.

Viljanen-Peuranen, M., Kallio, H., Niemi, T., & Gröndahl, W. (2011). Selkeät käytännöt nopeuttavat haavan paranemista. *Sairaanhoitaja*, 84(6-7), 56–60.

Weledji, E. P., Kamga, H. L. F., Assob, J. C., & Nsagha, D. S. (2012). A critical review on hiv/aids and wound care. *African journal of clinical experimental microbiology*, 13(2). <https://doi.org/10.4314/ajcem.v13i2.2>

STEPS TO EFFECTIVE WOUND CARE



**HOW YOU CAN PREVENT
INFECTION IN WOUND?**

WOUND CLASSIFICATION

Appendix 2. Hygiene

BEFORE WOUND CARE

**WASH HANDS
WITH SOAP AND
WATER**




Carva

DRY HANDS




Carva

**USE
DISINFECTION**



Carva

**GETHER UP
ALL
WOUND CARE
PRODUCT**



Carva

DURING WOUND CARE

**USE GLOVES,
MOUTH
NASAL
COVER
AND
APRON**



Carva

**WOUND CARE PRODUCTS ARE
PERSONALITY** **USE JUST CLEAN
PRODUCTS**



Carva

**DON'T TOUCH
DIRTY GLOVES AT
WOUND OR
WOUND CARE
PRODUCT**



Carva


AFTER WOUND CARE

**PUT ALL SHARP
PRODUCTE
IN CLOSED BOX**



Carva

**CLEAN
EXCRETION**



Carva

**TAKE OFF
PROTECTIVE
CLOTHINGS
IN PATIENT
ROOM**



Carva

WOUND CLASSIFICATION

PINK EPITHELIAN TISSUE



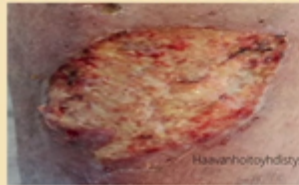
The epidermis is the outermost layer of the skin. The wound need product from wound care products

RED GRANULATION TISSUE



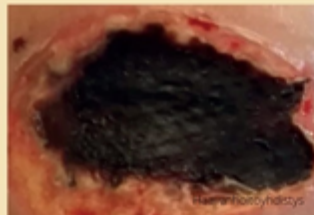
Normal granulation tissue is red. Take care of the moisture balance. Excessive moisture is harmful

YELLOW FIBRIN TISSUE



The fibrin tissue can be soft or hardy. Remove or soften yellow tissue.

BLACK NECROTIC TISSUE



The necrotic tissue is dry and black. The tissue can be soft or hard. Remove or soften and necrotic tissue.

1.4 Global Responsibility as a Strategic Aim of Higher Education and Research

FINLAND IN SUPPORT OF AFRICAN POTENTIAL IN HIGHER EDUCATION, RESEARCH AND INNOVATION

Paavo-Petri Ahonen, D.Sc., Senior Ministerial Adviser
Ministry of Education, Science and Culture, Department for
Higher Education and Science Policy, Finland

Iina Soiri, Education and Science Counsellor, Team Finland
Knowledge Expert
Embassy of Finland, South Africa

Tiina Vihma-Purovaara, Senior Ministerial Adviser
Ministry of Education, Science and Culture, Department for
Higher Education and Science Policy, Finland

1 HIGHER EDUCATION INSTITUTIONS REACHING OUT TO WIDER WORLD

The Finnish Government's new funding model for higher education institutions offers a unique opportunity to build a strategic approach towards African countries. In the funding period of 2021–2024, selected ongoing and new cooperation areas will be supported. There's a great potential for enhancing cooperation between Finnish and African higher education and research communities. Several Finnish higher education institutions participate in the pilot activities together, offering the partners and collaborators a view and a path to the whole Finnish higher education community and new partnerships.

Globalisation and reaching out to the emerging regions is not only desirable but also a question of survival for advanced and competitive but ageing country like Finland. Inclusive and competent Finland – a socially, economically and ecologically sustainable society – are the targets set in the Government Programme of Prime Minister Marin. It is stated that extensive, broad-based cooperation and swift measures are needed to address issues with the most far-reaching impacts, such as climate change, demographic trends, reduction of the loss of biological diversity, and preservation of a viable environment. In this joint problem solving, Finland wants to be actively involved.

All the current policy documents in Finland, from the Government Programme to the Higher Education and Research Vision 2030 as well as the national RDI roadmap 2030, aim at the same principles as the international strategy for higher education and research '*Better together for a better world – Policies to promote internationalisation in Finnish higher education and research 2017–2025*'. The strategy aims to build up the quality of Finnish higher education and research and to achieve a globally acknowledged frontrunner position. In this role, Finland offers solutions to shared challenges in the world that draw on expertise, research and business collaboration. We have a robust and responsible position in global cooperation networks and value chains in knowledge production and competence. Finland's target has been set high and to reach it we need an active and constructive approach to development, not only in higher education institutions and research institutes, but also in many cross-administrative areas.

Government's funding model for higher education institutions offers a strategic approach towards African countries in the funding period of 2021–2024. This means that selected ongoing and new cooperation areas will be supported. We can see here a great step for enhancing cooperation between Finnish and African higher education and research communities. The pilot actions and collaboration themes as well as collaboration countries of course vary. The main point is that several Finnish higher education institutions participate in these activities together, offering the partners and collaborators a view and a path to the whole Finnish higher education community and new partnerships.

To enhance and facilitate international cooperation in higher education and science, the Ministry of Education and Culture and Ministry for Foreign Affairs have together established and fielded a Team Finland Knowledge network that helps achieve a more internationally oriented position in higher education and research. The network is tasked with attracting talented people to Finland and building contacts for sharing Finnish knowledge, expertise and educational innovation. One of the eight experts is posted to Finnish Embassy in Pretoria, serving the whole Southern Africa.

TFK-network assists primarily the 38 institutions of higher learning in Finland as well as government research institutes. 13 Finnish science universities conduct free research, pursue learning in the sciences and in the arts and, on that basis, provide the highest level of education in Finland. Universities spend about one third of their funding on research and compete for public research funding, the majority of which comes from the Academy of Finland, Business Finland and the European Union.

The higher education provided in 22 universities of applied sciences enables students to acquire specialist professions that respond to the changing needs of the working life. The universities of applied sciences pursue applied research and development know-how that, in addition to supporting the education they provide, serves both the labour market goals and the regional development. There is an increasing interest within all Finnish higher education institutions to reach out and build global partnerships wider than with the traditional partners in the Global North.

2 AFRICA MUST NO LONGER BE ECLIPSED – TOMORROW’S GENIUSES ARE BEING BORN THERE

With over one billion inhabitants living in its 55 countries, Africa is a huge continent that is evolving in many ways. Africa is home to a high percentage of young people as 60% of Africans are under 23 years old.

One of their most common desires and challenges is to be able to study. The youth in Africa does not lack innovation, creativity or dynamics but resources – funds, institutions, curricula, teachers – to have their talents both benefit themselves and put it in good use for the society. Those resources but are still far too scarce.

The continent achieved almost universal access to primary education within the Millennium Development Goals by 2015 although the variety between countries is huge. According to UNESCO, one in five children in the age of 6–11 does not go to school due to conflicts, unrest, poverty and dislocation. The situation gets worse when children grow older as only 2/3 in the age of 12–14 are still at school, and already 60% in the age of 15–17 have discontinued schooling all together. Only one in ten young persons have access to tertiary education in Africa against the world average of 38%. Also, there is a great variety between sexes in education access as girls are more likely to drop out of schools earlier and miss further education opportunities.

Under the leadership of the African Union (AU) and the national policies of the African countries, efforts are being made to increase and improve the continent's capacity and participation in higher education and scientific production on a global scale. Ten-year Continental Education Strategy CESA 16–25 is a response to the AU Agenda 2063. It is in line with the Global Education 2030 Programme and contributes to the achievement of the Goal number four of the United Nation's Sustainability Development Goals. CESA 16–25 calls for a paradigm shift towards transformative education and training systems to meet the knowledge, competencies, skills, research, innovation and creativity required to nurture African core values and promote sustainable development.

On a positive note, the number of African universities have increased tremendously during the last decades. In 1991 the continent had 100 public universities while their number had climbed to 500 in 2014. Even greater increase has occurred in the number of private universities, from 30 in 1991 to 1000 in 2014, and this trend is still upward. The continent's higher education institutions have formed alliances such as African Research Universities Alliance ARUA and the African Academy of Sciences as well as discipline-specific organisations such

as CODESRIA in order to improve the delivery, quality and access to higher education and research.

In addition to development of the higher education and science, the high number of young people in the continent calls for more attention to the development of vocational and skills training as well as setting up relevant institutions on the secondary education level to respond to the rapidly transforming world. Africa has had high economic growth rates but paradoxically this growth has not translated into jobs, and overall unemployment rates are not falling. The corona virus pandemic is making the situation even worse. Therefore, African economies are struggling to cope with the difficult task of providing decent jobs for the millions of new entrants in the labour market; estimated at about 10 million each year. The increasing number of poorly educated, unskilled, unemployed and under-employed young people every day becomes a threat to the stability of countries and therefore to their development. UNESCO estimates that almost 100 million young men and women in Africa, out of a total of about 200 million young people, are illiterate and unemployed or in low-paid jobs.

To address this challenge, AU has developed a continental Technical and Vocational Education and Training (TVET) strategy. It is targeted to be an action guide that provides a comprehensive framework for the design and development of national policies and strategies in order to address the challenges of education and of technical and vocational training. The TVET strategy aims to support economic development and creation of national wealth and to contribute to poverty reduction. The corona pandemic has shown that continent has a great need for professionals at all levels, for example in health sector.

Fruitful partnerships globally can greatly speed the production of professionals for various sectors. One example of a non-governmental organization that can support such goals is the Finnish Health Africa Development Co-operation Organization HADCO. It has a proven track of operation to exchange information, to share experiences and expertise, and to promote the professional development of students and teachers through international and intercultural cooperation.

3 FINLAND AND AFRICA – GLOBAL RESPONSIBILITY AND FAIR PARTNERSHIP

In Africa the strategic role of education, science and higher education is closely linked to socio-economic development and improvement of living conditions of her people. The most important framework for African higher education and science cooperation is a wider continental and pan-African cooperation.

In order to address the need of educational opportunities the African countries welcome and cater for many partners in the sector. Traditionally, European countries including the Nordics have been strategic partners and financiers of African countries in the field of higher education, research and science. As the Nordic contribution, however, remains small and does not grow fast enough, African research institutions today look for cooperation with other willing international actors as well.

The need for international partnerships is real. AU has recommended its member states to use 1% of their GDP in Science, Technology and Innovation (STI) investments. The amount, however, varies a lot between the member states, from 0.82% of South Africa down to 0.01% of Madagascar. The average of the continent remains at 0.3% against the global average of 2.2%. The average number of researchers is 91 per 100 000 people in Africa while it is 799 in the world.

In recent years cooperation has increased with so-called new partners such as India, China, Russia and Middle East. Their growing interest in the African continent also includes attraction of students and investment in science and innovation. South-South cooperation is thus becoming more important. Inter-governmental communities such as BRICS (Brazil, Russia, India, China and South Africa) are incorporating science and higher education in their programs and establish themselves as fair innovators.

Increased practical cooperation between EU and Africa is one of the explicit priorities of the current European Commission. There is already cooperation via the EU-Africa High Level Policy Dialogue

(HLPD) on Science, Technology and Innovation, since 2010, as an important element of the Joint Africa-EU Strategy (JAES). Recently more innovation-oriented activities have come into the focus of cooperation with the EU-African Innovation Partnership pilot as a key feature. Finland has been actively involved in these dialogues as well as in other joint European initiatives.

Within the HLPD framework a roadmap toward a jointly funded EU-Africa research & innovation partnership with a focus on food and nutrition security and sustainable agriculture has been adopted in 2016. And a roadmap for a jointly funded AU-EU research & innovation partnership on climate change and sustainable energy has been adopted in 2017. Finland has been actively involved in the HLPD related activities and participates both in the contextual and the practical work.

Presently Finland is writing an Africa Strategy with a goal of intensifying and strategizing Finland's ties with African countries and organisations. Drawing up the strategy is shared by the entire central government. The aim is to diversify Finland's relations and to develop the ambitions and coherence of Finland's Africa policy. Special attention will be paid to the expansion and deepening of Finland's ties with African countries, the African Union and with other regional organisations on the continent. Fundamental starting points for the strategy are Finland's interests and competencies, the Global Agenda 2030 as well as the Agenda 2063 of the African Union. Finland's strategy also takes into account the policies of the European Union's recent Strategy with Africa. Education, knowledge sharing and science are important elements in the new strategy.

Besides strategic planning it is vital to act also in the practical level. There is a very long-standing record of Finnish development aid. Recently Finland has partnered and built cooperation with African countries in higher education and science in many ways. The example of HADCO of international cooperation in social and health care, nutrition, technology, and music and arts is excellent. In practice the collaboration has been student mobility, teaching staff mobility, applied research and development of curricula, course contents, teaching methods and materials, and various joint projects aiming to promote social and health care education.

4 OWNERSHIP AND RELEVANT AGENDA SETTING OF PARAMOUNT IMPORTANCE

Approximately one quarter of all international education aid to African continent is allocated to tertiary education including science. While it helps to keep the sector viable, it also means that international interests rather than the local ones affect in setting the research agendas. Much of the aid seems to be rerouted back to the donor countries as it includes scholarship costs to the donor countries' universities. According to Damtew Teferra, Director of the International Network for Higher Education in Africa, only about a quarter of the funds reach African universities and research centers. (Hallberg Adu, 2020). It is mentioned that African researchers are also often placed in junior positions, and Africans leaving for abroad with a scholarship are persuaded to stay in the country of destination, thus increasing brain drain.

Apart from the strategic relevance of education and science for socio-economic development, the most pertinent discussion within the continent is the capacity building of its own talent, the ownership of the research agenda, and increase in the share of the world science production. African institutions aim at finding more ground for an African way of making science, and the selection of a partner depends on the perception how well the partner supports this aim.

Obviously, a better balancing of cooperation is needed to build proper partnerships with African research communities. Furthermore, the agendas of science, theories, language and study programmes, for example, as well as the production and management of research must have a relevance to the African development rather than being linked with, for example, a European way of thinking. There is a continent-wide call for so called 'decolonising' the research agendas and knowledge production in order to make it more relevant to the continent's own development needs and to reflect more its own rich diversity and heritage.

As many African countries have signed the Dar es Salaam Declaration of Academic Freedom in 1990 and have continued to commit to its

principles (Appiagyei-Atua et al., 2016) and praise open science, also other partners devoted to similar principles, such as Finland, are needed to make the future partnership more just and fair.

We authors would wish to congratulate Finnish Health Africa Development Cooperation Organisation HADCO as an excellent example for Finland's cooperation policy with Africa embodying many aspirations described above. Founded as an NGO in 1999, HADCO operation has focused on primary health care and has also undertaken research on health situation in Ugandan schools. The Ministry of Education and Sports and the Ministry of Health in Uganda have participated in the collaboration. This collaboration has developed and resulted into mutual recognition, understanding and confidence. The cooperation has been continuous and has led to well-functioning practices. The experience that has been gained in recent years will be beneficial to both partners. That should be the target by many other international actors as well.

BIBLIOGRAPHY

Appiagyei-Atua, K., Breiter, K., & Karran, T. (2016). A review of academic freedom in Africa through the Prism of the UNESCO 1997 Recommendation. *Journal of higher education in Africa*, 14(1), 85–117. <https://codesria.org/spip.php?article2819&lang=en>

Finnish Government. (2019). *Inclusive and competent Finland – a socially, economically and ecologically sustainable society: Programme of Prime Minister Sanna Marin's government 2019*. <https://valtioneuvosto.fi/en/marin/government-programme>

Hallberg Adu, K. (2020). *Resources, relevance and impact: key challenges for African universities* (NAI Policy Note 2020:3). Nordic Africa Institute.

Ministry of Education and Culture. (2017). *Better together for a better world*. <http://urn.fi/URN:ISBN:978-952-263-457-3>

Ministry of Education and Culture. (2020). *The national roadmap for research, development and innovation*. <https://minedu.fi/en/rdi-roadmap>

25-YEAR JOURNEY IN THE COLLABORATION BETWEEN FINLAND AND GLOBAL SOUTH

Kaija Pajala, Programme Manager HEI ICI, International Higher Education Cooperation, Finnish National Agency for Education, Finland

1 NEW OPENINGS 25 YEARS AGO

Quarter of a century! Time flies we say. What in all has happened and where was I 25 years ago?

I guess I was working quietly in my room at the University of Helsinki Faculty of Social Sciences scrutinizing hundreds of applications from young people all over the world, many from Africa. These applicants were applying to study for a degree or part of a degree in Finland – which was not necessary their first country choice at all – not this northern cold country. We together with my few colleagues at that time in the field of internationalization of Higher education were all discussing that these talented students could get some kind of financial support for their studies.

Internationalization of Finnish universities was only in its beginning phase. Finland was joining to the European Union which gave us boost to start so called organized internationalization between European universities. That was a start of massive teacher and student exchanges between the European universities.

That was very interesting time! We were enthusiastic about the new openings. And discussing and waiting also for new funding possibilities to cooperate equally with the rest of the world – for example with African countries since the cooperation already existed.

2 TOGETHER WITH HADCO AS A FORERUNNER

The HADCO (Health Africa Development Cooperation Organization) cooperation was one of the very good examples of the mutual health care educational cooperation both in between Finnish Institutions and internationally. The health care professionals have been the first ones building these networks.

Finally, in the beginning of this century something was happening and I was the lucky one who had the honor to coordinate the North-South Programme that was financing student and teacher exchanges of the networks of universities between global South and Finland. Working from the office and taking care of administrative operations I had a special window to see, hear and learn about HADCO cooperation. I was able to see photos from the beautiful partner countries in the South and read the reports from teachers and students which were ensuring us that this was the right instrument! It was a pleasure to see the commitment of the people in this cooperation and I am grateful to have been able to be a part of it.

Since then there have been cuts in the Finnish funding of development cooperation but the grounds that the North South Programme was building has been very important to further cooperation and it has led to big institutional cooperation projects which have been funded by European Union or the national HEI ICI (Higher Education Institutions Institutional Cooperation Instrument) Programme. Finland has now published the Africa Cooperation Strategy and the educational cooperation is a crucial part of it. The strategy emphasizes equal cooperation – of which HADCO has been the very best example.

Times are changing and at the moment we have this common global challenge COVID-19 that does not allow us to move around and there is uncertainty about the future international cooperation. If we try to see something good in this tragedy we see that the plans to develop virtual learning and all digital solutions have speeded up, and perhaps, when turning for example international scientific conferences into virtual ones this gives better and more equal possibilities to people

around the world to take part in them. Anyhow, all learning processes cannot be done using online only. Nothing can replace the face-to-face discussions and learning processes in practice and we are waiting for the better and healthier times now.

Warm congratulations to the 25-year old HADCO and wishing the best next 25 years to it!



Picture 1. Health Africa 25 Anniversary Seminar, Ms. Kaija Pajala speaking. Centria UAS, Finland. (photo: Pirkko Mellin 2019.)

GLOBAL RESPONSIBILITY AND PARTNERSHIP AS A CORE IN THE JOURNEY FROM THE DEVELOPMENT PROJECTS TO THE JOINT CHALLENGES IN GLOBAL EDUCATION AND RESEARCH

Helli Kitinoja, M.H.Sc., RN, Senior Advisor, Global Education Services, Vice Chair of HADCO Board
Seinäjoki UAS, Finland

1 INTRODUCTION

Joint activities and collaboration between the partners in the South, Kenya and Uganda, and partners in the North, Health Africa Network in Finland, have supported the challenge to integrate the aims of the Finnish Development Policies, UN`s Millenium Goals and the new UN`s Sustainable Development Goals (SDG 2030) into higher education, research and development. Aims of the development policies should be taken into consideration in each level of education, from early education into higher education as well as in different policy sectors and fields.

The Millennium Development Goals (MDGs), adopted by the UN in 2000, accelerated development by defining the way forward and by setting clear objectives and aims. They provided a useful tool for developing countries and their partner countries to intensify their development efforts and show that they have achieved progress. It is seen that poverty declined, gender equality increased, health improved, and access to school increased. The Agenda 2030 for Sustainable Development is a more extensive and more ambitious policy. The goal is to achieve socially, environmentally and economically sustainable development and foster peaceful societies all over the world. (Ministry of Foreign Affairs, 2016; UNDP, 2015.)

Finland adapts its development policy to support the capacity of developing countries to achieve the sustainable development goals and targets. Finnish Development Policy (2016) has a special focus on the following priority areas: enhancing the rights and status of women and girls; improving the economies of developing countries to ensure more jobs, livelihood opportunities and well-being; democratic and better-functioning societies; increased food security and better access to water and energy; and the sustainability of natural resources. Finnish development cooperation is based on the national development plans of the developing countries, also the significance of local ownership and partner countries' commitment to the set goals are underlined. The principles and values of Finnish development policy apply to all Finnish development actors including, e.g., educators, companies, NGOs and citizens. Finland will also fund collaboration between research and educational institutions, companies, civil society and the public sector to generate and transfer the necessary know-how between developing and developed countries. Examples of financing instruments are Finnfund, Finnpartnership Programme, Business with Impact (BEAM) Programme and Higher Education Institutions Institutional Cooperation Instrument (HEI-ICI). Cooperation with the private sector also deepens development impact and this commercial cooperation with developing countries to promote sustainable development is supported by Team Finland activities. (Ministry of Foreign Affairs, 2016; 2012.)



Picture 1. First official visit From Uganda to Finland in the Health Africa Network in 1997. Pricipal Tutor Christine Alura, Public Health Nurses' College and Assistant Commissioner J. K. Gaifuba, Ministry of Health at Seinäjoki UAS, Finland. (photo: Helli Kitinoja, 1997.)

In this article different phases will be described in the partnership between Health Africa Network and partners in Kenya and Uganda during the 25-year period. This partnership started from the development projects in the villages in Uganda and continues towards the partnership in transnational and global education.



Picture 2. Evaluation visit of the Health Africa Network's Development project. Meeting with the Commissioner H. F. Okinyal at the Ministry of Education and Sports, Uganda. (photo: Helli Kitinoja, 2003.)

2 PHASES OF INTERNATIONALIZATION IN THE FINNISH HIGHER EDUCATION INSTITUTIONS

Söderqvist (2002) has described in her doctoral dissertation five stages (Figure 1) belonging to the development process of internationalization of higher education institutions. In a stage zero internationalization was as a marginal activity, when HEIs had some free movers, some teachers participated in conferences and foreign languages were taught. Finnish universities of applied sciences were in this stage in the beginning of 1990s. The first stage with a student and teacher mobility started some years later in the middle of 1990s. At that time Health Africa Network also started its first activities with the partners in Uganda.

The second stage (Figure 1) of internationalization started in the end of 1990s, when internationalization of the curriculum and research as

well as teacher mobility were seen important. Internationalization was also seen as a way to enhance the quality of education. Joint curriculum development and other development activities related to mobility were also main activities of the Health Africa Network.

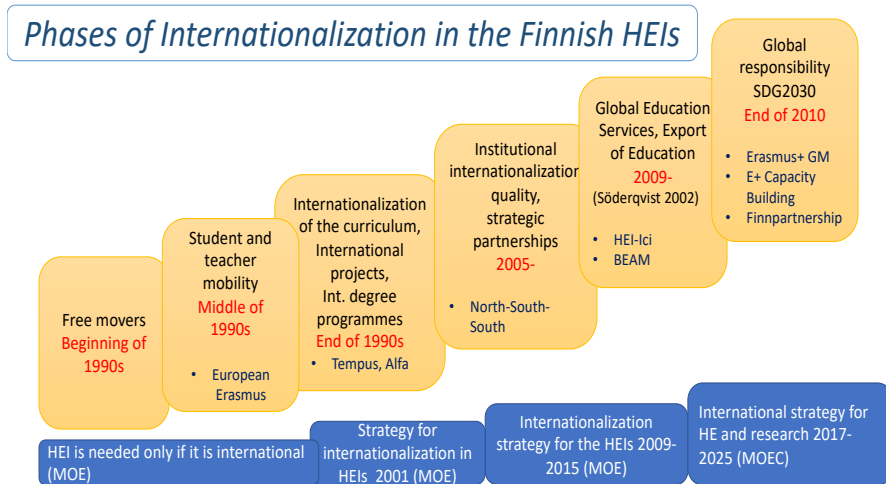


Figure 1. Phases of Internationalization in the Finnish Higher Education Institutions (HEIs) (Kitinoja, 2019).

The institutional internationalization phase started in the middle of 2000. Partnerships, strategic alliances and networking was highly valued. Partnership was also as a core element in the North-South-South projects coordinated by the Health Africa Network. According to Söderqvist (2002) one feature of the next stage would be commercializing the outcomes of internationalization. Since the end of 2000 export of education and global education services became one of the priorities in most of the Finnish HEIs. The main features of the latest stage, which was not yet mentioned in Söderqvist’s doctoral dissertation, seem to be global responsibility and joint challenges concerning learning crises.

The Ministry of Education (MOE) published the first strategy for internationalization in HEIs in 2001 and it was renewed for the years 2009–2015 (Figure 1). The current international strategy for higher education and research from the Ministry of Education and Culture (MOEC) is for the years 2017–2025. Each HEI shall prepare their strategy-related clear objectives for international activities and an

action plan supporting the objectives. It depends on the strategical decision of the HEIs, how important role internationalization and for instance partnerships with developing countries will play in the future. However, today Africa strategies are being prepared in the European Union and in Finland in cooperation of the Ministries.

3 GLOBAL RESPONSIBILITY IN THE STRATEGIES OF INTERNATIONALIZATION

Promotion of global responsibility was mentioned first time in 2009 in the internationalization strategy for the Finnish HEIs. Promotion of export of expertise was also mentioned as one of the aims in this strategy (Figure 2). (Ministry of Education, 2009; Vihma-Purovaara & Vuorento, 2015.)

In the strategy for the years 2017–2025 one of the aims is that Finland has a strong and responsible role in global networks producing new knowledge and skills and in value chains. Another aim is to take new steps in the export of education and it should also be easy to come to Finland to study and work (Figure 2). (Ministry of Education, Science and Culture, 2018.)

In the report *Stepping Up Finland's Global Role in Education* (Reinikka et. al., 2018) global responsibility, learning crises and sustainable development goals 2030 are the main topics to be discussed (Figure 2.). Education has always had an important role in the cooperation with developing countries and so it has also been in the activities of the Health Africa Network. Strategies also highlight the responsibility of higher education and research institutes in the development processes with developing countries. Global responsibility should be included also in education export and global education services and other businesses as well.



Figure 2. Global Responsibility in the strategies of Internationalization of the Finnish HEIs (Kitinoja, 2019).

Finland could step up its global role in education and in all collaboration with developing countries. There is a need for the Finnish educational and education research expertise in countries having “learning crises” or educational reforms. Important will be to educate not only students but also teachers in topics like learning and re-learning, entrepreneurship, crises management, critical thinking, problem solving and knowing not only the facts but knowing also why. However, we need to remember that both parties in North and South always learn from each other. This has also been recognized in the collaboration of Health Africa Network and partners in South.

4 FROM THE DEVELOPMENT PROJECTS TO THE EXPORT OF EDUCATION

In the middle of 1990’s some Finnish Schools of Health Care were able to participate in the development project in Uganda (Figure 3). Lead partner in this project was the Mannerheim League for Child Welfare (MLL) and the project was financed by the Finnish Ministry of Foreign Affairs. When MLL left Uganda the Health Africa Development Organization (HADCO) was established in 1999 by the Finnish partner Institutions (Figure 3). After that HADCO succeeded to receive financing for its own development projects in Uganda. The projects focused on

primary health care aiming to better health in the villages. The projects engaged also in research concerning the health of students and pupils in Ugandan schools.

A new phase in the Health Africa cooperation started after nearly ten years when a new Higher Education Network Programme North-South (later North-South-South, NSS) was launched in 2004 (Figure 3). This programme made it possible to get grants also for the student, teacher and staff mobility and the mobility numbers increased rapidly, also from South to North. Health Africa Network and its eight Finnish partner Universities of Applied Sciences and partner Universities in Uganda and Kenya succeeded to get financing during the whole life span (2004–2015) of the NSS Programme. Curriculum development, the development of eLearning, nutrition and school health education are examples of the aims and activities of these NSS financed projects.

Health Africa Development Cooperation Organization (HADCO) – Health Africa Network and Global Responsibility

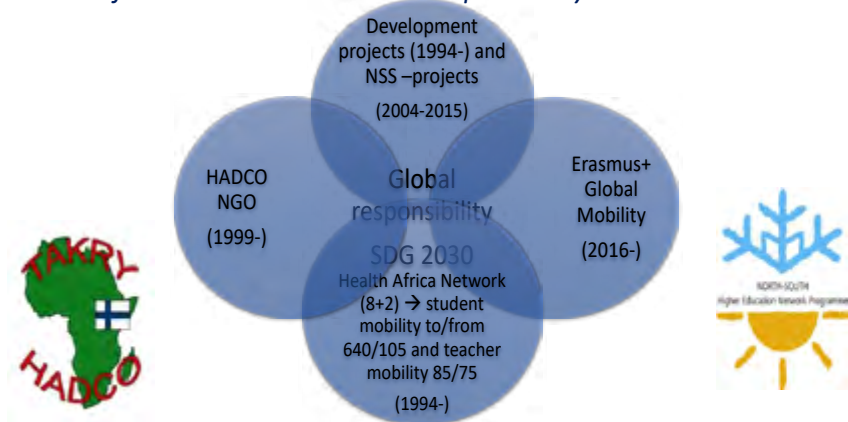


Figure 3. Activities of the Health Africa Network (Kitinoja, 2019).

Ten years later there was again a new phase coming, when the Erasmus+ Global Mobility Programme was opened and it became possible to apply financing also for transnational mobility (Figure 3). Health Africa Consortium including the same partner institutions succeeded to get financing first time in 2016.

Today Health Africa Network partners are facing again new challenges like global learning crises, challenges for capacity building by utilizing global education and research services, needs for educational based immigration to Finland and win-win partnerships in the export of education.

In the history of the partnership between Health Africa Network and partners in the South, in Kenya and Uganda, different steps can be recognized (Figure 4). Collaboration started with development projects, which were followed by the different kind of mobility projects. Transnational education, capacity building projects, global education services and other businesses together with the companies and other stakeholders could be the next steps in this long-lasting partnership.

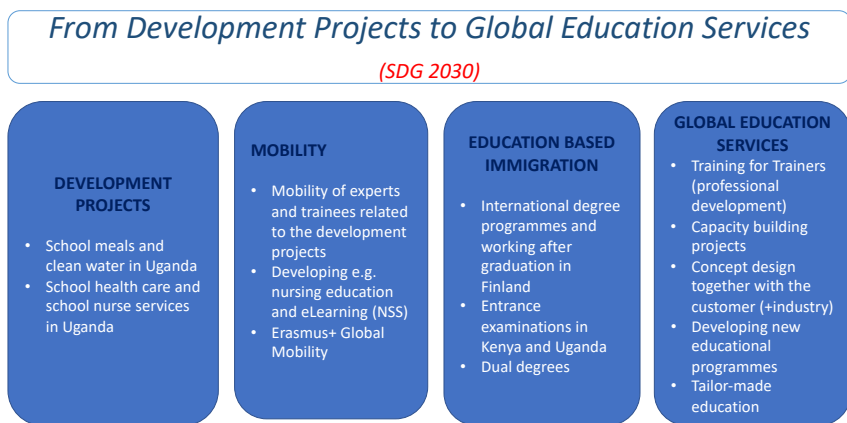


Figure 4. Steps of the collaboration between the partners in North and South (Kitinoja, 2019).

In 2020 Finnish Ministry of Education and Culture published a new programme (2021–2024) for the internationalization in Finnish higher education institutions. This programme has two main parts: Talent Boost Programme and Global Networking. The internationalization programme is ensuring that HEIs will achieve the aims set for them related to global responsibility, solutions for learning crises, global RDI activities, educational based immigration, employability and support for the student integration to the community.

BIBLIOGRAPHY

Kitinoja, H. (2019). *Timeline from the development projects to the partnerships in global education*. [Presentation]. 25 Years of Cooperation within Health Africa Network – Promoting Health and Wellbeing Globally. Anniversary Seminar. October 2019. Centria University of Applied Sciences Kokkola.

Ministry of Education. (2009). *Strategy for the Internationalization of Higher Education Institutions in Finland in 2009–2015* (Publications of the Ministry of Education, Finland 2009:23). <http://urn.fi/URN:ISBN:978-952-485-720-8>

Ministry of Education and Culture. (2017). *Yhteistyössä maailman parasta: Suomalaisen korkeakoulutuksen ja tutkimuksen kansainvälisyyden edistämisen linjaukset 2017–2025* (Opetus- ja kulttuuriministeriön julkaisuja 2017:11). <http://urn.fi/URN:ISBN:978-952-263-457-3>

Ministry of Foreign Affairs. (2012). *Finland's development policy programme: Government decision-in-principle*. <https://www.yumpu.com/en/document/read/28936122/finlands-development-policy-programme-2012>

Ministry of Foreign Affairs. (2016). *Finland's development policy: One world, common future – towards sustainable development: Government report to Parliament, 4 February 2016*. <https://julkaisut.um.fi/products/finlands-development-policy>

Reinikka, R., Niemi, H., & Tulivuori, J. 2018. *Stepping up Finland's global role in education*. Ministry of Foreign Affairs. https://um.fi/julkaisut/-/asset_publisher/TVOLgBmLyZvu/content/selvitys-opetusalan-kehitysyhteistyosta

Söderqvist, M. (2002). *Internationalization and its management at higher-education institutions: Applying conceptual, content and discourse analysis* (Acta Universitatis Oeconomicae Helsingiensis A-206) [Dissertation]. Helsinki School of Economics.

UNDP. (2015). *What are Sustainable Development Goals?* <https://www.undp.org/sustainable-development-goals>

Vihma-Purovaara, T., & Vuorento, R. (2015). Towards global responsibility in higher education. In S. Hölttä, A. Moore, & E. Pekkola (Eds.). *Higher education institutions: Partnering for development and change: Reflection of the First Round of the Finnish HEI ICI Programme*. Center for International Mobility CIMO & University of Tampere.



II

**25 YEARS OF
COOPERATION WITHIN
HEALTH AFRICA
NETWORK – PROMOTING
HEALTH AND WELLBEING
GLOBALLY**

**ANNIVERSARY SEMINAR
OCTOBER 2019**

2.1 Introduction to Anniversary Seminar Presentations



Picture 1. Health Africa Network 25-year Anniversary Seminar, Get-together Party at Centria UAS (photo: Kaisa Seppälä 2019).

25 YEARS OF COOPERATION WITHIN HEALTH AFRICA NETWORK ANNIVERSARY SEMINAR

Kaisa Seppälä, M.N.Sc., RN, Midwife, Senior Lecturer
Häme UAS, Finland

Tiina Ojanperä, M.Ed., Coordinator
Seinäjoki UAS, International Mobility Services, Finland

HADCO – Health Africa Development Co-Operation Organization had its 25 years' Anniversary Seminar in Kokkola, Centria University of Applied Sciences in October 2019. Topic of the seminar was Promoting Health

and Wellbeing Globally. Participants were from the large network: pioneers, students, working life representatives and professionals of the HEIs in Uganda, Kenya and Finland. The Keynote Speaker was from Finnish National Agency for Education Ms. Kaija Pajala.

In these presentations we had an excellent overview from the birth of HADCO to the future. Key founders of HADCO Ms. Leila Latvasalo and Ms. Christine Alura with a link to Dr. Riitta Kujala who was a project manager for Mannerheim League for Child Welfare in Uganda shared memories of the first years of activities.

There were four main themes during the seminar. This part includes some presentation abstracts. Some presentations are as full articles in this publication.

1 HEALTH AFRICA NETWORK IN ACTION DURING 25 YEARS

Many different kinds of activities have been part of the network's history in 25 years of time. The following presentations describe these actions from the beginning until this present time. Objectives of the joint activities were described and evaluated. Activities like sharing expertise and experiences, promoting professional development through international and intercultural cooperation, and improving the quality of academic education were reflected.

Network partners from Kenya and Uganda are also introduced in this chapter. Strengths of network cooperation were analyzed. These are partnership, trust, team work, mutual and clear communication in addition to strong commitment to aims and cooperation.

Different sources of project funding have also been utilized during the years, these will be presented here as well. Through student, staff and teacher exchanges aims like curriculum and course content development, pedagogic collaboration and research cooperation were achieved.

Here below is the list of invited guests /participants having presentation about the history of the Network in HADCO 25th Anniversary Seminar:

Ms. Christine Alura, Program Officer Nursing and Midwifery at Intra Health International, Uganda

Ms. Evelyn Grace Ayot, Academic Registrar, Clarke International University, Uganda

Ms. Rose Clarke Nanyonga, Ph.D., M.SN, APRN, Vice Chancellor, Clarke International University, Uganda

Ms. Linda Mogambi, M.Sc.N. (Pediatrics), B.Sc.N., RN, Dean of Nursing School, Maseno University, Kenya

Ms. Agatha Christine Onyango, Ph.D., Senior Lecturer, Maseno University, Kenya. Abstract available.

Ms. Merja Seppälä, M.H.Sc., RN, Senior Lecturer, Student Counsellor, Chairperson of HADCO NGO, Centria UAS, Finland. Abstract available.

Guests of Honour:

Ms. Riitta Kujala, Medical Doctor, Finland

Ms. Leila Latvasalo, M.N.Sc., RN, Midwife, Honorary Chairperson of HADCO NGO, Finland

Ms. Kaija Pajala, Programme Manager, HEI ICI, International Higher Education Cooperation, Finnish National Agency for Education

Ms. Marjatta Sjöberg, M.N.Sc., RN, Midwife, Finland. Abstract available.



Picture 2. Christine Alura receiving the Uganda Golden Jubilee Award from H. E. the President of the Republic of Uganda, May 1, 2019 (photo: Christine Alura 2019).



Picture 3. Leila Latvasalo in the Health Africa Network Anniversary Seminar (photo: Merja Seppälä 2019).



Picture 4. Riitta Kujala in the Health Africa Network Anniversary Seminar (photo: Merja Seppälä 2019).

2 EXCHANGE STUDENTS SHARING THEIR EXPERIENCES FROM UGANDA, KENYA AND FINLAND

More than 800 students from Finland and 110 students from Kenya and Uganda have done their international exchange period through Health Africa Network during 25 years.

Student experiences were described by the very first and the latest exchange student group representatives. Cultural awareness, new professional skills, understanding of different cultures, encountering people, equality, all these were learning experiences of the students on each exchange period. Impact of the experiences was not only

perceived at the professional level but also at the personal level in values and in the profound view of life.

Here below is the list of invited guests /participants having presentation about the student experiences in HADCO 25th Anniversary Seminar:

Ms. Maria Loukola, BBA, Coordinator, International Mobility Services, Seinäjoki UAS, Finland

Ms. Tuula Mäntylä, Manager of Family and Mental Health Services, Town of Viitasaari, Finland. Abstract available.

Ms. Tiina Ojanperä, M.Ed., Chairperson of HADCO Network, Coordinator, International Mobility Services, Seinäjoki UAS, Finland

Ms. Kaisa Seppälä, M.N.Sc., RN, Midwife, Senior Lecturer, Development Manager, Häme UAS, Finland

Ms. Ada Skytte & Ms. Sarita Tiala, Social Work Students, Centria UAS, Finland. Abstract available.

3 HEALTH AND WELFARE GLOBALLY

Learning to promote health and welfare would not be possible without working life connection. HADCO appreciates the long-term cooperation with Kenyan and Ugandan HEIs and working life partners. This multi-professional / diverse network has enabled the partners and participants to consider global health and welfare from childhood to old age from the point of view of individual and community.

Here below is the list of invited guests /participants having presentation about the health and welfare globally in HADCO 25th Anniversary Seminar:

Ms. Agnes Agwang, M.N.S(C), BNS, RN, RM, DH, Dean of the Nursing School, Senior Lecturer, Clarke International University, Uganda. Abstract available.

Ms. Maria Isokoski, M.H.Sc., RN., Educational Manager, Central Ostrobothnia Joint Municipal Authority for Social and Health, Soite, Finland

Ms. Anitta Juntunen, Ph.D., RN, Principal Lecturer, Kajaani UAS, Finland. Abstract available.

Ms. Helena Leppänen, M.Ed., PHN, Senior Lecturer, Vaasa UAS, Finland
Ms. Kaisu Vinkki, M.Soc.Sc., Senior Lecturer, International Coordinator, Lapland UAS, Finland. Abstract available.

4 FROM PAST TO FUTURE OF HEALTH AFRICA NETWORK

What will be the future actions of the Health Africa Network? The dream of the network could be permanent higher education cooperation between partners in the future beside external project funding. Presentations introduce the idea of global education services and possibilities for HEI ICI funding. The basis of this dream is to continue the journey on promoting global health and welfare.

Here below is the list of invited guests /participants having presentation about the history and future of Health Africa Network in HADCO 25th Anniversary Seminar:

Mr. Ilmo Anttila, Lic.Phil., MA., Member of HADCO Board, Finland. Abstract available.

Ms. Helli Kitinoja, M.H.Sc., RN, Senior Advisor, Global Education Services, Vice Chairperson of HADCO NGO, Seinäjoki UAS, Finland. Abstract available.

Ms. Sanna Laiho, Senior Lecturer, International Coordinator, TAMK UAS, Finland

Ms. Helinä Mesiäislehto-Soukka, Ph.D., Senior Lecturer, Seinäjoki UAS, Finland

2.2 Health Africa Network in Action during 25 Years



OPENING REMARKS

Merja Seppälä, M.H.Sc., RN, Senior Lecturer, Student Counsellor
Chairperson of HADCO NGO
Centria UAS, Finland



Picture 5. Merja Seppälä giving opening remarks in the Anniversary Seminar (photo: Pirkko Mellin 2019).

It is my great pleasure to welcome you all to celebrate 25th Anniversary of Health Africa Network. We have invited pioneer HADCO members to share their experiences on our cooperation and how the network's role in our changing world has evolved over the past 25 years.

We are honoured to have with us here today an eminent lady from Finnish National Agency for Education Mrs. Kaija Pajala who has been an important supporter and adviser for us since the early stages. Also, we have here the two strong pioneer ladies Ms. Leila Latvasalo and Dr. Riitta Kujala. And I am very happy to see the representatives and dear friends from our Ugandan and Kenyan partner universities, and also Network colleagues from Finnish HADCO Universities of Applied Sciences.

I thank each of you here today for your continued commitment to HADCO and for your engagement in this Anniversary Seminar. The agenda of this seminar is, of course, very informal, and we may well hear today and tomorrow greetings, viewpoints, experiences and various real-life examples. We can also discuss the opportunities, threats, strengths and weaknesses that have been faced in the network and its exchange activities during our long history.

HADCO Network is unique and its history is unique. Large international networks of higher education institutions do not often live very long or stay very active due to unforeseen challenges on the way. But HADCO has from the very beginning been characterized by exceptional commitment, enthusiasm, perseverance, mutual respect and trust, and smooth and efficient communication. Of course we have faced some issues during the past quarter-of-a-century, e.g. Ebola outbreaks, periods of societal unrest prior to some political elections, changes of staff and key persons, and finding instruments for funding. However, these obstacles have been overcome and now we celebrate the achievements of HADCO as it marks its 25th Anniversary this year.

HADCO 25 YEARS GREETINGS FROM A GUEST OF HONOUR

Marjatta Sjöberg, M.N.Sc., RN, Midwife
Guest of Honour, Finland

About 20 years ago I was standing with Finnish students in the sunny yard of Kiyeyi Health Center. Villagers welcomed us warmly on our first morning in Kiyeyi. I would not have believed by then that today we are celebrating the 25th anniversary of our collaboration.

I had the opportunity and privilege to mentor Finnish students in Uganda and Kenya several times. Those experiences were some of the best parts in my (working) career. During the visits we had opportunities of learning about grassroot health promotion and primary care and also practise in several hospitals. I think that learning was more or less holistic commitment on a personal level, not only professional learning. We had good and experienced teachers there, for example Ms. Christine Alura, Ms. Riitta Kujala and Ms. Catherine Othieno.

We noticed that despite differences in cultural, environmental and communal approach we as human beings share the same needs and aspirations. By working together and discussing, we learned to understand each other. I believe that this collaboration has increased the understanding to meet the needs of our clients by being human to human. Technology offers many great opportunities, but we only learn the true encounter of man with the humble language of the heart. I hope that during our visits we internalized even a little about African sociality and the joy of life.

In my role of the treasurer of HADCO I noticed even though most of the funding came from the Finnish state's Development Cooperation funds and member Universities of Applied Sciences, a significant contribution of the work came from the volunteers of the members in all three countries.

Finally, the thing that impressed me greatly is Strong African women. You have taken a significant role in the transforming things in your countries and societies and also recognizing the importance of sustainable development.



Picture 6. Marjatta Sjöberg sitting in front together with Riitta Kujala (left), Leila Latvasalo and Anne Jaakonaho (right) in the Anniversary Seminar (photo: Merja Seppälä 2019).

MASENO UNIVERSITY AND HEALTH AFRICA DEVELOPMENT CO-OPERATION ORGANIZATION (HADCO) COLLABORATION

Agatha Christine Onyango, Ph.D., Senior Lecturer
Maseno University, Department of Nutrition and Health,
Kenya

Maseno University, Kenya is one of the partners of Higher Education Institution Network Programme (North-South-South) collaboration in the South. The North-South-South opened up opportunities between higher education institutions in Finland and Developing Countries. The main focus is on reciprocal student and teacher exchange. The programme was funded by the Finnish Ministry of Foreign Affairs. The programme has promoted reciprocal student and teacher exchange, joint intensive courses at the partner institutions in the south and networking between Finnish and partner institutions; preparatory and administrative visits as well as networking meetings.

The collaboration started in 2004 with HADCO and Maseno University signing an MOU, this was specifically with the school of Public Health and Community Development. By then the Dean of the School was Professor Wilson Odero and currently headed by Dr. Pauline Andan'go. The School of Public Health and Community Development has three departments, namely: Biomedical Sciences and Technology, Nutrition and Health and Public Health. This was followed by the first staff visit from Kenya to Finland in 2004 by then Deputy Vice Chancellor, the late Professor Philip Aduma and Senior Lecturer, Dr. Doreen A.M. Othero who visited Kokkola, Seinäjoki and Helsinki for 2 weeks. From 2004 to 2020, 39 staff members from Kenya have visited Universities of Applied Sciences in Helsinki, Kokkola, Seinäjoki, Hämeenlinna, Mikkeli, Kemi, Kajaani and Tampere in Finland. The exchange programme activities are coordinated by Dr. Agatha Christine Onyango from the Department of Nutrition and Health. The network programme includes: Student


and Teacher exchange from Finland twice a year; Intensive Courses in the South and Network Meetings in any of the partner countries; Administrative visits to Kenya and Uganda from the Finnish partners; Dissemination events; Network meetings; Student and Teacher exchange between Finland, Kenya and Uganda. This collaboration has had a great impact on both the students and staff in terms of gaining experience and learning new technologies.

The students from Maseno University, Kenya have visited Finland since 2004 for a period of three (3) months. They have been visiting Finland from February to May (Spring). The students have had the privilege of visiting Tampere University of Applied Sciences (UAS), Seinäjoki UAS, and Kajaani UAS. One of the first students was Mr. Geoffrey Olado who was by then a Master of Public health student but is currently a staff in the Department of Public Health. There has been a total of 55 students from Maseno University Kisumu, Kenya in the years 2004–2020, study placements in all member Universities of Applied Sciences. There were two (2) students from School of Nursing who visited Finland in February 2020 but the visit was disrupted by the COVID-19 pandemic, as a result they had to come back two weeks earlier than the scheduled date.

Maseno University has hosted 115 Finnish exchange students from various undergraduate and postgraduate fields that include health care, social services, nutrition students and performing arts/music students from 2013 to 2020. The students have been attached to different placement sites, this includes Jaramogi Oginga Odinga Teaching and Referral Hospital (JOORTH), Kisumu County Hospital, Blue Cross NGO, Lutheran School for the Mentally Handicapped, New Life Home Trust, Orongo Widows and Orphans, and Kenyan Kids. The exposure to the Kenyan health system has been a great experience for the Finnish students.



Picture 7. Linda Mogambi giving presentation in the Health Africa Network Anniversary Seminar (photo: Helli Kitinoja 2019).



2.3 Exchange Students sharing their Experiences from Uganda, Kenya and Finland

ONE OF THE FIRST FINNISH NURSE STUDENTS IN UGANDA IN 1996

Tuula Mäntylä (Pekkarinen), Manager of Family and Mental Health Services
Town of Viitasaari, Finland

In Kiyeyi (“in the middle of nowhere”) we stayed for six weeks and we took part in the maternity clinic, newborn clinic, child welfare clinic, school health care, family planning, health education, HIV and aids clinic and acute clinic. The staff at the health center did a lot of work with really little equipment and they helped the villagers to the best of their ability. We students got to be involved in everything and we saw and experienced something new every day.

At Kampala we stayed for five weeks. We practiced in one of Kampala’s hospitals at children’s ward. The family members were with patients all the time and took care of basic caring. It was a completely new perspective for us, because in Finland the relatives only visit the hospital. We also practiced in Kampala’s HIV and Aids project. We did home visits with medical aid, food aid and wound treatments. During these weeks, we got to experience a lot and really help people by taking food to the mouths and treating bad, inflamed wounds, among other things.

People were extremely kind and warm to us. We got to know Ugandan life, it was memorable and very rewarding, once in a lifetime experience. We realized how few health care tools there were and that the time spent with patients and warm caring were so much more than tools.



Picture 8. Student Tuula Mäntylä and Andrew in Uganda (photo: Tuula Mäntylä 1996).



Picture 9. Newborn baby and Kaisa Seppälä, cupfeeding practice, Kenya (photo: Kaisa Seppälä 2013).

KENYA SPRING 2019 – EXCHANGE EXPERIENCES

Ada Skytte, Social Work Student
Centria UAS, Finland

Sarita Tiala, Social Work Student
Centria UAS, Finland



Picture 10. Students Ada Skytte and Sarita Tiala giving presentation in the Anniversary Seminar (photo: Merja Seppälä 2019).

In the spring of 2019, we took part in a three-month exchange program through our school, Centria University of Applied Sciences. The exchange program was coordinated by the Health Africa Development Co-operation Organisation. During this exchange, we were located in the city of Kisumu and were under Maseno University's excellent care. Teachers from Maseno University helped us with coordinating our practical placements in Kisumu. With the help of these outstanding teachers, especially Ms. Agatha Christine Onyango, we were able to do our practical training in a variety of interesting places.

Our first place of practical training was an organization called Blue Cross. Blue Cross is an organization that helps rehabilitate children

from the streets and offers activities to all the children in the community mostly during the holidays. Music was always present at Blue Cross, either from a local aspiring band that came to play for the kids, or someone organizing a huge dance party for the children. Blue Cross was located in two places with both places located outside of Kisumu's city center. At Blue Cross, we got to participate in lessons about life skills such as discussing gender roles. These lessons were held at schools around Kisumu. Through Blue Cross, we also got the opportunity to go to the streets at night and meet children living on the streets.

Our second placement was at New Life Orphanage. New life has three different units: babies, toddlers, and special needs children's units. Here we took part in the daily activities and helped the staff with problems that came up at the orphanage. Days here were filled with laughter, dance, and singing. We were lucky enough to witness a few adoption parties. These parties were heart-warming to see and experience.

The third placement took place in Orongo village, which is just a little over 20-minute drive away from Kisumu. In Orongo village there is an orphanage and also a widower's support group. In Orongo we held sexual health lessons for girls and young women. Results from these lessons were used also in our thesis. In Orongo, we got to experience life outside of the city, we helped out with tasks such as carrying water from the well to the elderly.

Our final placement was at Jaramogi Oginga Odinga Teaching & Referral Hospital (JOOTRH). At JOOTRH we had medical social workers as our colleagues, and this showed us a very different approach to social work. We got to work in different wards and clinics, like HIV clinic, oncology, drug rehabilitation unit, and gender violence unit.

All in all the exchange was a life-changing experience, it gave us a better perspective about social work and we developed a deeper understanding of working in a multicultural environment, as well as our understanding of different cultures increased. "If I have ever seen magic it has been in Africa."



Picture 11. Finnish students preparing health education material in Kenya (photo: Ada Skytte 2019).



HEALTH AND WELFARE PROMOTION AMONG CHILDREN

Kaisu Vinkki, M.Soc.Sc., Senior Lecturer, International Coordinator
Lapland UAS, School of Social Services, Health and Sports,
Finland



Picture 12. Kaisu Vinkki giving presentation in the Anniversary Seminar (photo: Helli Kitinoja 2019).

In Kokkola 2019 we celebrated 25 years of Cooperation within Health Africa networks. This abstract is based on the presentation about promotion of health and welfare with children.

Child health and welfare issues are mainly addressed within the family, where individual health and well-being are established. Nowadays parenting can be very challenging reflecting various changes in family, society and childhood. The school bears paramount importance in

supporting every child and adolescent in their wellbeing. Together with the child's family the school offers an educational environment but also represents a growth environment where prevention and detection of possible risks threatening wellbeing can be identified and consequently the intervention at early stage can be implemented. Collaboration between these two environments, family and school, is needed for children's better growth and learning results.

The Convention of the Rights of the Child (UN, 1989) sets demands for school and education: "... the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential". School (primary, secondary and upper secondary) engages every child for many years and as such an important arena it could take more significant and focused role in promoting health and well-being through school work, education, creating positive activity culture and new preventive practices. The promotion of children's wellbeing should be present in school community and the activities provided should help children and the community to live in harmony with their physical, social and cultural environment. (Konu & Rimpelä, 2002; Savola, 2007).

Children's health and well-being are experienced every day through interaction with adults. This can promote healthy development and by creating an atmosphere of community and security in the school environment, the children's willingness and desire to learn will be stimulated. For a child, the teacher's role as a professional educator and influential person is obvious. Teachers master educational content and technical details, but they also convey values, respect, care and pedagogical love, and promote growing a child as a whole person. Teacherhood demands constant development of a person and humanity, combining empathy, aesthetics and truthfulness (Skinnari, 2004). In occupational role they have a chance to put theories into practical actions, e.g., in the context of socio-emotional health promotion, the best promotional effort can be achieved when teachers nurture and care about their pupils. Every child needs supportive and nurturing atmosphere, appreciation of uniqueness and respect for individual differences and enabling involvement of families.

BIBLIOGRAPHY

United Nations (UN). (1989). *The Convention of the Rights of the Child 1989*. <https://www.unicef.org/child-rights-convention>

Konu, A., & Rimpelä, M. (2002). Well-being in schools: A conceptual model. *Health promotion international*, 17(1), 79–87. <https://doi.org/10.1093/heapro/17.1.79>

Savola, E. (2007). Kohti terveyttä edistäviä elinympäristöjä. *Promo: Terveystiedon edistämisen lehti*, (4), 40.

Skinnari, S. (2007). *Pedagoginen rakkaus: Kasvattaja elämän tarkoituksen ja ihmisen arvoituksen äärellä* (Opetus 2000). PS-Kustannus.

COMMUNITY HEALTH NURSING EXPERIENCE – THE CULTURAL PERSPECTIVE

Agnes Agwang, M.N.S(C), BNS, RN, RM, DH
Dean of the Nursing School, Senior Lecturer
Clarke International University, School of Nursing and
Midwifery, Uganda



Picture 13. Agnes Agwang giving presentation in the Anniversary Seminar (photo: Pirkko Mellin 2019).

Community Health Nursing is a specialty in which the unit of care is a specific community or aggregate, and the nurse has the responsibility to promote group health. The community context has been identified as an important determinant of health outcomes such as reduction in disease outbreaks, and the wellbeing of the individuals in a given community.

Considering the community as a social unit in terms of shared values, customs, religion, and norms, it is important that the nurse understands the community where the nursing experience occurs, since every community has unique values and goals. The individual is governed by

the ethos of the community and thus displays the cultural aspects of a given community; hence the health provider should be cognizant of these needs. The experience entails community outreaches, clinical practice, school health and maternity care focusing on preventive, curative and rehabilitative services.

Cultural learning is a vital component of community health nursing. The Finnish students have over the years had exposure in community health nursing placements from communities identified by the university, aimed at fulfilling the learner's set objectives. The students have always reported that the experience is enriching regardless of the language barrier or the limited knowledge about the different cultural issues.

The lessons drawn from consecutive students' feedback about the need to appreciate cultural issues in enhancing community experience, calls for a comprehensive cultural competence orientation. Purnell's model (2000), for cultural competence is designed and used especially by the nursing fraternity to understand cultures, clients, health professionals and health care. The model comprises of four (4) circles representing metaparadigms applied to nursing organized from the global aspect, to community, then family and an individual. The global society embraces globalization (global village) and rapid explosion of technology to enhance networking, while the community illustrates the provision of culturally competent care in which individual needs in a selected community should be met. The family represents family support which is crucial while offering health care. Family members contribute towards care through decision making and active involvement as care takers. The person/client is unique and therefore, individualized care is desired. The client's beliefs and values can impact on how they wish to be cared for.

Clarke International University utilized Purnell's model for cultural competence designed to assess and meet the cultural needs of the communities selected. The implementation of the model by the Finnish students will go a long way in enriching the cultural learning and experience sought for, while engaging in community practice in Uganda.

BIBLIOGRAPHY

Purnell, D. L., & Paulanka, B. J. (2000). The Purnell Model for cultural competence. *Journal of transcultural nursing*, 13(3), 193–201. <https://doi.org/10.1177/10459602013003006>



Picture 14. Partners from Uganda and Kenya. From the left Rose Clarke Nanyonga, Evelyn Ayot and Agnes Agwang, Clarke International University, Agatha C. Onyango and Linga Mogambi, Maseno University. (photo: Merja Seppälä 2019.)

COLLABORATIVE APPROACH TO PROMOTE NURSE STUDENTS' CLINICAL COMPETENCES

Anitta Juntunen, Ph.D., RN, Principal Lecturer
Kajaani UAS, School of Social and Health Care, Finland



Picture 15. Anitta Juntunen giving presentation in the Anniversary Seminar (photo: Merja Seppälä 2019).

The purpose of this presentation is to describe a collaborative project between Kajaani University of Applied Sciences (KAMK) in Finland, and Eswatini Medical Christian University (EMCU) in Eswatini, formerly known as Swaziland. The aim of the two-year project (2019–2021) is to strengthen clinical competencies of nurse students in both countries, and our focus is developing teaching contents, assessment methods and assessment criteria. Our project is funded by Erasmus+ for Higher Education Institutes.

KAMK and EMCU started their collaboration in 2014, and the Memorandum of Understanding was signed in the same year. The international strategies of both universities underline development of network and

collaboration with international partners, advancements in nursing curriculum incorporating local needs and advancement in research. Also, teacher exchange and student mobility are included in strategies.

While planning the project, clinical competence was often coming up on discussions. In Dlamini et al. (2014) had conducted a research proving that the new graduates were not ready for practice and suggested to establish quality assurance mechanisms for clinical education.

In our collaborative project, we are working in web-based environment (Google sites), aiming to create clinical competence assessment methods and develop clinical competence criteria. In the end, we will have a model for implementing competence-based clinical skill simulations in Laboratory and in-situ simulations in clinical areas. Through teachers' and students' mobility we will focus on curriculum development and increased cultural understanding.

BIBLIOGRAPHY

Dlamini, C.P., Mtshali, N., Dlamini, C.H., Mahanya, S., Shabangu, T., & Tsabedze, Z. (2014). New graduates' readiness for practice in Swaziland: An exploration of stakeholders' perspectives. *Journal of nursing education and practice*, 4(5), 148–158. <http://dx.doi.org/10.5430/jnep.v4n5p148>

TIMELINE FROM THE DEVELOPMENT PROJECTS TO THE PARTNERSHIPS IN GLOBAL EDUCATION

Helli Kitinoja, M.H.Sc., RN, Senior Advisor, Global Education Services, Vice Chairperson of HADCO Seinäjoki UAS, Finland



Picture 16. Helli Kitinoja giving presentation in the Anniversary Seminar (photo: Merja Seppälä 2019).

The purpose of this presentation is to describe the process of Health Africa cooperation during the 25-year period. There can be seen to be different kinds of phases starting from the development projects in the villages in Uganda and continuing towards the partnerships in transnational and global education. However, the Finnish Development Policies, UN's Millennium Goals and the new UN's Sustainable Development Goals (SDG 2030) have always provided the basis for the cooperation and the activities of the Partners.

In the middle of 1990's some Finnish Schools of Health Care were able to participate in the development project in Uganda. Lead partner was the Mannerheim League for Child Welfare (MLL) and the project was financed by the Finnish Ministry of Foreign Affairs. When MLL left Uganda the Health Africa Development Organization (HADCO) was established in 1999 by the Finnish partner institutions. After that HADCO succeeded to receive financing for its own development projects in Uganda, aiming for instance to better health in the villages and to organize school nurse and school catering services together with the partners in Uganda.

A new phase in the Health Africa cooperation started after ten years when a new Higher Education Network Programme North-South (later North-South-South, NSS) was opened in 2004. This programme made it possible to get grants also for the student, teacher and staff mobility and the mobility numbers increased rapidly, also from South to North. Health Africa Network and its eight Finnish Universities of Applied Sciences and partner Universities in Uganda and Kenya succeeded to get financing during the whole life span (2004–2015) of the NSS Programme. Curriculum development and the development of eLearning and nutrition are examples of the aims of these NSS financed projects.

Ten years later there was again a new phase, when the Erasmus+ Global Mobility programme was opened and it came possible to apply financing also for transnational mobility. Health Africa Consortium and the same partner institutions succeeded to get financing first time in 2016. Today Health Africa Network partners are again facing new challenges like global learning crises, challenges for capacity building by utilizing global education services, needs for education-based immigration to Finland and win-win partnerships in the export of education.

Promotion of global responsibility and global education services was mentioned first time in the Internationalization Strategy 2009–2015 for the Finnish Higher Education Institutions set by the Finnish Ministry of Education and Culture. Even more widely global responsibility is described in the International Strategy for Higher Education and Research for the years 2017–2025.

CLOSING WORDS

Ilmo Anttila, Lic.Phil., M.A., Member of HADCO Board
Finland



Picture 17. Ilmo Anttila in the Health Africa Network Anniversary Seminar (photo: Merja Seppälä 2019).

At the end of HADCO 25-year anniversary event, the closing remarks were started by a brief discussion of the considerable number of people who had been able to participate in international exchange activities through HADCO. For this purpose, a fictional humorous example was given: If we were to summon all the one thousand (1 000) former HADCO exchange students, teachers and staff members to a joint meeting at a remote destination, we would need to charter six (6) Kenya Airways Boeing 787-8 Dreamliner aircrafts, or fifteen (15) Uganda Airlines Bombardier CRJ 900 aircrafts.

However, the main objective of the closing words was to demonstrate the many simultaneous journeys that in fact happen – consciously or unconsciously – within each Finnish HADCO student during their stay in Africa. From the professional point of view, it has been proven that on their exchange periods in Uganda and Kenya Finnish students experience significant professional development and acquire a variety of new essential specialist skills. Secondly, they have built their intercultural competences, which concept has often been defined as the ability to step beyond one’s own culture and function with other individuals from culturally and linguistically diverse backgrounds.

It should also be emphasized that when describing the learning experiences while being in Africa, nearly all Finnish exchange students strongly felt that Africa had also changed them as human beings for the better. This is because each night as the quiet of the darkness falls, one’s heart and mind tend to ponder on what has happened during the day. The students may have faced unexpected, challenging and even controversial learning situations which may sometimes feel almost too overwhelming for an individual to handle emotionally, and which may have a profound impact on one’s own set of values and even on one’s view on life itself. This is what Dalai Lama has so brilliantly put into the often-quoted words: “When educating the minds of our youth, we must not forget to educate their hearts.”

Warm thank you to all our distinguished friends and partners in Uganda, Kenya and Finland for your continuing solid support and commitment through all these 25 years, and for educating not only our students’ minds but also their hearts, and thereby supporting the basic human values of warm-heartedness and compassion.

BIBLIOGRAPHY

Dalai Lama, & Alt, F. 2017. *An appeal to the world: The way to peace in a time of division*. Harper Collins Publishers.

PICTURES OF THE PARTICIPANTS IN THE HEALTH AFRICA NETWORK 25-YEAR ANNIVERSARY SEMINAR



Picture 18. Key-note Speaker Kaija Pajala from the Finnish National Agency for Education (photo: Pirkko Mellin 2019).



Picture 19. Helinä Mesiäislehto-Soukka and Rose Clarke Nanyonga (photo: Merja Seppälä 2019).



Picture 21. Maria Loukola and Tiina Ojanperä (photo: Merja Seppälä 2019).



Picture 20. Kaisa Seppälä
(photo: Merja Seppälä 2019).



Picture 22. Helena Leppänen
(photo: Merja Seppälä 2019).



Picture 23. Maria Isokoski
(photo: Merja Seppälä 2019).



Picture 24. Guests and Hosts in the Anniversary Seminar (photo: Merja Seppälä 2019).



Picture 25. Participants in the Anniversary Seminar (photo: Merja Seppälä 2019).



Picture 26. Discussions in the Seminar (photo: Merja Seppälä 2019).



Picture 27. Congratulations to HADCO from CIU (photo: Pirkko Mellin 2019).



Picture 28. Congratulations to HADC0 Team from CIU (photo: Pirkko Mellin 2019).



Picture 29. Closing Ceremony of the Health Africa Network 25-year Anniversary Seminar (photo: Merja Seppälä 2019).



III

OVERVIEW ON THE HISTORY OF HEALTH AFRICA NETWORK IN NUMBERS AND PHOTOS 1996–2022

3.1 Introduction to the Chapter III

OVERVIEW ON THE HISTORY OF HEALTH AFRICA NETWORK IN NUMBERS AND PHOTOS 1996–2022

Ilmo Anttila, Lic.Phil., M.A.
Member of HADCO Board, Finland

Helli Kitinoja, M.H.Sc., RN, Senior Advisor, Global Education
Services, Vice Chair of HADCO Board
Seinäjoki UAS, Finland

Merja Seppälä, M.H.Sc., Senior Lecturer
Chairperson of HADCO Board, Centria UAS, Finland

INTRODUCTION

This chapter consists of a chronological description of Health Africa Development Cooperation Organization (HADCO) activities in the form of catalogues, charts, brief text summaries and press clippings. There are also seminar programmes and abstracts of students' Bachelor theses commissioned by HADCO. Furthermore, some teaching materials for primary schools produced during the projects can be found here.

Finally, a collection of photos is presented from different phases of HADCO cooperation. The reader should kindly note that we have not included photos on exchange students' hands-on nursing procedures or other client – student trainee interaction. This is due to privacy reasons.

3.2 Administrators and Projects of Health Africa Cooperation

HEALTH AFRICA NETWORK COORDINATORS 1996–2021

Table 1. Coordinators in the Uganda Network 1996–1998 and in the Health Africa Network since April 1998.

Years	UAS / town	Academic staff
1996–2000	Central Ostrobothnia UAS / Kokkola	Leila Latvasalo, Merja Seppälä, Ilmo Anttila
2001–2002	Seinäjoki UAS (SeAMK)	Helli Kitinoja, Raili Kurki, Marja Toukola
2003–7/2005	Stadia UAS / Helsinki	Päivi Rimpioja, Aija Ahokas, Päivi Hellén (2003–2004), Terttu Huupponen (2005)
8/2005–7/2007	Mikkeli UAS / Mikkeli	Meri Pihlajavaara, Elisabet Montonen
8/2007–7/2008	Pirkanmaa UAS / Tampere	Eija-Riitta Alho, Piri Hiltunen
8/2008–7/2009	Pirkanmaa UAS / Tampere	Piri Hiltunen, Gitte Taulo
8/2009–7/2010	Pirkanmaa UAS / Tampere Vaasa UAS/ Vaasa	Gitte Taulo / Tampere Anna Martin / Vaasa
8/2010–7/2011	Pirkanmaa UAS / Tampere	Gitte Taulo, Mirja Onduso
8/2011–7/2014	Häme UAS / Hämeenlinna	Kaisa Seppälä, Jonna Kaaro, Peppina Pöyhönen
8/2014–7/2016	Kajaani UAS / Kajaani Lapland UAS / Kemi	Jaana Härkönen / Kajaani Eliisa Kursula / Kemi
8/2016–7/2017	Seinäjoki UAS / Seinäjoki South-Eastern Finland UAS- XAMK/ Mikkeli	Tiina Ojanperä / Seinäjoki Riitta-Liisa Jukarainen, Minna Hämäläinen / Mikkeli
8/2017–12/2018	Seinäjoki UAS / Seinäjoki South-Eastern Finland UAS- XAMK/ Mikkeli	Tiina Ojanperä / Seinäjoki Riitta-Liisa Jukarainen / Mikkeli, Lea Reponen / Savonlinna
1/2019–12/2019	Seinäjoki UAS / Seinäjoki Vaasa UAS/ Vaasa	Tiina Ojanperä / Seinäjoki Hanna Peltola, Helena Leppänen / Vaasa
1/2020–12/2021	Seinäjoki UAS / Seinäjoki Tampere UAS /Tampere Häme UAS / Hämeenlinna	Tiina Ojanperä / Seinäjoki Sanna Laiho / Tampere Kaisa Seppälä / Hämeenlinna

HADCO BOARDS 2000–2022

Terve Afrikka Kehitysyhteistyö ry TAKRY
Health Africa Development Cooperation Organization HADCO NGO
Registered in December 23, 1999.

Table 2.
Charter of HADCO NGO signed in Turku, Finland on Nov 30, 1999.

Name	Place of domicile
Leila Latvasalo	Kokkola
Merja Seppälä	Kokkola
Ilmo Anttila	Kokkola
Kaisa Seppälä	Hämeenlinna
Päivi Rimpioja	Helsinki
Lea Moua	Helsinki
Eija-Riitta Alho	Tampere
Teija Suominen	Lieto
Anneli Hallikainen	Helsinki

Table 3. HADCO NGO Boards in the years 2000–2022.

HADCO board years 2000–2001:

Member	Position	UAS / town	Vice member	UAS / town
Leila Latvasalo	Chairperson	Central Ostrobothnia UAS / Kokkola		
Merja Seppälä	Vice chairperson	Central Ostrobothnia UAS / Kokkola	Ilmo Anttila	Central Ostrobothnia UAS / Kokkola
Helli Kitinoja	Secretary	Seinäjäki UAS	Raili Kurki	Seinäjäki UAS
Marjatta Hillman	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Lea Moua	Board member	Stadia UAS / Helsinki	Anneli Hallikainen	Diakonia UAS / Helsinki
Hellevi Leppiaho	Board member	Rovaniemi UAS / Rovaniemi	Riitta-Liisa Jukarainen	Mikkeli UAS / Mikkeli

HADCO board years 2002–2003:

Member	Position	UAS / town	Vice member	UAS / town
Leila Latvasalo	Chairperson	Central Ostrobothnia UAS / Kokkola		
Merja Seppälä	Vice chairperson	Central Ostrobothnia UAS / Kokkola	Ilmo Anttila	Central Ostrobothnia UAS / Kokkola
Helli Kitinoja	Secretary	Seinäjoki UAS	Raili Kurki	Seinäjoki UAS
Marjatta Hillman	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Päivi Rimpioja	Board member	Stadia UAS / Helsinki	Aija Ahokas	Stadia UAS / Helsinki
Hellevi Leppiaho	Board member	Rovaniemi UAS / Rovaniemi	Pirjo Pikkariainen	Mikkeli UAS / Mikkeli

HADCO board years 2003–2004:

Member	Position	UAS / town	Vice member	UAS / town
Leila Latvasalo	Chairperson	Central Ostrobothnia UAS / Kokkola		
Merja Seppälä	Vice chairperson	Central Ostrobothnia UAS / Kokkola	Ilmo Anttila	Central Ostrobothnia UAS / Kokkola
Helli Kitinoja	Secretary	Seinäjoki UAS	Raili Kurki	Seinäjoki UAS
Marjatta Hillman	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Päivi Rimpioja	Board member	Stadia UAS / Helsinki	Aija Ahokas	Stadia UAS / Helsinki
Hellevi Leppiaho	Board member	Rovaniemi UAS	Pirjo Pikkariainen	Mikkeli UAS / Mikkeli

HADCO board years 2004–2005:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Central Ostrobothnia UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjoki UAS	Ritva Mertaniemi	Vaasa UAS
Hellevi Leppiaho	Secretary	Rovaniemi UAS / Rovaniemi	Anitta Juntunen	Kajaani UAS
Marjatta Hillman	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Päivi Rimpioja	Board member	Stadia UAS / Helsinki	Aija Ahokas	Stadia UAS / Helsinki
Raija Tolonen	Board member	Seinäjoki UAS	Ilmo Anttila	Central Ostrobothnia UAS / Kokkola

HADCO board years 2006–2008:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Central Ostrobothnia UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjäki UAS	Ritva Mertaniemi	Vaasa UAS
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Elisabet Montonen	Mikkeli UAS / Mikkeli
Marjatta Hillman	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Aija Ahokas	Board member	Stadia UAS / Helsinki	Terttu Huupponen	Stadia UAS / Helsinki
Raija Tolonen	Board member	Seinäjäki UAS	Ilmo Anttila	Central Ostrobothnia UAS / Kokkola

Secretary: Mirka Huhtala, Kokkola

HADCO board years 2009–2010:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Central Ostrobothnia UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjäki UAS	Annikki Pulkkinen	Kemi-Tornio UAS / Kemi
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Elisabet Montonen	Mikkeli UAS / Mikkeli
Marjatta Sjöberg (Hillman)	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Aija Ahokas	Board member	Stadia UAS / Helsinki	Terttu Huupponen	Stadia UAS / Helsinki
Raija Tolonen	Board member	Seinäjäki UAS	Ilmo Anttila	Central Ostrobothnia UAS / Kokkola

Secretary: Tiia Myllymäki, Kokkola

HADCO board years 2010–2012:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Central Ostrobothnia UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjäki UAS	Annikki Pulkkinen	Kemi-Tornio UAS / Kemi
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Elisabet Montonen	Mikkeli UAS / Mikkeli
Marjatta Sjöberg	Treasurer	Pirkanmaa UAS / Tampere	Kaisa Seppälä	Häme UAS / Hämeenlinna
Ilmo Anttila	Board member	Central Ostrobothnia UAS / Kokkola	Helinä Mesiäislehto-Soukka	Seinäjäki UAS
Gitte Taulo	Board member	Pirkanmaa UAS / Tampere	Tiia Myllymäki Secretary	Kokkola

HADCO board years 2012–2014:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Central Ostrobothnia UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjäki UAS	Annikki Pulkkinen	Kemi-Tornio UAS / Kemi
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Elisabet Montonen	Mikkeli UAS / Mikkeli
Essi Korkiakoski	Treasurer	Seinäjäki UAS	Kaisa Seppälä	Häme UAS / Hämeenlinna
Ilmo Anttila	Board member	Central Ostrobothnia UAS / Kokkola	Helinä Mesiäislehto-Soukka	Seinäjäki UAS
Päivi Hautaviita	Secretary	Pirkanmaa UAS / Tampere	Gitte Taulo	Pirkanmaa UAS / Tampere

HADCO board years 2014–2016:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Central Ostrobothnia UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjäki UAS	Eliisa Kursula	Lapland UAS / Kemi
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Elisabet Montonen	Mikkeli UAS / Mikkeli
Essi Korkiakoski	Treasurer	Seinäjäki UAS	Kaisa Seppälä	Häme UAS / Hämeenlinna
Ilmo Anttila	Board member	Central Ostrobothnia UAS / Kokkola	Helinä Mesiäislehto-Soukka	Seinäjäki UAS
Päivi Hautaviita	Secretary	Pirkanmaa UAS / Tampere	Gitte Taulo	Pirkanmaa UAS / Tampere

HADCO board years 2016–2018:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Centria UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjoki UAS	Eliisa Kursula	Lapland UAS / Kemi
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Jaana Härkönen	Kajaani UAS / Kajaani
Satu Kosonen	Treasurer	Seinäjoki	Kaisa Seppälä	Häme UAS / Hämeenlinna
Ilmo Anttila	Board member	Centria UAS / Kokkola	Helinä Mesiäislehto- Soukka	Seinäjoki UAS
Päivi Hautaviita	Secretary	Tampere UAS / Tampere	Sanna Laiho	Tampere UAS / Tampere

HADCO board years 2018–2020:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Centria UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjoki UAS	Tiina Ojanperä	Seinäjoki UAS
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Jaana Härkönen	Kajaani UAS / Kajaani
Satu Kosonen	Treasurer	Seinäjoki	Kaisa Seppälä	Häme UAS / Hämeenlinna
Ilmo Anttila	Board member	Centria UAS / Kokkola	Helinä Mesiäislehto- Soukka	Seinäjoki UAS
Kaisu Vinkki	Secretary	Lapland UAS / Kemi	Sanna Laiho	Tampere UAS / Tampere

HADCO board years 2020–2022:

Member	Position	UAS / town	Vice member	UAS / town
Merja Seppälä	Chairperson	Centria UAS / Kokkola		
Helli Kitinoja	Vice chairperson	Seinäjoki UAS	Tiina Ojanperä	Seinäjoki UAS
Anitta Juntunen	Board member	Kajaani UAS / Kajaani	Jaana Härkönen	Kajaani UAS / Kajaani
Satu Kosonen	Treasurer	Seinäjoki	Kaisa Seppälä	Häme UAS / Hämeenlinna
Ilmo Anttila	Board member	Kokkola	Helinä Mesiäislehto- Soukka	Seinäjoki UAS
Sanna Laiho	Secretary	Tampere UAS / Tampere	Helena Leppänen	Vaasa UAS / Vaasa

HEALTH AFRICA NETWORK HIGHER EDUCATION INSTITUTIONS IN THE YEAR 2022

Maseno University (MU), Kenya

Clarke International University (CIU), Uganda

Centria University of Applied Sciences, Finland

Häme University of Applied Sciences, HAMK, Finland

Kajaani University of Applied Sciences, KAMK, Finland

Lapland University of Applied Sciences, Finland

Seinäjoki University of Applied Sciences, SeAMK, Finland

South-Eastern Finland University of Applied Sciences, XAMK, Finland

Tampere University of Applied Sciences, TAMK, Finland

Vaasa University of Applied Sciences, VAMK, Finland

HEALTH AFRICA PROJECTS

First HADCO project: Promotion of Primary Health Care and Public Health Nurse (Health Visitor) Training in Uganda 1998–2005.

Partners:

- Ministry of Health (MoH), Uganda
- Ministry of Education and Sports (MoES), Uganda
- Public Health Nurses' College (PHNC), Kampala, Uganda
- Kiyeyi Health Centre, Tororo, East-Uganda
- HEIs in the Health Africa Network in Finland

Funding:

- Ministry for Foreign Affairs of Finland (MFA)

The aims of this project were:

- to regularize Public Health Nurse training in Uganda and gradually increase the number of graduating students,
- to improve health status among local inhabitants living in Nabuyoga subcounty (32 villages) in Tororo District near Kenyan border, comprising the area under Kiyeyi Teaching Health Centre by reducing AIDS, child and infant mortality through health education and immunizations,
- to develop curricula and teaching methods at Public Health Nurses' College in Kampala in cooperation with local teachers and experts,
- to renovate the school building and library, and acquire teaching materials.

Second HADCO project: Wellbeing in the Village Community 2005–2011.

School health, health education, nutrition, school meals, curriculum development.

Partners:

- Ministry of Education and Sports (MoES), Uganda
- Public Health Nurses' College (PHNC), Kampala, Uganda

- Mpigi Health Centre, Uganda
- Kibuuka Memorial Primary School, Mpigi, Uganda
- HEIs in the Health Africa Network in Finland

Funding:

- Ministry for Foreign Affairs of Finland (MFA)

Within wellbeing in the village project in Kibuuka / Mpigi the project aim was to promote health and wellbeing of the village community through school health and family health programmes. The pupils at Kibuuka Memorial Primary and Secondary School were the main target groups together with their families in the surrounding community. Another objective of the project was the development of Public Health Nurses' College curriculum on school health and health education.

Projects funded by the North-South-South (NSS) Programme 2004–2015.

Partners:

- Maseno University Kenya (2004–2015)
- Public Health Nurses' College, Kampala, Uganda (2004–2010)
- International Health Sciences University (IHSU) Kampala, Uganda (2011–2015)
- HEIs in the Health Africa Network in Finland

Funding:

- The Centre for International Mobility (CIMO), Finland
- Ministry for Foreign Affairs of Finland (MFA)

Administrative coordinator:

- Seinäjoki UAS

Academic coordinator:

- Centria UAS

The NSS Programme made it possible to get grants also for the student, teacher and staff mobility and the mobility numbers increased rapidly, also from South to North. Health Africa Network and its eight Finnish partner Universities of Applied Sciences and partner Universities in

Uganda and Kenya succeeded to get financing for seven projects during the whole life span (2004–2015) of the NSS Programme. Curriculum development, the development of eLearning, nutrition and school health education are examples of the aims and activities of these seven NSS financed projects.

Funded activities of the Finnish North-South-South (NSS) Higher Education Institution Network Programme were:

1. Reciprocal student and teacher exchange.
2. Joint intensive courses at the partner institutions in the South.
3. Activities that promoted networking between Finnish and partner institutions, preparatory and administrative visits as well as network meetings.
4. Dissemination measures.

North-South-South Programme was a higher education exchange network programme between Finnish and developing countries' higher education institutions. The goal of the programme was to enhance human capacity to ensure that people in all participating countries may better contribute to the cultural, socio-economic and political development of their communities. The main focus was on reciprocal student and teacher exchange.

Health Africa Network projects funded by the North-South-South Programme:

- HEALTH AFRICA North-South Project (2004–2005)
- HEALTH AFRICA North-South Project (2005–2006)
- HEALTH AFRICA North-South Project (2006–2007)
- HEALTH AFRICA Project (2007–2009)
- HEALTH AFRICA Project (2009–2011)
- HEALTH AFRICA Network (2011–2013)
- HEALTH AFRICA Partnership (2013–2015)

Erasmus+ Global Mobility Programme since the year 2017.

Partners:

- Clarke International University (CIU), Uganda
- Maseno University, Kenya
- HEIs in the Africa Network in Finland

Funding:

- European Commission, Erasmus+ Programme

The global mobility included in the Erasmus+ Programme for higher education offers exchange opportunities also outside of Europe. The Erasmus+ Programme's global mobility (KA107) started in 2015.

Health Africa network formed a consortium of Erasmus+ global mobility in 2017. The global funding from the European Commission Erasmus+ Programme has been received in 2017, 2018 and 2019. Coordinator was Seinäjoki University of Applied Sciences. Erasmus+ Global Mobility funding was targeted at Kenyan and Ugandan students, teachers and staff members from all network countries. In the year 2020 the role of coordinator changed from Seinäjoki UAS to Tampere UAS.

3.3 Student and Staff Mobility

HEALTH AFRICA NETWORK MOBILITY FROM FINLAND TO UGANDA AND KENYA, YEARS 1996–2020

Table 1. Student and Academic Staff Mobility from Finland to Uganda and Kenya, 1996–2020.

Year	Number of Finnish students to Uganda	Number of Finnish students to Kenya	Academic staff as student supervisors from Finland to Uganda (UG) and Kenya (KE)
1996	8		Leila Latvasalo, Kokkola → UG
1997	23		Merja Seppälä, Kokkola → UG Ilmo Anttila, Kokkola → UG Raija Rintala, Seinäjoki → UG
1998	30		Arja Hämäläinen, Hämeenlinna → UG Maija Vesala, Hämeenlinna → UG
1999	25		Marjatta Hillman, Tampere → UG Leila Latvasalo, Kokkola → UG
2000	32		Anneli Hallikainen, Helsinki → UG Raili Kurki, Seinäjoki → UG
2001	15		Pirjo Pikkarainen, Mikkeli → UG Raili Kurki, Seinäjoki → UG
2002	29		Aija Ahokas, Helsinki → UG Marjatta Hillman, Tampere → UG Kaisa Seppälä, Hämeenlinna → UG Leila Latvasalo, Kokkola → UG and KE
2003	29		Hellevi Leppiaho, Rovaniemi → UG Anitta Juntunen, Kajaani → UG and KE Raija Tolonen, Seinäjoki → UG Pirjo Pikkarainen, Mikkeli → UG
2004	16		Marjatta Hillman, Tampere → UG Tytti Hyttilä-Huhta, Vaasa → UG
2005	26	3	Aija Ahokas, Helsinki → UG Terttu Huupponen, Helsinki → UG Merja Seppälä, Kokkola → KE and UG Ilmo Anttila, Kokkola → KE and UG Leila Latvasalo, Kokkola → UG and KE Sirpa Nygård, Seinäjoki → UG and KE Pirjo Pikkarainen, Mikkeli → UG
2006	6	4	Marjatta Hillman, Tampere → UG and KE Eija-Riitta Alho, Tampere → UG Terttu Huupponen, Helsinki → UG Terhi Kimpimäki, Seinäjoki → UG Leila Latvasalo, Kokkola → UG and KE

2007	19	9	Pirjo Syväoja, Mikkeli → UG Sirpa Nygård, Kuopio →UG Leena Sundström, Oulu → KE and UG Merja Seppälä, Kokkola → KE and UG Ilmo Anttila, Kokkola →KE and UG Kaisa Seppälä, Hämeenlinna → KE and UG Terttu Huupponen, Helsinki →UG Raija Tolonen, Seinäjoki → UG Leila Latvasalo, Kokkola → UG
2008	12		Merja Seppälä, Kokkola → UG Leena Lerssi, Kajaani → UG Helli Kitinoja, Seinäjoki → UG and KE
2009	22	18	Anna Pulakka, Tampere → UG and KE Tarja Lipponen, Kemi-Tornio → UG and KE Sirpa Nygård, Seinäjoki → UG and KE Pirjo Syväoja, Mikkeli → UG and KE
2010		29	Helinä Mesiäislehto-Soukka, Seinäjoki → KE Päivi Homan-Helenius, Forssa → KE
2011	6	19	Marita Räsänen, Helsinki → KE Anu Pukki, Mikkeli → KE Päivi Hautaviita, Tampere → KE Mirva Sundqvist-Kekäläinen, Vaasa → KE Anne Jaakonaho, Kokkola → UG
2012	21		Anne Jaakonaho, Kokkola → UG and KE Mirva Sundqvist-Kekäläinen, Vaasa → UG
2013	21	5	Kaisa Seppälä, Hämeenlinna → UG Eila Heikkinen, Kemi-Tornio → KE and UG
2014	17	14	Päivi Hautaviita, Tampere → KE and UG Helinä Mesiäislehto-Soukka, Seinäjoki → UG and KE
2015		14	Mirva Sundqvist-Kekäläinen, Vaasa → KE Helinä Mesiäislehto-Soukka, Seinäjoki →KE
2016	11	11	Helena Leppänen, Vaasa → KE and UG Suvi Kallio, Vaasa → KE and UG Helinä Mesiäislehto-Soukka, Seinäjoki → KE and UG
2017	11		Ilmo Anttila, Kokkola → UG Kaisu Vinkki Kemi-Tornio → UG
2018	15	14	Laura Jokela, Kemi-Tornio → UG Riitta Kuismän, Mikkeli → KE Ilmo Anttila, Kokkola → KE and UG Helinä Mesiäislehto-Soukka, Seinäjoki → KE and UG Raila Arpala, Kajaani → KE and UG
2019	15	16	Kirsi Heikkinen, Kemi-Tornio → UG Marita Turunen, Kemi-Tornio → UG Tiina Mäki-Kojola, Seinäjoki → KE Helinä Mesiäislehto-Soukka, Seinäjoki → KE and UG Tiina Ojanperä, Seinäjoki → KE and UG Merja Seppälä, Kokkola → KE and UG Sanna Laiho, Tampere → KE and UG Tiina Pystynen, Tampere → KE and UG
2020	8	8	Teija Kynkäänniemi, Kemi-Tornio → UG and KE

HEALTH AFRICA NETWORK ACADEMIC STAFF MOBILITY FROM FINLAND TO KENYA AND UGANDA 1996–2020

Below is a list of Finnish academic staff members who participated in teacher exchanges, administrative visits, network meetings, evaluation visits or intensive courses. Some individuals may have attended e.g. only one intensive course, whereas others have been involved in several of the above listed activities during many years.

Ms. Ahokas, Aija	Ms. Mellin, Pirkko
Ms. Alho, Eija-Riitta	Ms. Mesiäislehto-Soukka, Helinä
Mr. Anttila, Ilmo	Ms. Mikkola, Anja
Ms. Arpala, Raila	Ms. Montonen, Elisabet
Ms. Björkmark, Maria	Ms. Mäki-Kojola, Tiina
Ms. Foster, Raisa	Ms. Nieminen, Kirta
Ms. Hallikainen, Anneli	Ms. Nousiainen Anja
Ms. Hautaviita, Päivi	Ms. Nygård, Sirpa
Ms. Heikkinen, Eila	Ms. Ojanperä, Tiina
Ms. Heikkinen, Kirsi	Ms. Orajärvi, Sirpa
Ms. Homan-Helenius, Päivi	Ms. Paldanius, Anneli
Ms. Huupponen, Terttu	Ms. Pihlaja, Leila
Ms. Hytttilä-Huhta, Tytti	Ms. Pukki, Anu
Ms. Hämäläinen, Arja	Ms. Pulakka, Anna
Ms. Jaakonaho, Anne	Ms. Pystynen, Tiina
Ms. Jokela, Laura	Ms. Rasehorn, Kirsti
Ms. Juntunen, Anitta	Ms. Rimpioja, Päivi
Ms. Kallio, Suvi	Ms. Rintala, Raija
Ms. Kimpimäki, Terhi	Ms. Räsänen, Marita
Ms. Kitinoja, Helli	Ms. Seppälä, Kaisa
Mr. Klapuri, Juho	Ms. Seppälä, Merja
Ms. Kuismin, Riitta	Ms. Sjöberg (Hillman) Marjatta
Ms. Kurki, Raili	Ms. Sundqvist-Kekäläinen, Mirva
Ms. Kursula, Eliisa	Ms. Sundström, Leena
Ms. Kynkäänniemi, Teija	Ms. Syväoja (Pikkarainen), Pirjo
Ms. Laiho, Sanna	Mr. Tainio, Aki
Mr. Laine Päivö	Ms. Taulo, Gitte
Ms. Latvasalo, Leila	Ms. Tawast, Eeva
Ms. Leppiaho, Hellevi	Ms. Tolonen, Raija
Ms. Leppänen, Helena	Ms. Turunen, Marita
Ms. Lerssi, Leena	Ms. Vesala, Maija
Ms. Leskinen, Kristiina	Ms. Vinkki, Kaisu
Ms. Lipponen, Tarja	

HEALTH AFRICA NETWORK MOBILITY FROM UGANDA AND KENYA TO FINLAND 1995–2020

Student and academic staff mobility

YEAR 1995

From Uganda to Finland

Academic staff:

Medical Doctor, Ms. Riitta Kujala and Health Educator, Mrs. Catherine Othieno

YEAR 1997

From Uganda to Finland:

Academic staff:

Assistant Commissioner, Mr. J. K. Gaifuba, Ministry of Health Uganda
Principal Tutor, Mrs. Christine H. Alura, Public Health Nurses' College, Kampala

YEAR 1998

From Uganda to Finland

Academic staff:

Principal Health Training Officer, Mrs. Sophia C. Odongo-Okino, Ministry of Health Uganda and Vice Principal Tutor, Mrs. Rehema Mayanja, Public Health Nurses' College, Kampala

YEAR 2000

From Uganda to Finland

Students:

PHN Students Mrs. Harriet Katabira Nalubega and Mrs. Kellen Guddy Bekunda, Public Health Nurses' College, Kampala

YEAR 2001

From Uganda to Finland

Academic staff

Commissioner, Mr. Henry Francis Okinyal, Ministry of Education and Sports, Uganda, and Tutor, Mrs. Joanina Ococi-Jungala, Public Health Nurses' College, Kampala

Students:

PHN Students Mrs. Margaret Ocen and Mrs. Marie Mbabazi, Public Health Nurses' College, Kampala

YEAR 2002

From Uganda to Finland

Academic staff:

Senior Nursing Officer, Mrs. Joyce Namatovy Lukwago

Students:

PHN Students, Mrs. Freda Biribawa and Mrs. Priscilla Twinomugisha, Public Health Nurses' College, Kampala

YEAR 2003

From Uganda to Finland

Academic staff:

Director, Mrs. Juliet Muhumuza Tumuheirwe, FOCA Kampala Street Children

Students:

PHN Student, Mrs. Apolonia Aworio Lindrio Public Health Nurses' College, Kampala

YEAR 2004

From Uganda to Finland

Academic staff:

Project Coordinator, Mrs. Hellen Kamunuga, Pentecostal Churches Uganda

Students:

PHN Students, Mrs. Margaret Ngamita Adoko, Mrs. Lily Justine Ariko Mundua, Mrs. Sakina Kiggundu Mwawie and Mrs. Allene Kinomeko, Public Health Nurses' College, Kampala

From Kenya to Finland

Academic staff:

Deputy Vice Chancellor, Professor Philip Aduma and Professor Doreen A.M.Othero, Maseno University

YEAR 2005

From Kenya to Finland

Academic staff:

Senior Lecturer, Mrs. Rose Olwambula, Maseno University

Students:

Ms. Adah P. Anyango Owuor, Ms. Nancy J. Chelule, Mr. Jacob O. Opido, Mr. Osborne Bond C. An'gan'ga, Maseno University

From Uganda to Finland

Academic staff:

Principal Tutor, Mrs. Christine H. Alura, Public Health Nurses' College Kampala and Clinical teacher, RN, Mrs. Florence Tibiwa

Students:

PHN Students Ms. Jane Namukasa, Ms. Milly Namaala, Ms. Dorothy Mukyala and Ms. Grace Drabu, Public Health Nurses' College Kampala

YEAR 2006

From Kenya to Finland

Academic staff:

Deputy Vice Chancellor, Professor Philip Aduma, Maseno University and Senior Nursing Officer, Mr. Ochieng Odhiambo Nyanza Provincial General Hospital, Kisumu.

Students

Mr. Samuel Sang Rotich, Mr. Kutai Andati Vincent, Ms. Irene Awuor Ogada and Ms. Alice Adhiambo Were, Maseno University

From Uganda to Finland

Academic staff:

Senior Physician, Medical Doctor Innocent Lule Ssegamwenge, Mpigi Health Centre

School Nurse, PHN, Mrs. Consolata Iyogil, Kibuuka Primary School

YEAR 2007

From Kenya to Finland

Academic staff:

Medical Doctor Vitalis Ouko and Senior Lecturer, Mr. Samson Adoka, Maseno University

Students:

Mr. Ambrose Juma, Ms. Debora Mogoia Samuel, Mr. Sammy Kimoloia, Mr. David Okach, Ms. Letitia Ochola and Ms. Florence Oyiera, Maseno University

From Uganda to Finland

Academic staff:

Project Coordinator, Mrs. Hellen Kamunuga and Pastor, Mr. Erasmus Kamunuga, Pentecostal Churches Uganda

Students:

PHN Student Ms. Jane Drijaru, Public Health Nurses' College Kampala

YEAR 2008

From Kenya to Finland

Academic staff:

Dean, Professor Wilson Odero and Dr. Rose Kakai, School of Public Health & Community Development, Maseno University

Students:

Ms. Emilly Kabibi Karisa, Ms. Jackline Mosinya Nyaberi, Mr. Daniel Ogungu Onguru, Mr. Bernard Omondi Abudho, Ms. Shinali Noel Khatiala and Mr. Geoffrey Olado Oduasi, Maseno University

From Uganda to Finland

Academic staff:

Director, Mrs. Joy Mwesigwa, School for Physically Handicapped Children, Kampala and Secretary, Mrs. Irene Ndadzizaale Public Health Nurses' College, Kampala

Students:

Ms. Margaret Jane Atai, Ms. Alice Alanyo, Ms. Sarah Mafabi and Ms. Harriet Nayiga, Public Health Nurses' College

YEAR 2009

From Kenya to Finland

Academic staff:

Dr. David Okeyo Maseno University

Students:

Ms. Nahum Jelimo, Ms. Lucy A. Mutuli and Mr. Shobby Victor Ekasiba, Maseno University

From Uganda to Finland

Academic staff:

Principal Tutor, Mrs. Christine H. Alura, Public Health Nurses' College, Kampala, School Nurse, PHN, Mrs. Consolata Iyogil, Public Health Nurses' College, Kampala, Headmistress, Mrs. Joyce Nansubuga, Kibuuka Primary School, Headmaster Mr. Domenick Otucet, Kibuuka Secondary School, Health Educator, Manager of COFCAWE, Mrs. Catherine Othieno, Concern for Children and Women Empowerment Organization, Project coordinator, Medical Doctor, Ms. Riitta Kujala, International Solidarity Foundation

Students:

Mrs. Molly Babuusa and Mrs. Harriet Nakalembe, Public Health Nurses' College, Kampala

YEAR 2010

From Kenya to Finland

Academic staff:

Vice Chancellor, Professor Frederick N. Onyango and Deputy Vice Chancellor, Professor Dominic Makawiti and Dr. Collins Ouma, Maseno University

Students:

Mr. Redeptor Akumu Odeny, Mr. Charles Agunga Okatch, Ms. Brenda Ahoya Maxine, Ms. Lucy Ajwang Atieno and Mr. David Clement Abuom, Maseno University

YEAR 2011

From Kenya to Finland

Academic staff:

Dr. Rose Omolo-Ongati, Senior Lecturer, Mrs. Olympia Jelagat Keino – Okal and Nursing Officer, Mrs. Caren Imbukwa Asilwa, Maseno University

Students:

Ms. Dorcas Osiako Masatia, Ms. Elizabeth Opiyo Onyango, Ms. Drusilla Nyaboke Nyangahu, Mr. Joseph Newton Mukuvi Musyoki, Mr. Bernard Abon'go Onyango, Ms. Jackline Jeruto Kosge and Ms. Joan Chepkemboi, Maseno University

From Uganda to Finland

Academic staff:

Senior Physician, Medical Doctor John Jubilee Abwooli, Mpigi Health Centre Academic Registrar, Mrs. Evelyn Ayot and Acting Dean of Nursing School, Senior Lecturer, Mrs. Elizabeth Wafula, International Health Sciences University (IHSU) Kampala

YEAR 2012

From Kenya to Finland

Academic staff:

Senior Lecturer, Mrs. Linda Mogambi Kwamboka and Senior Lecturer, Mr. Japhets O.K. Ogendi, Maseno University

Students:

Mr. Zachary Ogari, Ms. Iddah M. Ali, Mr. Favour Mahona, Ms. Jane A. Ochieng, Mr. Faithberyl A. Kasoly and Mr. Domnick Otieno, Maseno University

From Uganda to Finland

Academic staff:

Senior Lecturer, Mrs. Elizabeth Situma, International Health Sciences University (IHSU), Kampala

Students:

Mr. Karim Mwanga, Ms. Peace Ahumuza, Ms. Gloria Anne Gwokyalya, Ms. Winfred Kitiibwa, International Health Sciences University (IHSU), Kampala

YEAR 2013

From Kenya to Finland

Academic staff:

Dean, Professor Rosebella O. Onyango, Professor James H. Ombaka and Dr. Agatha Christine Onyango, School of Public Health & Community Development, Maseno University

From Uganda to Finland

Academic staff:

Senior Lecturer, Mrs. Agnes Agwang Senior Lecturer, Mrs. Dorothy Mukasa, International Health Sciences University (IHSU), Kampala
Mr. Barry Harry IT Department, International Health Sciences University (IHSU), Kampala,

Students:

Ms. Sandra Kadondi, Ms. Judith Katushabe, Ms. Mary Kabahenda, Ms. Janet Aber Okello, Mr. James Acaye, Mr. Alphas Chebet, Ms. Harriet Nannyondo, Ms. Joan Mukazungu, Ms. Jennifer Aloba Ogwang, Mr. Davis Chelangat, International Health Sciences University (IHSU), Kampala

YEAR 2014

From Kenya to Finland

Academic staff:

Senior Lecturer, Mr. Abel Marcel Okoth-Okelloh, Maseno University,

Students:

Mr. Gerald Omondi Lwande, Mr. Vincent Okoth Obura, Ms. Anne Chepkemei Kessio, Ms. Nelly Irangi Mmata, Maseno University

From Uganda to Finland

Academic staff:

Senior Lecturer, Mrs. Eva W. Wanyenze and Senior Lecturer, Mrs. Florence Mabel Okecho, International Health Sciences University (IHSU), Kampala,

Students:

Mr. Robert Rwabambari, Ms. Phiona Gimono, Ms. Rose Nakame, Ms. Sylvia Turinawe, International Health Sciences University (IHSU), Kampala

YEAR 2015

From Kenya to Finland

Academic staff:

Dr. Boaz Owuor, Dr. Harrysone Atieli and Dr. Bernard Guyah, Maseno University

Students:

Ms. Linah Oule Aluoch, Ms. Beatrice Rose Oloo, Mr. William Sudi Galo and Mr. Leo Nyang'wara Onyango, Maseno University

From Uganda to Finland

Academic staff:

Dean, Senior Lecturer, Mrs. Elizabeth Wafula and Academic Registrar, Mrs. Evelyn Ayot and Senior Lecturer, Mrs. Judith Apio, International Health Sciences University (IHSU), Kampala

Students:

Ms. Immaculate Namugenyi, Ms. Barbra Namyalo, Ms. Liz Alice Alinaitwe and Mr. Frank Kiwanuka, International Health Sciences University (IHSU), Kampala

YEAR 2016

From Kenya to Finland

Academic staff:

Dean, Professor Rosebella Onyango and Dr. Agatha Christine Onyango, Maseno University

From Uganda to Finland

Academic staff:

Senior Lecturer, Mrs. Elizabeth Wafula and Senior Lecturer, Mrs. Elizabeth Situma, International Health Sciences University (IHSU), Kampala

YEAR 2017

From Uganda to Finland

Academic staff:

Vice Chancellor, PhD. Rose Clarke Nanyonga, International Health Sciences University (IHSU), Kampala

YEAR 2018

From Kenya to Finland

Academic staff:

Dean, PhD. Pauline Andang'o and Dr. Lilian Ogonda, School of Public Health and Community Development, Maseno University

Students:

Ms. Lucia Mutwika Kaluki and Ms. Mercy James Auma, Maseno University

From Uganda to Finland

Academic staff:

Dean Agnes Agwang, Clarke International University CIU (former IHSU), Kampala

Students:

Ms. Josephine Nantale, Mr. Michael Okot, Ms. Jamilah Ndagire and Ms. Maria Thereza Namuyiga, Clarke International University CIU (former IHSU), Kampala

YEAR 2019

From Kenya to Finland

Academic staff:

Dr. Louisa Ndunyu, Dr. Indra Onuong'a, Dr. Agatha Christine Onyango, School of Public Health and Community Development, Maseno University
Dean Linda Mogambi, School of Nursing, Maseno University

Students:

Mr. Wycliffe Abade Onyango and Mr. Meshack Kibitok Kosgei, Maseno University

From Uganda to Finland

Academic staff:

Vice Chancellor, PhD. Rose Clarke Nanyonga, Academic Registrar, Mrs. Evelyn Ayot, Dean Agnes Agwang, Senior Lecturer, Mrs. Elizabeth Situma and Senior Lecturer, Mrs. Grace Komuhangi, Clarke International University CIU, Kampala

Students:

Ms. Nasasira Shaharu, Ms. Natasha Mutesi, Ms. Angela Musiimenta and Ms. Patricia Abbey, Clarke International University CIU, Kampala

YEAR 2020

From Kenya to Finland

Academic staff:

Professor David Sang and Senior Lecturer, Mrs. Gladys Seroney, Maseno University

Students:

Ms. Wisley Kiplagat Tanyui and Ms. Harriet Nyanduko Ombongi, Maseno University

From Uganda to Finland

Students:

Ms. Annemary Kobysingue and Mr. Richard Kasajja, Clarke International University CIU, Kampala

HEALTH AFRICA NETWORK NORTH-SOUTH-SOUTH PROGRAMME MOBILITY 2004–2015

Table 2. Student and Academic Staff Mobility and Intensive Courses in Health Africa Network NSS Projects 2004–2015.

NUMBER OF STUDENTS		NUMBER OF ACADEMIC STAFF		
Student exchange (348 students)		Teacher exchange Administrative visits Network meetings (132 academic staff)		
From Finland to Uganda 166 students		From Finland to Uganda 40		
From Finland to Kenya 101 students		From Finland to Kenya 40		
From Uganda to Finland 33 students		From Uganda to Finland 29		
From Kenya to Finland 48 students		From Kenya to Finland 23		
INTENSIVE COURSE				
Year 2008	Year 2009	Year 2010	Year 2012	Year 2014
UGANDA 15–19 Sept	KENYA 27 Apr–1 May	KENYA 25–30 Oct	UGANDA 15–20 Oct	KENYA 13–19 Oct
64 participants:	74 participants:	60 participants:	80 participants:	80 participants:
Finland Teachers 6 Students 14	Finland Teachers 7 Students 14	Finland Teachers 7 Students 11	Finland Teachers 6 Students 10	Finland Teachers 10 Students 15
Kenya Teachers 8 Students 5	Kenya Teachers 28 Students 15	Kenya Teachers 27 Students 12	Kenya Teachers 7 Students 6	Kenya Teachers 10 Students 30
Uganda Teachers 10 Students 21	Uganda Teachers 6 Students 4	Uganda Teachers 3	Uganda Teachers 10 Students 41	Uganda Teachers 9 Students 6

3.4 Students' Bachelor Theses

STUDENTS' FINAL THESES COMMISSIONED BY HADCO

YEAR 2020

SEINÄJOKI UAS, Bachelor Thesis:

CHRONIC WOUND CARE: A WRITTEN GUIDE FOR HEALTH CARE IN UGANDA

Yli-Rahnasto, Eveliina (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2020102721676>

ABSTRACT

Faculty: School of Health Care and Social Work

Degree programme: Nursing

Specialisation: Bachelor of Health Care, Registered Nurse

Author: Eveliina Yli-Rahnasto

Title of thesis: Chronic Wound Care: A written Guide for Health Care in Uganda

Supervisor(s): Tanja Hautala, MNSc, Senior Lecturer and Kristiina Vaahtera, MNSc, Head of Degree Programme in Nursing

Year: 2020, Number of pages: 49, Number of appendices: 3

Chronic wounds are becoming more common and, at the same time, they increase costs in health care organizations. In addition to this, chronic wounds negatively affect individuals. Wound care should include a multidisciplinary team so that wound care could be implemented holistically. This thesis deals with factors affecting chronic wounds, as well as evidence-based treatment methods.

The purpose of this thesis is to clarify what a chronic wound is and how chronic wounds can be treated using evidence based practice. The purpose is produce a written guide on wound care for a health care organisation in Uganda Kampala area. The aim of this thesis was to develop nurses' knowledge regarding more effective wound care for health care organisa-

tions in Uganda Kampala area. The research question was 'What factors are associated with the treatment of chronic wounds?'

The results of the thesis were used to create a written guide. The author of the thesis was observing wound care in Uganda. The most important observation proved to be inadequate hygiene during wound care. The content of the written guide focused on observation, aseptic practices, and infection prevention, which were perceived as the most significant deficiencies in hospitals. The written guide describes wound classification with the help of a colour code.

Keywords: wound, chronic wound, hygiene, wound care, guide, Uganda

SEINÄJOKI UAS, Bachelor Thesis:

EXERCISE WITH ELDERLY PEOPLE

Bett, Brian Kiprono (2020)

**The permanent address of the publication is:
<http://urn.fi/URN:NBN:fi:amk-2020083019974>**

ABSTRACT

Faculty: School of Health Care and Social Work

Degree Programme: Degree Programme in Nursing

Specialisation: Bachelor of Health Care

Author(s): Brian Bett

Title of thesis: Exercise with Elderly People

Supervisor(s): Helinä Mesiäislehto-Soukka, PhD, MNSc, Senior Lecturer, Sinikka Vainionpää, MNSc, Senior Lecturer and Pirkko Mäntykivi, Senior Lecturer

Year: 2020, Number of pages: 26, Number of appendices: 1

The elderly people in society tend to be at risk of developing chronic conditions at their advanced age due to lack of exercise. This study aimed at establishing the effects of exercise among the elderly from peer-to-peer reviewed articles. It focuses on the elderly aged above 65 years old living in home care facilities. It also focuses on identifying the fundamental roles played by nurses in provision of care to the elderly in the community. The majority of the articles revealed that the number of falls decreased during and after the intervention. Additionally, exercise improved their self-confidence, motivation, self-efficacy and mood. It also reduced anxiety and cognitive functions. The data used for the literature review of this

study was collected from article databases such as CINAHL, PubMed, JBL, SAGE, EBSCO host, Google scholar and other online manual searches. The manual online searches were done using different key words and phrases to unearth relevant articles which contained adequate data on the topic of research. All these literature reviews confirmed that exercise affects the elderly physically, socially, mentally and psychologically.

Keywords: exercise, elderly people, physical activity

SEINÄJOKI UAS, Bachelor Thesis:

URINARY INCONTINENCE TREATMENT AND PREVENTION AMONG WOMEN

Carmel Happonen, Sharon (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2020091320401>

ABSTRACT

Faculty: Social and Health care Degree Programme: Degree programme in Nursing Specialisation: Bachelor of Health Care, Nursing

Author: Sharon Anjoe Carmel-Happonen

Title of thesis: Urinary incontinence prevention and treatment among women

Supervisors: Helinä Mesiäislehto-Soukka PhD, MNSc, Senior Lecturer and Sinikka Vainionpää MNSc, Senior Lecturer

Year: 2020, Number of pages: 40, Number of appendices: 1

Urinary incontinence (UI) defined as involuntary loss of urine affects the quality of life among women. The types of UI found among women are stress urinary incontinence, mixed urinary incontinence, overflow urinary incontinence, urge urinary incontinence. The main risk factors of UI are pregnancy, child delivery, overweight, ageing. Maintaining adequate weight and engaging in physical activity with balanced diet is used as preventive measure for UI. The pelvic floor muscle training is used among pregnant women from first trimester to prevent UI. The risk group must be educated about UI, preventing and treating UI requires self-care, self-monitoring, support and goal setting.

The conservative treatment for UI is behavioral therapy which includes bladder training, pelvic floor muscle training, weight loss, using mechanical devices. Anticholinergic drugs in combination with behavioral therapy may

bring positive result. The second line treatment includes colposuspension (retropubic and laparoscopic), midurethral slings (Tension free vaginal tape and Transobturator tape), single slings. Retropubic colposuspension is more expensive than TOT, beneficial in long run. Studies states that TOT and TOT has same efficacy. Single sling procedure is minimally invasive but requires further studies.

Keywords: Urinary incontinence, treatment, prevention, women

SEINÄJOKI UAS, Bachelor Thesis:

NUTRITION DURING PREGNANCY IN KENYA

Melasalmi, Pihla & Hellström, Topi (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2020091020323>

ABSTRACT

Faculty: School of Health Care and Social Work Degree Programme:
Degree Programme in Nursing

Authors: Pihla Melasalmi & Topi Hellström

Title of thesis: Nutrition during pregnancy in Kenya: a focused literature review based on Finland and Kenya

Supervisors: Helinä Mesiiäislehto-Soukka, PhD, MA, MNSc, Senior Lecturer & Sinikka Vainionpää, MHSc, M.Ed, Lecturer

Year: 2020, Number of pages: 37, Number of appendices: 2

The objective of this thesis is to research nutrition practices during pregnancy in Kenya. The goal of this literature review is to raise awareness of the importance of nutrition during pregnancy, by comparing practices from two countries, Kenya and Finland. This thesis was conducted in collaboration with Healthy Africa project.

As a research method, a descriptive literary review was used in this thesis. A total of five sources were selected for the literature review, along with two nutrition guidelines. The material used was up-to-date studies written in English. The selected data was analyzed, and with the research question in mind, relevant information was found, from which the literature research was combined.

According to the findings, good nutrition during pregnancy is the basis for successful pregnancy, childbirth, as well as breastfeeding. Finland and

Kenya have different practices, as well as cultural differences regarding nutrition during pregnancy, which is reflected in the diet of pregnant women. Health clinics for pregnant women operate in both countries; in Finland these are known as maternity clinics and in Kenya, as ANC clinics, where expectant mothers receive information about pregnancy, nutrition and practical help if necessary. The diet of the mother, especially during pregnancy, has been identified as important, especially considering that the diet should be in accordance with the recommendations for the wellbeing of the mother and satisfactory birth outcomes.

Keywords: Kenya, pregnancy, nutrition

SEINÄJOKI UAS, Bachelor Thesis:

EMERGENCY LABOUR OUTSIDE: A GUIDE FOR NONMEDICAL ASSISTANTS IN CARE AND MANAGEMENT OF EMERGENCY LABOUR OUTSIDE HOSPITAL

Idi, Chinedu (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2020052714296>

ABSTRACT

Faculty: School of Health Care and Social Work Degree Programme:
Degree Programme in Nursing Specialisation: Bachelor of Health Care

Author(s): Chinedu Idi

Title of thesis: Emergency Labour Outside Hospital

Supervisor(s): Helinä Mesiäislehto-Soukka, PhD, MA, MNSc and Sinikka Vainionpää, MHS, M.Ed.

Year: 2020, Number of pages: 33, Number of appendices:1

Very few women among those planning to give birth in hospital will end up having unplanned out-of-hospital birth. Accidental and quick onset of labour outside hospital is an undesirable and unpredictable emergency. It poses increased risks to the mother and baby that could put their health in danger and can even lead to death. Managing the situation aims at delivering a healthy baby while preventing death or complications. Anyone, especially the partner, a family member or neighbour could end up as the assistant caring and supporting a woman in an emergency labour outside hospital. Education and guidance through a clearly written guide are a good means to prepare and train those non-medical assistants and pregnant women

to be able to manage successfully emergency labour and delivery outside hospital in the absence of a nurse or midwife. The importance and need for adequate antenatal care visit are emphasized, especially as it affects birth outcomes for the mother and baby. Several evidence-based practices and interventions have been found to be effective and safe in preventing or reducing risks of death, hypothermia, infection and severe maternal bleeding, thereby improving outcomes for the mother and baby.

The aim of the thesis is to develop skills of pregnant women and lay assistants to handle and self-manage emergency labour outside hospital and to improve knowledge and raise awareness about the health risks for the mother and baby. The purpose is to create effective instructions and summarise relevant information as a guide in caring for emergency labour outside hospital to prevent adverse outcomes. The output of the thesis can be used to develop follow-up guidance of women in labour for untrained assistants.

Keywords: out-of-hospital delivery, unplanned delivery, emergency birth, birth complications, neonatal outcomes, maternal outcomes, untrained assistants.

SEINÄJOKI UAS, Bachelor Thesis:

NON-PHARMACOLOGICAL TREATMENT AND PREVENTION OF DIABETES TYPE II

Kanu, Obinna Christopher (2020)

The permanent address of the publication is:
<http://urn.fi/URN:NBN:fi:amk-2020092120606>

ABSTRACT:

Faculty: School of Health care and Social Work Degree Programme:
Degree programme in Nursing Specialisation: Registered Nurse

Author(s): Obinna Christopher Kanu

Title of thesis: Non-pharmacological treatment and prevention of diabetes type 2 Supervisor(s): Helinä Mesiäislehto-Soukka, PhD, MA, MNSc, Senior Lecturer and Senior Lecturer, MHSc, MA Sinikka Vainionpää

Year: 2020, Number of pages: 30

Diabetes mellitus (DM) is a major public health problem worldwide. Current global estimates indicate that this condition affects 415 million people

and is set to increase to 642 million by the year 2040. In addition, 193 million people with diabetes remain undiagnosed since most often have mild or asymptomatic nature of this condition especially in type II DM (T2DM).

The reduction of exercise, and changes in diet have all contributed to weight gain and thus the increase of Type II diabetes. Being overweight, especially carrying extra pounds around the waistline, adds to Type II diabetes risk. The aim of this literature review was to describe how non-pharmacological approach affect the treatment and management of diabetes type II patients.

The goal of this literature review was to bring more insights into the importance of nonpharmacological treatment and management of diabetes. The research question is to evaluate how lifestyle changes (diet, exercise, and non-smoking) affect the treatment and prevention of diabetes type II. The research study was based on a literature review. The research was done by collecting evidence-based material from previous literature publications. It was carried out using the following data base such as Cinahl with full text, Ebooks, SeAmk Finna, and Google books. 2 In order to prevent T2DM, little changes in one's lifestyle can have a huge impact and influence the chances of getting the disease. Diabetes mellitus can be prevented by diet and exercise before the early stages of diabetes or metabolic disorders.

Keywords: Diabetes, Diabetes type II, Non-pharmacological treatment, management, lifestyle changes, prevention.

SEINÄJOKI UAS, Bachelor Thesis:

EARLY FAMILY INTERACTION- HOW TO PRACTISE IT?

Le, Anh (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2020090920291>

ABSTRACT:

Faculty: School of Health Care and Social Work Degree Programme:
Degree Programme in Nursing Specialisation: Registered Nurse (RN)

Author(s): Anh Le – William

Title of thesis: Early Family Interaction – How to Practise It?

Supervisor(s): Helinä Mesiäislehto-Soukka, PhD, MA, Principal Lecturer,
Sinikka Vainionpää, MNSc, Lecturer

Year: 2020

The aim of this thesis is to determine what kind of important activities should be practiced in young family groups in order to act as a future model for young and inexperienced families. This thesis tackles the importance of early interaction for the development of babies, and suggests the crucial activities to integrate them into daily routines. Using the method of literature review, ten (n=10) research articles were reviewed. The result from reviewing these 10 articles recommended eight main important activities to practise, namely eye contact, baby massage, reading to baby, limiting mobile usage when interacting with babies, breastfeeding, infant skin care, skin-to-skin contact, baby talk and “parentese” language. These activities should be performed together or with other daily routines involving the parents and the babies.

Keywords: parenting, family interactions, early childhood intervention, parent-child relation

SEINÄJOKI UAS, Bachelor Thesis:

ASEPTIC MEASURES DURING PERIPHERAL INTRAVENOUS (PIV) THERAPY IN HEALTH CARE SETTINGS

Maharjan, Rabina & Bhandari, Prabin & Bahadur Charti, Man (2020)

The permanent address of the publication is:
<http://urn.fi/URN:NBN:fi:amk-2020090520126>

ABSTRACT:

Faculty: Social and Health Care Degree Programme: Degree Programme in Nursing Specialisation: Registered Nurse

Author(s): Rabina Maharjan, Prabin Bhandari, Man Bahadur Gharti

Title of thesis: Aseptic measures during peripheral intravenous therapy (PIV) in health care settings

Supervisor(s): Helinä Mesiäislehto-Soukka, Sinikka Vainionpää

Year: 2020, Number of pages: 41, Number of appendices: 1

The aim of this thesis work was to identify the best aseptic procedures for the peripheral intravenous therapy in health care settings. The overall goal was to successfully describe aseptic measures to be taken for preparation, administration and management of intravenous therapy. This thesis was conducted by the Seinäjoki University of Applied Sciences (SeAMK) in collaboration with Maseno University, Kenya.

The method of collecting data and analysis were achieved using review of literature and inductive analysis of searched materials. For this, we took the articles from the reliable databases (CINHAL, SeAMK FINNA) as well as renounceable health care guidelines from a 'Google' search engine. The information was extracted using different key words like intravenous therapy, Asepsis AND IV therapy, Infection control AND IV therapy, Peripheral IV therapy AND Asepsis and Peripheral IV therapy AND Infection control. For review and analysis 8 articles were chosen. Data analysis method of our research was based on the inductive content analysis method. The material under the main category was listed in three generic categories 'Preparation', 'Administration', and 'Management'. Which is further sub-categorized into different topics of findings. The ten different themes for findings identified were hand hygiene, environment, skin preparation, personal protective equipment (PPE), nontouch technique, insertion of PIV catheter, catheter site dressing, documentation, education and replacement of peripheral catheter.

Our findings suggested that, all health care professionals who participate in IV therapy must provide care based on the best evidence and best practices available. Also, the knowledge and abilities in safe and effective practice must be maintained throughout the work life of each individual practitioner and so every practitioner must adhere to robust IV practice standards and adhere to manual hygiene, aseptic techniques and it's uses.

Keywords: Intravenous, Peripheral intravenous therapy, infection control, asepsis

SEINÄJOKI UAS, Bachelor Thesis:

CERVICAL CANCER SCREENING AS A PREVENTIVE INTERVENTION IN KENYA BY USE OF FINNISH MODEL

Poromaa, Cadybeth (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2020090220053>

ABSTRACT:

Faculty: School of Health Care and Social Work International Degree Programme in Nursing Specialisation: Registered Nurse

Author(s): Cadybeth Poromaa

Title of thesis: Cervical Cancer Screening in Kenya and Finland

Supervisor(s): Helinä Mesiäislehto-Soukka, PhD, MNSc, Senior Lecturer & Sinikka Vainionpää, Senior Lecturer, MNSc, MA.

Year: 2019, Number of pages: 29, Number of appendices: 2

Cervical cancer has become a global challenge especially in developing countries like Kenya. Early and regular screening is the most effective way to prevent cervical cancer. The use of HPV vaccine and creating awareness are crucial strategies to protect young women from cervical cancer-causing virus. This thesis discusses the factors influencing low cervical cancer screening rate in Kenya leading to high mortality rate. It also borrows ideas from Finland that can be implemented in Kenya to reduce cervical cancer mortality rate.

The research questions were answered using of 4 different studies. Five (n=5) main factors influencing low screening rates in Kenya emerged: the level of poverty, poor infrastructure, lack of education and awareness, burdened healthcare system and challenges in cytology-based programs. Half of the women diagnosed die from illness in Kenya.

According to the results, HPV vaccine should be introduced to young Kenyan females between the age of 11 and 12 as part of vaccination programme. Regular screening among Kenyan women should be implemented. It is crucial to educate and create awareness to both men and women about cervical cancer in Kenya.

Keywords: Cervical cancer, screening, HPV, Vaccine

CENTRIA UAS, Bachelor Thesis:

SEXUALITY EDUCATION IN KISUMU KENYA PROJECT

Tiala, Sarita & Skytte, Ada (2020)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-202004225615>

ABSTRACT

Centria University of Applied Sciences Date January 2020

Authors Ada Skytte and Sarita Tiala

Degree Programme: Social Services

Name of thesis SEXUALITY EDUCATION IN KISUMU KENYA PROJECT

Instructor Social services team of Centria University of Applied Sciences

Pages 35 + 2

Supervisor Anne Jaakonaho

This thesis was carried out as a project. The thesis was commissioned by the social and health care team from Centria University of Applied Sciences. The thesis was implemented in co-operation with Health Africa Development Co-operation Organisation and Maseno University. The aim for the project was to increase girls' and women's knowledge of sexuality in Kisumu, Kenya.

The project thesis consisted of three interventions during the time of an international exchange from February to June 2019 and of the written thesis report. The interventions for the project-based thesis were carried out at the Nyaimbo School, Orongo Village and at Maseno University for nursing students. In Nyaimbo School and in Orongo Village the interventions took the form of educational lessons and only girls attended these. The lessons utilized reflective learning to give young people opportunities to ask and express their own opinions. The intervention conducted at Maseno University for nursing students dealt with sexuality education from a more professional perspective. The nursing students were asked to answer a questionnaire on the factors that affected respondents' sexuality education. The interventions in the thesis project utilized the knowledge of Bachelor of Social Services knowledge about sexuality education and health. A Finnish company, Vuokkoset, that produces sanitary products donated sanitary pads for the interventions as well as Lunette, a Finnish menstrual cup manufacturer donated samples and educational materials that were used in organizing the interventions.

With this project the sexuality knowledge of girls in Orongo village was increased as well as their sexual rights awareness. In co-operation with Maseno University the nursing students were made accountable for advancing sexuality education. When implementing interventions, we learned about multicultural vision, equality and tolerance.

Keywords: Kenya, Kisumu, sexual harassment, sexuality education, periods

HAMK UAS, Bachelor Thesis:

FIRST AID FOR FAMILIES IN KENYA

Arvio, Salla & Salminen, Maarit (2020)

**The permanent address of the publication is:
<http://urn.fi/URN:NBN:fi:amk-202005036874>**

ABSTRACT

Degree Programme in Nursing Hämeenlinna University Center

Authors: Salla Arvio & Maarit Salminen

Subject: First Aid for Families in Kenya

Supervisors Eeva-Liisa Pastinen

The aim of this practice based Bachelor's thesis was to create a first aid manual for households in Kenya. The First Aid Manual was commissioned by a Finnish non-profit organization called Home Street Home, which operates in Kenya, in the county of Kwale. Their office is located in the village of Makongeni, which has approximately 2500 inhabitants. Both writers of this thesis have spent time in Kenya and have grown fond of the country and wish to do international aid work or development co-operation.

The purpose with this thesis was to help local families in the village of Makongeni to take care of their children with basic health problems amongst children and assess the need for medical attention. The purpose was also to give tools for the commissioner Home Street Home to increase the health care knowledge in the county of Kwale and bring studied and updated knowledge how to treat children's infections and diseases at home. The living conditions in Makongeni are challenging. Only a few houses have electricity, water needs to be carried from wells and the nearest hospital is 14 kilometers away. Families live in poverty, so means to get medical attention are slim.

The study was done with international databases, such as Joanna Briggs Institute, CINAHL and Finnish Terveystietä. Pictures were gathered from Wikimedia Commons database. The outcome of this thesis was 24-page First Aid Manual. The commissioner was happy with the outcome and felt that it was good, practical and useful first aid manual. For future, it was discovered that it would be useful to create a first aid manual for children's use. That would increase the first aid skills of children and develop socially sustainable society.

Keywords: Africa, Kenya, first aid, children

YEAR 2018

SEINÄJOKI UAS, Bachelor Thesis:

MONITORING BLOOD PRESSURE THROUGHOUT PREGNANCY TO IDENTIFY PRE-ECLAMPSIA: A guide for health care students in Maseno University and Finnish exchange students of Health Africa Co-operation Organisation

Kivenmäki, Veera (2018)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-201905067815>

ABSTRACT

Faculty: School of Health Care and Social Work

Degree Programme: Degree Programme in Nursing, Specialisation: Bachelor of Health Care, Public Health Nurse

Author: Veera Kivenmäki

Title of thesis: Monitoring Blood Pressure throughout Pregnancy to Identify Preeclampsia

Supervisor(s): Helinä Mesiäislehto-Soukka, PhD and Else Vierre MNSs

Year: 2018, Number of pages: 35, Number of appendices: 2

Normal blood pressure level is below 140/90 mmHg. Higher blood pressure levels before pregnancy are a sign of chronic blood pressure. Measuring blood pressure is an important part of monitoring pregnancy. The normal level of blood pressure should be known in order to monitor the increase in blood pressure. The increase in blood pressure is not part of normal pregnancy. Normally the blood pressure lowers in the middle of the pregnancy and normalizes in the last third of the pregnancy. Limits for a high blood pressure are either constant levels over 140/90 mmHg or if the levels rise even once over 160/105 mmHg. The systolic level should not rise over 30 mmHg or the diastolic 15 mmHg, when comparing to the normal level. Pre-eclampsia shows by rising the blood pressure after the 20th week of pregnancy together with proteinuria. It is important to follow up the mother's condition and symptoms along with the proteinuria and blood pressure monitoring. Most common symptoms are headache, black dots in vision, swelling or stomach ache.

The aim of the thesis was to develop the skills of the health care students of Maseno University and the exchange students of Health Africa network

to handle pregnant women and to raise awareness of the follow-up of pre-eclampsia. The purpose was to create an effective instruction and summarize the relevant information about pre-eclampsia to monitor pregnant women. The output of the thesis can be used to develop the follow-up of pregnant women in Kenya.

The thesis was implemented as a functional thesis in co-operation with the Health Africa network. The co-operation partner of the network is the Maseno University in Kenya. The process of the thesis was realized as planned and the output of the thesis became clear and functional. The thesis and its output were sent to Kenya with the Health Africa exchange students.

Keywords: pre-eclampsia, blood pressure, pregnancy, guide, product development project 3

YEAR 2017

LAPLAND UAS, Bachelor Thesis:

EFFECTS OF DIVERSE CULTURES IN NURSING

Hannila, Henna & Mburu, Peter (2017)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2017112117528>

ABSTRACT

School of Social and Health care; Bachelor of Health Care Nursing

Authors Henna Hannila, Peter Mburu Year 2017

Supervisor Anne Luoma, Anne Puro

Commissioned by Title of Thesis: Effects of diverse cultures in nursing

Number of pages 45 + 8

The purpose of this research was to explore how diverse cultures affect nursing and what methods can be used to cope with the challenges faced when nursing culturally diverse clients. The aim of this study was to gather and provide information on how diverse cultures affect nursing and how to cope with different cultural practices.

Integrative literature review was used as the research method. The data was collected from two electronic databases: EBSCO and CINAHL using several inclusion and exclusion criteria. Content data analysis was used to analyze 13 different researches and articles that were chosen for the research.

From the findings, it emerged that communication and social practices are the main cultural practices that affect nursing when giving care to clients of diverse cultures. Under communication factors that emerged were eye contact, touch, silence, space and gender. Social practices that affect nursing of culturally diverse clients were health beliefs and practices, time and punctuality, religious practices, environmental control and nutrition. Cultural competency, staff education and different nursing interventions were methods that can be used to cope and overcome diverse cultural practices in nursing. From the results, it was evidence that diverse cultures effects nursing and there is lack of knowledge and education among nurses on how to deal with the issue. Because of lack of knowledge and education, nurses were unlikely to be ready to care for culturally diverse clients holistically using the principles of culturally competent care.

Key words: Nursing, transcultural nursing, cultural diversity

LAPLAND UAS, Bachelor Thesis:

STREET WORK IN KISUMU “WILL I EVER GROW UP?”

Miettinen, Siiri (2017)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-201704205051>

ABSTRACT

Degree Programme in Social Services Bachelor of Social Services

Author: Siiri Miettinen

Year 2017

Supervisor Kaisu Vinkki, Sari Halttunen

Commissioned by Blue Cross Kisumu

Subject of thesis: Street work in Kisumu “Will I ever grow up?”

Number of pages 59+2

This thesis was written about street children and street programmes that work for them. This thesis has theoretical part and research part. In the theoretical part a represented the street children phenomenon, children's rights and the development of a child between ages 8 to 14. The research part of the thesis is about the material, how it was gathered and analyses. In the end of the thesis are the main results, conclusions and pondering.

The meaning of this thesis was to get knowledge about developing countries street children and the work of street programmes and distribute that information. The results of this thesis are meant to be translated into English to help the programme that was studied develop. This thesis is to show social services professionals that the work for children can be done without borders. There are many children in the world who needs help and it is hoped that this thesis will get at least one person from social services to consider helping the street children in Africa.

The material of this thesis has been gathered around by the author in the spring of 2016. The material has been gathered by observation of the children and the people who work with them. There have been also done a lot of conversations with all those people and everything has been documented carefully. All the material and the documents have been gone through carefully and many times. They have been colour coordinated and the author has searched resemblances and themes that come up multiple times.

The results show that the main reasons for the existence of street children are poverty and violence. The basis for the street children work lies in trust between the child and the worker. Problem in the programmes is that they do not co-operate enough. Their work methods vary a lot and they have not set any districts about where to work so sometimes their work overlaps and some of the children are left without any attention. The holistic encounter of the child and a safe adult relationship are helping to prevent children's social exclusion and supports the child's holistic growth and development. Main challenges in Blue Cross Kisumu's programme are the turnover within the employees and the lack of funding.

Key words: Street children; street programme; children's rights; holistic encounter

SEINÄJOKI UAS, Bachelor Thesis:

THE JOURNEY TOWARDS MOTHERHOOD. MOTHERS' AND NEWBORN BABIES' NURSING CARE IN UGANDA.

Leppihalme, Ira & Suomela, Hanna-Mari (2017)

The permanent address of the publication is:

<http://urn.fi/URN:NBN:fi:amk-2017092015264>

ABSTRACT

Faculty: School of Health Care and Social Work Degree programme:

Degree Programme in Nursing Specialisation: Registered Nursing

Authors: Ira Leppihalme and Hanna-Mari Suomela

Title of thesis: The Journey towards Motherhood. Mothers' and Newborn Babies' Nursing Care in Uganda

Supervisors: Helinä Mesiäislehto-Soukka, PhD, Senior Lecturer & Mari Salminen-Tuomaala, PhD, Senior Lecturer

Year: 2017, Number of pages: 43, Number of appendices: -

The purpose of this descriptive study was to describe nursing care during and after childbirth and especially nursing care procedures in a completely different culture and environment than our own. The study was based on the data collected by using observation techniques during a student exchange program during the fall of 2016 in Uganda. The collected data was used in this descriptive study that was completed in the fall of 2017. The results were then compared to the Finnish common healthcare guidelines used in childbirth and care. The purpose of the study was to describe the healthcare procedures used in Uganda during childbirth and postpartum care to the Finnish nursing students and nursing care representatives. Another purpose was naturally to increase the knowledge of the Finnish common healthcare guidelines to the local personnel and to find ways to make use of the information to help the local procedures and practices concerning childbirth care. The study is intended for people working in developing countries and in different cultures, as well as for other interested parties.

The data for the study was collected by observing deliveries and health care provided during and after birth at a healthcare station in the Ugandan countryside for a period of three weeks. The observations were written in a notebook during the workday, and then recorded on a dictation machine, then analysed and studied following the return to Finland. Three pages of analysed observations were collected in total. By using contents analysis, the observations were then compared to the Finnish current care guidelines.

The results show that part of the practical problems are due to differences in attitudes, cultural reasons, partly because of the lack of sufficient equipment and resources and partly due to ignorance and indifference. The study raises awareness on the challenges of birth care practices in a culturally very different country with different resources and possibilities.

Keywords: the act of giving birth, Uganda, care work, observation research

YEAR 2014

CENTRIA UAS, Bachelor Thesis:

"IF YOU ARE HAPPY AND YOU KNOW IT, CLAP YOUR HANDS!": Under 6 Years Old Children's Life in Kisumu, Kenya

Nissilä, Jonna & Hakuli, Sanna (2014)

The permanent address of the publication is:
<http://urn.fi/URN:NBN:fi:amk-2014120117672>

ABSTRACT

Centria UAS

Date: December 2014

Authors: Sanna Hakuli and Jonna Nissilä

Degree programme: Degree Programme of Social Services

Name of thesis: "IF YOU ARE HAPPY AND YOU KNOW IT, CLAP YOUR HANDS!" Under 6 Years Old Children's Life in Kisumu, Kenya

Project Instructor: Anne Jaakonaho

Pages: 72 + 2

Supervisor: The International Team at Centria UAS, Unit of Social and Health Care

This thesis is a working-life-based project. The orderer of the thesis was the team of international exchange in the Centria UAS. The thesis presents a cross-section of a three months' practical training in Kisumu, Kenya. The thesis is a description of international process which is a part of Health Africa Development Co-operation Organization and North-South-South Higher Education Institution Network Programme operation.

We did our small group activities in spring 2014 in Kisumu, Kenya. We conducted our family-and crisis work practical placements in New Life Home Trust Children's Home, in Orongo's Widows and Orphans Organizations'

Nursery School and Nursery School in Manyatta slum area. We choose those units because children's ages were suitable to our project. Our target group in the thesis was under 6 year's old children.

The project aims were strengthening our vocational skills in early childhood education by observing children's early childhood education and their ordinary acting in our work placements. We instructed small group activities to under 6 years old children and interviewed employees in different units. Our guidance was planned and the small group actions supported children's development and welfare.

The thesis consists of defining of theoretical knowledge and description of activities and report of the thesis. We have a DVD which is an output from our thesis. DVD brings out children's different life situations in Kenya and summarizes our time in Kisumu.

Key words: International skills, welfare of children in Kenya, children observation and early childhood education skills

YEAR 2013

HÄME UAS, Bachelor Thesis:

GUIDE TO UGANDA FOR INTERNATIONAL OUTGOING EXCHANGE STUDENTS

Halonen, Tatjaana & Rontu, Leena (2013)

Not found in Theseus

ABSTRACT

Programme in nursing and health care

MSc Disaster relief healthcare, emergency nursing

The final project was a functional project, the goal was to plan and develop an electronic guide for the organization Healthy Africa Developmental Collaboration. The guide was done as a PowerPoint- format, to help facilitate it's development and distribution amongst students.

Safety issues to be considered were discussed in the guide, which help the student to prepare for international exchange. There was general information gathered about Uganda into the guide and framework, as well as other important issues to be considered in third-world country settings.

Possible health issues, the avoidance and care of them were also included in the guide. General health risks were discussed and presented thoroughly but strictly.

The purpose of the final work was to bring into light, the issues that students may face before and during exchange, as well as useful advice how to solve problems that one may possibly run into.

To further develop the subject for future utilization, the production of a guide for students returning from exchange could be considered, because returning home and adjusting to normal everyday life may not be self-evident at the end of an international exchange.

Keywords Guide, safety, prevention, international, health threats

YEAR 2010

MIKKELI UAS, Bachelor Thesis:

OBSERVATIONS ON HEALTH PROBLEMS AND EDUCATION IN KISUMU, KENYA AND KAMPALA AND MPIGI IN UGANDA

Putkinen, Elina & Vanne, Ida (2010)

The permanent address of the publication is:
<http://urn.fi/URN:NBN:fi:amk-2010121017859>

ABSTRACT

Elina Putkinen & Ida Vanne

Degree programme and option Degree Programme in Nursing,
Registered Nurse 30.11.2010

Name of the bachelor's thesis: Observations on health problems and education – in Kisumu, Kenya and Kampala and Mpigi in Uganda

The purpose of this bachelor's thesis is to survey health problems and health educational needs in Kisumu, Kenya, and Kampala and Mpigi in Uganda. The topic of this thesis was derived from Health Africa Development Co-operation Organisation (HADCO), through which we did our three months student exchanges. The goal is to bring out the main health problems that affect health education in these areas.

The concept 'health' and 'health education' is discussed with a cultural influence. This is based on Leininger's transcultural nursing theory. The possibilities of different technologies, especially mobile technology, in the future health education in developing countries are raised, discussed and recommendations are made in this bachelor's thesis.

The survey was carried out by the observation made in Uganda during the autumn 2009 and in Kenya in spring 2010. Notes were made based on the observations. They were written in the form of a diary. In the first phase of the analysis, the results of the observations were put together and the similarities in the data were highlighted. The second phase was the interpretation of the results.

The study results show that the health problems in Kenya and Uganda are similar in many ways. Unwanted health behaviour, poverty and lacking hygiene are the most significant matters affecting health problems. These problems have strong relations with each other resulting in a vicious circle. The health education in the surveyed areas was insufficient and does not always reach the target groups. Improving health education is a challenge for the local health care and development cooperation.

The survey is intended to be a basis for HADCO when planning future projects in these areas. It enables multi-disciplinary work in projects and thesis in the future. The content of the thesis is a guide to fresh, new ways in responding to health challenges. Using information technology to meet health challenges requires strong healthcare knowledge as well. The thesis also works as an introductory material for students and workers going for international projects.

Keywords: Developing countries, development cooperation, mobile technology, health, health education, health problems

3.5 Examples of the Seminars, Learning Materials and Posters

HEALTH AFRICA COOPERATION

SINCE 1994



Higher education has a key role in the development of societies. The Health Africa cooperation started in 1994. The cooperation works in accordance with Finland's development policy and the United Nation's Millennium Development Goals.

The overall objective of the joint activities is to maintain, support and develop cooperation in the fields of social work, health care and nutrition, and to some extent also in technology, music and art education, between Kenya, Uganda and Finland. The network also aims at creating sustainable partnerships, generating and disseminating new information, sharing experiences and expertise as well as promoting the professional development of students and teachers through international and intercultural cooperation.

development of curricula intensive courses COMMITMENT
dissemination NETWORKING long-term strategy
global partnerships SHARED RESPONSIBILITY
reciprocity development work internationalization
MULTIDISCIPLINARY new learning methods

FROM FINLAND TO KENYA AND UGANDA:
~ 570 STUDENTS
~ 75 TEACHERS

FROM KENYA AND UGANDA TO FINLAND:
~ 90 STUDENTS
~ 60 TEACHERS



STUDENT TESTIMONIALS

(source: students' final reports)

"I am grateful for this program. I have acquired knowledge and new skills and this has added value to me and my curriculum. It has boosted my self-esteem to compete for international jobs worldwide after my studies."

"Sustainability of the programme is valid since this is a very good avenue to learn best practices in host institutions that can be borrowed in our home countries."

TEACHER TESTIMONIALS

(source: teachers' final reports)

"It gives you wide viewpoints to different cultural phenomena and increases understanding on how people live in many different kinds of living environments."

"I have learnt a lot both academically, culturally and socially."

5 NSS intensive courses,
400 participants

DINING HALL AND
school meals for 1000 pupils

FIRST SCHOOL NURSE AND
CLINIC IN UGANDA

PARTNER INSTITUTIONS

UNIVERSITIES IN AFRICA:
International Health Sciences
University (IHSU), Uganda
Maseno University, Kenya

UNIVERSITIES OF APPLIED
SCIENCES (UAS) IN FINLAND:
Centria UAS, HAMK UAS
KAMK UAS, Lapland UAS
MAMK UAS, TAMK UAS
SeAMK UAS, VAMK UAS

Funding for the cooperation has been received from various sources throughout the years and including various projects such as "Wellbeing in the Village Community" and "Health Africa Project". At first the funding came directly from the Ministry of Foreign Affairs in Finland and later through the Nordic-South-South programme. The Nordic-South-South programme promotes partnerships between higher education institutions in Finland and in the countries of the South, fostering capacity building and human resources in HE through instruction and reciprocal mobility. In 1999, the eight Finnish partners also established a non-governmental organisation "Health Africa Development Co-operation Organisation" (HADCSCO) to support the cooperation activities.

SUPPORTED BY FINLAND'S
DEVELOPMENT ASSISTANCE FOR HUMANITY
FOR FOREIGN AFFAIRS OF FINLAND





25 YEARS OF COOPERATION WITHIN HEALTH AFRICA NETWORK (HADCO), ANNIVERSARY SEMINAR

Promoting Health and Welfare Globally

PROGRAMME

Date: 2nd–3rd October 2019
Venue: Centria University of Applied Sciences,
Talonpojankatu 2, 67100 Kokkola Finland,
kartta: <https://goo.gl/maps/85u36Xq6GocVXPmk7>
Large Teaching Hall (ground floor)

WEDNESDAY 2ND OCTOBER 2019

Chair: Mr. Ilmo Anttila

- | | |
|----------------------|--|
| 10.30–11.30 a.m. | Registration |
| 12.00 noon–1.30 p.m. | Anniversary Seminar Lunch for the Invited Guests |
| 1.30–1.45 p.m. | Music performance |
| 1.45–2.00 p.m. | Opening remarks, Ms. Merja Seppälä, Chairperson of HADCO NGO, MSc. RN, Senior Lecturer, Student Counsellor, Centria UAS |
| 2.00–2.10 p.m. | Welcome address, Mr. Kari Ristimäki, PhD., CEO, Rector, Centria UAS |
| 2.10–2.40 p.m. | Keynote Speech:
Ms. Kaija Pajala, Programme Manager, HEI ICI
International Higher Education Cooperation, Finnish National Agency for Education |
| 2.40–2.55 p.m. | Ms. Christine Alura, Program Officer Nursing and Midwifery at IntraHealth International, Uganda |

- 2.55–3.15 p.m. Ms. Riitta Kujala, Medical Doctor
Ms. Leila Latvasalo, MNSc. and Ms. Marjatta Sjöberg, MNSc.
- 3.15–3.30 p.m. Ms. Rose Clarke Nanyonga, Vice Chancellor, PhD. MSN, APRN, Clarke International University, Uganda
- 3.50–4.05 p.m. Ms. Agatha Christine Onyango, PhD, Senior Lecturer, Maseno University, Kenya
- 4.05–4.20 p.m. Ms. Helinä Mesiäislehto-Soukka, PhD. Senior Lecturer, Seinäjoki UAS
"Cultural Encounters"
- 4.20–4.30 p.m. Closing Remarks of Day 1
Mr. Ilmo Anttila, Ph.Lic., MA, Member of HADCO Board
- 6.30–9.00 p.m. Get-together Buffet and Coctails, Music
Venue: Amphi at Centria UAS

THURSDAY 3RD OCTOBER 2019

Chair: Ms. Helli Kitinoja

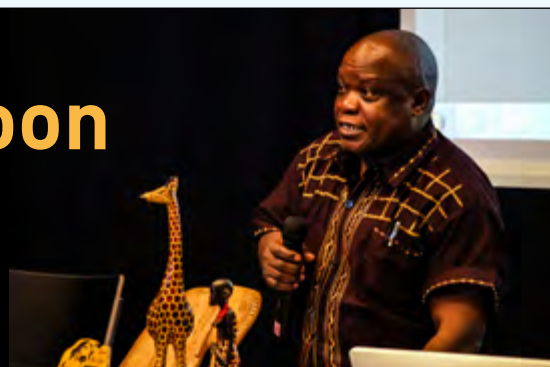
- 8.00–8.30 a.m. Registration
- 8.30–8.40 a.m. Opening words for the day
Ms. Helli Kitinoja, Senior Advisor Global Education Services, Seinäjoki UAS, Vice Chairperson of HADCO NGO
- 8.40–8.55 a.m. Ms. Evelyn Grace Ayot, Academic Registrar, Clarke International University, Uganda
- 8.55–9.10 a.m. Ms. Kaisa Seppälä, Senior Lecturer, Development Manager, HAMK UAS
"Students' Voices"
- 9.10–9.25 a.m. Ms. Helena Leppänen, Senior Lecturer, M.Ed.,PHN, Vaasa UAS
"Child Welfare Clinics and Vaccination Programmes in Finland"
- 9.25–9.45 a.m. Ms. Maria Isokoski, Education Manager, MHSc. RN. Central Ostrobothnia Joint Municipal Authority for Social and Health, Soite
"Developing Regional Social Services and Health Care"

Break and refreshments

- 10.00–10.30 a.m. Finnish exchange students sharing their experiences from Uganda and Kenya
Ms. Tuula Mäntylä, Manager of Family and Mental Health Services, Town of Viitasaari
Ms. Ada Skytte & Ms. Sarita Tiala, Social Work Students, Centria UAS
- 10.30–10.45 a.m. Ms. Sanna Laiho, Senior Lecturer, International Coordinator, TAMK UAS
- 10.45–11.00 a.m. Ms. Kaisu Vinkki, Senior Lecturer, M.Soc.Sc. Lapland UAS
“Health and Welfare Promotion with Children”
- 11.00–11.15 a.m. Ms. Agnes Agwang, Dean of Nursing School, RN, RM, DHT, BNS, MNS(C)
Clarke International University, Uganda
- Lunch Break**
- 12.30–12.50 p.m. Ms. Linda Mogambi, Dean of Nursing School, RN, BSc.N, MSc.N (Pediatrics), Maseno University, Kenya
- 12.50–1.10 p.m. Ms. Anitta Juntunen, PhD., Principal Lecturer, Kajaani UAS
“Collaborative Approach to Promote Nurse Students’ Clinical Competences”
- 1.10–1.30 p.m. Ms. Helli Kitinoja, Senior Advisor Global Education Services, Seinäjoki UAS
“The Time Span from the Development Projects to the Partnerships in Global Education”
- 1.30–1.50 p.m. Ms. Tiina Ojanperä, Chairperson of HADCO Network, Coordinator, International Mobility Services, Seinäjoki UAS
Ms. Maria Loukola Coordinator, International Mobility Services, Seinäjoki UAS
Erasmus+ Global Programme
- 1.50–2.00 p.m. Mr. Ilmo Anttila, Ph. Lic. MA, Member of HADCO Board
Closing Remarks of the Seminar
- 2.05–3.15 p.m. Closing Ceremony, Certificates and Coffee
Ms. Jennie Elfving, PhD. Director (Education), Centria UAS

African Afternoon

Frami F, Seinäjoki
12 May 2015



Welcome to listen and share experiences on Finnish-African cooperation.

Seinäjoki University of Applied Sciences

Time: 12 May 2015, coffee at 11.30, seminar at 12:00–14:30

Venue: Frami F, address: Kampusranta 11, Seinäjoki, 2nd floor, green auditorium F209

PROGRAMME

- 11.30 Coffee and networking in front of the auditorium F209
- 12.00 Opening of the seminar
Ms. Helli Kitinoja, Seinäjoki UAS
- 12.10 "Music video" by the Umodzi project
- 12.20 African cooperation projects in Seinäjoki UAS
Health Africa, Ms. Helli Kitinoja, Seinäjoki UAS
Umodzi, Mr. Jussi Kareinen, Seinäjoki UAS
SWAN, Ms. Tiina Ojanperä, Seinäjoki UAS
- 12.35 Health Africa teachers' and students' greetings:
 - 12.35 Health Africa teachers from Kenya to Finland
Dr. Harrysone Atieli and Mr. Boaz Owuor, Maseno University, Kenya
 - 13.15 Health Africa teacher from Finland to Kenya and Uganda
Dr. Helinä Mesiäislehto-Soukka, Seinäjoki UAS
 - 13.25 Health Africa students from Kenya to Finland
Mr. William Galo and Mr. Leon Nyang'wara, Maseno University, Kenya
 - 13.35 Health Africa students from Finland to Uganda
- 13.45 As an African in Seinäjoki
- 13.55 African cooperation in the Evangelic Lutheran Parish of Seinäjoki
- 14.10 Greeting the online participants of the seminar
Closing words
Ms. Helli Kitinoja, Seinäjoki UAS
- 14.30 End of the seminar

SeAMK 

SEINÄJOEN AMMATTIKORKEAKOULU
SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES



SUPPORTED BY OYKES 2015
PARTICIPATING AND PROMOTING THE MINISTRIES
FOR PROMOTING A STRONGER OF FINLAND

THE 2ND HADCO NORTH-SOUTH-SOUTH INTENSIVE COURSE AND MEETING

Organizers



**Maseno University,
School of Public Health &
Community Development**

AND



**Health Development Africa
Corporation-HADCO**

CONFERENCE PROGRAMME

VENUE: Kisumu Hotel, Kisumu, Kenya

DATE: April 27th 2009 to 1st May 2009

THEME: CULTURALLY APPROPRIATE HEALTH CARE II

- SUB THEMES:**
- A) Education and Health Systems** (Kenya, Uganda, Finland)
 - 1. Education system
 - 2. Health Care system
 - B) Research**
 - 1. Disease priorities in Kenya, Uganda and Finland
 - 2. Nutrition, Lifestyle and Health
 - 3. Social, Cultural and Environmental Determinants of Health
 - C) Teaching and Training** (Kenya, Uganda, Finland)
 - 1. Education and Health Systems
 - 2. Training of Health Professionals (Nursing, Social Services, Nutrition, Public Health)
 - 3. Curriculum Development (School Health, Occupational Health and safety, Environmental health)
 - D) Community service**
 - 1. Student exchange programmes
 - 2. Community Visits
-

ARRIVAL OF PARTICIPANTS: Sunday 26th April 2009

MONDAY 27TH APRIL 2009 DAY I

MORNING SESSION

Chairperson: Dr. Rose Kakai
Rapporteur: Dr. Pauline Andang'o

1. INTRODUCTION

8.30 - 9.00 am

9.00 - 9.15

9.15 - 9.30

9.30 - 10.00

10.00 -10.30

10.30 -10.45

10.45- 11.00

OFFICIAL OPENING

Registration

Introductions – **Prof. P. Aduma**

Welcome Remarks- **His Worship the Mayor of Kisumu, Mr Sam Okello**

Workshop Objectives – **Prof. W. Odero**

Opening address – **Vice Chancellor, Maseno University**

Key note address - **Finnish Ambassador**

Tea/Coffee Break

2. PRESENTATIONS AND DISCUSSIONS

SUB-THEME A:

11.00 -11.15

11.15 -11.30

11.30 -11.15

12.00 noon -12.15pm

12.15 -12.35 pm

12.35 - 1.00 pm

1.00 - 2.00 pm

EDUCATION AND HEALTH SYSTEMS

Health system in Kenya – **(Prof Odero)**

Health system in Uganda – **(C. Kageni)**

Education in Kenya – **(Dr Kakai)**

Education system in Uganda – **(Mr. Abala- Mundu)**

Education and Health system in Finland – **(I. Anttila)**

Discussion

Lunch break

AFTERNOON SESSION

Chairperson: Ms. Merja Seppala
Rapporteur: Dr. Pauline Andang'o

SUB-THEME B:

2.00 - 2.20

2.20 -2.40

2.40 – 3.00

3.00 - 3.20

3.20 - 3.40

3.40 – 4.00

4.00 - 4.20

RESEARCH (DISEASE PRIORITIES)

HIV and AIDS Prevention in Kenya: The role of Male Circumcision. **(Ouko, V.O)**

Self Perception of Risk Factors Associated with HIV and AIDS Infection among the Blind Youth in Kenya **(Kochung' E.J)**

PMTCT in Kenya – **(Ms J. Ojino)**

Rolling out HIV/AIDS care in Uganda: The Mpigi experience **(Dr. Jubilee J)**

Malaria situations in Isingiro District, Uganda **(Twinomugisha P)**

Genetics and Malaria responses – **(Dr C. Ouma)**

TB in Kenya **(Dr R. Onyango)**

4.20 – 5.00	Discussion
5.00 - 5.15pm	Tea/Coffee Break
5.15pm	End of Day I

TUESDAY 28TH APRIL 2009 **DAY 2**

MORNING SESSION

Chairperson: Dr. Rosebella Onyango
Rapporteur: Dr. Benson Nyambega

SUB-THEME CATEGORY B:

RESEARCH (NUTRITION, LIFESTYLE AND HEALTH)

8.30 - 8.50	Influence of Prolonged Breastfeeding on Nutritional Status of Children in Kenya (Omondi, O.D.)
8.50 - 9.10	Diet in infancy (Montonen, E.)
9.10 - 9.30	Healthier food choices, tailored models for eating and exercise (Hopia A. et al.)
9.30 - 9.50	Healthy Eating in the Finnish Food Services-Heart Symbol for Meals (Kirta, N.)
9.50 - 10.10	TBA – (Stella Koini)
10.10-10.30	TBA - (Dr. Andang'o)
10.30-11.00 am	Tea/ Coffee Break
11.00am - 12.30 pm	Panel Discussion
12.30 – 2.00 pm	Lunch break

AFTERNOON SESSION

Chairperson: Christine Alura (Uganda)
Rapporteur: Dr. Benson Nyambega

SUB-THEME CATEGORY B:

RESEARCH (SOCIAL, CULTURAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH)

2.00- 2.20 pm	Relationship between Alcohol and Domestic Violence in Mosoriot, Kenya (Odero, W)
2.20-2.40	Concept of Protection in Health Maintenance among the Bena in a Tanzanian Village (Juntunen, A.)
2.40-3.00	Occupational Health Hazards and Safety Practices among Smallholder Tobacco Farmers in South Nyanza Region, Kenya (Olado, O.G.)
3.00-3.20	The Effects of Flood on Community Water Sources and Sanitation in Nyando District-Kenya. (Wasonga, I.J.)
3.20-3.40	Use of ITNs for Malaria control in Africa (Adoka S.)
3.40-4.00	Health-seeking behaviour in Nyanza – (Dr Ouko)
4.00 - 4.30	Discussion

4.30-5.00 **Tea/Coffee Break**

5.00pm End of Day 2

WEDNESDAY 29TH APRIL 2009 DAY 3

MORNING SESSION

Chairperson: Ilmo Anttila
Rapporteur: Louisa Nduyu

SUB-THEME CATEGORY C:

TEACHING AND TRAINING (TRAINING OF HEALTH SCIENCES)

8.30- 8.45

Training of Nurses in Kenya (**Ojino, J.**)

8.45-9.00

Training of Nurses in Uganda – (**Catherine Kageni**)

9.00-9.15

Nursing and Social Services Training in Finland (TBA)

9.15-9.30

Training in Biomedical Science and Technology in Kenya

(**Prof P. Aduma**)

9.30-9.45

Public Health Training in Kenya (**Onyango, R.**)

9.45-10.00

Training and role of Nutritionists in Kenya (**Omondi, D/ Walingo, M.K.**)

10.00 -10.30

Discussion

10.30 am -11.00

Tea/Coffee Break

SUB-THEME CATEGORY C:

TEACHING AND TRAINING (CURRICULUM DEVELOPMENT e.g. SCHOOL HEALTH, OCCUPATIONAL HEALTH AND SAFETY, ENVIRONMENTAL HEALTH)

11.00-11.15

School Health Curriculum (**J. Wandawa**)

11.15 - 11.30

Curriculum Development (TBA)

11.30 -11.45

Environmental Health – (**Dr Apuko**)

11.45 -12.00 noon

Occupational Health and Safety – (**Dr V. Ouko**)

12.00 noon -12.15

Discussions

12.15 -12.45 pm

Lunch

AFTERNOON SESSION

Group Leader:

Mr. Samson Adoka

12.4- 5.30 pm

Visit Sondu Miriu Hydroelectric Power Project

SUB-THEME CATEGORY D: STUDENT EXPERIENCES

THURSDAY 30TH APRIL 2009 DAY 4

MORNING SESSION

Chairperson: Dr. Vitalis Ouko
Rapporteur: Dr Gabriel Mukoya

8.30- 8.45

Finish Students Experiences in Kenya (TBA)

8.50-9.20

Finish Students Experiences in Uganda (TBA)

9.20-9.50

Kenyan Students Experiences in Finland (**L. Ocholla/**
B. Abudho)

9.50-10.30

Poster session

10.30-11.00

Tea/ Coffee Break

11.00-11.30

Ugandan Students Experiences in Finland

11.30-12.00 noon

Discussion

12.00-1.00 pm

Plenary Feedback session

1.00- 2.00 pm

Lunch break

AFTERNOON SESSION

Chairperson: Prof. W. Odero

2.00- 3.00

Closing ceremony

Summary and Wayforward: **Helli Kitinoja -HADCO**

Closing remarks: **Prof. Agon'g - DVC, PRES**

Vote of Thanks: **Mrs. Olympia Okal**

3.15- 5.00 pm

HADCO Network Meeting

FRIDAY 1ST MAY 2009 DAY 5

ALL DAY

9.00 am – 5.00 pm

Excursion: Visit Dominion Farm

Group leader: **Mr. Samson Adoka**

EVENING

7.00 pm – 11.00 pm

Dinner, Entertainment and Dance

Master of ceremony: **Dr. Vitalis Ouko**



COMPREHENSIVE SCHOOL AS A SUPPORTER OF PUPILS' WELLBEING AND POTENTIAL

Internationalization Education and Information on Pupils' Wellbeing in Finland and Uganda

- Date:** Friday 9th January 2009 9.30 a.m.–4.00 p.m.
- Venue:** Central Ostrobothnia University of Applied Sciences,
Department of Health Care and Social Services, Terveystie 1,
67200 KOKKOLA, FINLAND
- Aim of the Seminar:** To promote internationalization at schools, to encourage networking between Ugandan and Finnish schools and to encourage discussions on how to support pupils' wellbeing and potential.

Programme

- 9.30 –10.00 a.m. Registration and coffee
- 10.00–10.15 a.m. **Opening of the Seminar:** Emeritus Chairperson of Health Africa Development Cooperation Organisation (HADCO) Ms Leila Latvasalo.
- 10.15–10.30 a.m. **Introducing Health Africa Project:** Chairperson of HADCO, Senior Lecturer Ms Merja Seppälä, Central Ostrobothnia University of Applied Sciences
- 10.30–11.15 a.m. **Current Challenges in Supporting Pupils' Wellbeing in Finland and Internationally:** Researcher, Ms Kirsi Wiss STAKES
- 11.15–11.25 a.m. Break

- 11.25–11.50 a.m. **The Results of a Finnish Survey on School Health 2008:** Principal Lecturer Ms Maija Maunula, Central Ostrobothnia University of Applied Sciences
- 11.50–12.45 a.m. Lunch in Amica Dining Hall
- 12.45–1.15 p.m. **A Day of a Ugandan School Pupil.** Introducing a Teaching Material Package for Finnish Comprehensive School Pupils: Teacher Juho Klapuri.
- 1.15.–1.45 p.m. **Health System and School Health Services in Uganda:** School Health Nurse, Ms Consolata Iyogil and Principal Tutor, Ms Christine Alura Public Health Nurses' College, Kampala, Uganda.
- 1.45–2.00 p.m. Coffee**
- 2.00–2.30 p.m. **Sexual Health of School Pupils in Uganda:** Researcher, Health Educator, Ms Catherine Othieno.
- 2.30–3.00 p.m. **Nutritional Status of School Pupils and WHO Nutrition-Friendly Schools Initiative Programme.** Senior Lecturer, Ms Terttu Huupponen, Metropolia UAS.
- 3.00–3.50 p.m. **Panel Discussion:** Uganda: Head Mistress of Kibuuka Primary School Uganda Ms Joyce Nansubuga, Head Master of Kibuuka Secondary School, Mr. Dominic Otucet, School Health Nurse, Ms Consolata Iyogil Kibuuka Schools.
Finland: Researcher, Ms Kirsi Wiss, Primary School Teacher, Ms Auli Palosaari, School Health Nurse, Ms Suvi Nissilä.
Chair: Vice Chairperson of HADCO, Manager of the International Affairs, Ms Helli Kitinoja, Seinäjoki University of Applied Sciences
- 3.50–4.00 p.m. **Closing of the Seminar:** Senior Lecturer, International Coordinator Mr. Ilmo Anttila, Central Ostrobothnia UAS

Target Groups of the Seminar:

Finnish Comprehensive School principals, teachers, Internationalization Education teachers, pupil /student counselors and pupil/student prefects.

School Health nurses, public health nurse students and representatives of HADCO member institutions and other stakeholders.

WELCOME !



HEALTH AFRICA SEMINAR

25 November 2005

10.45–13.45

Kajaani Polytechnic, Taito 2, Auditorio

Address: Ketunpolku 4

The aim of the seminar is to exchange information, share experiences and develop collaboration between Finnish and Ugandan partners of the Health Africa network

The seminar is designed for members of the Health Africa network, and for all teachers and students interested in co-operation between Finland and developing countries particularly in health care sector

PROGRAMME

10.45 Lunch

Restaurant Fox, Tieto 2 (Ketunpolku 1)

11.30 Opening

- Ms Maija-Liisa Laitinen, Principal Lecturer, School of Health and Sports, Kajaani Polytechnic
- Ms Merja Seppälä, Chair of HADCO, Academic Coordinator of Health Arfrica North South -project, Central Ostrobothnia Polytechnic

11.35 Florence Nightingale – The Lady with the Lamp

- Ms Anitta Juntunen, Principal Lecturer, School of Health and Sports, Kajaani Polytechnic

- 11.45 Public Health Care in Uganda – Present and Future Challenges**
- Ms Jane Namukasa, Public Health Nurse student, Institute of Health Studies, Public Health Nurses College
 - Ms Milly Namaala, Public Health Nurse student, Institute of Health Studies, Public Health Nurses College
- 12.15 Health Africa Project in Action**
- Ms Merja Seppälä, Chair of HADCO, Academic Coordinator of Health Africa North South -project, Central Ostrobothnia Polytechnic
- 12.30 Break**
- 12.35 Ugandan Perspectives to Health Africa Project and Exchange of Student and Teachers**
- Ms Christine Alura, Principal Tutor, Makerere University, Institute of Health Studies, Public Health Nurses College
 - Ms Florence Tibiwa, Nurse-Midwife, Practical Teacher, Mpigi Health Centre
- 13.05 North South Programme**
- Ms Maija Airas, Senior Programme Coordinator, The Centre for International Mobility CIMO
- 13.20 Student Exchange from Finland to Uganda**
- Ms Leila Latvasalo, Lecturer, Emeritus Chair of HADCO, Central Ostrobothnia Polytechnic
 - Ms Sirpa Nygård, Lecturer, Seinäjoki Polytechnic
- 13.40 Closing the seminar**
- Ms Merja Seppälä, Chair of HADCO, Academic Coordinator of Health Africa North South -project, Central Ostrobothnia Polytechnic
- 13.45 Coffee**

PUPILS' TEXTBOOK 2008, SCHOOL DAY IN UGANDA

KOULUPÄIVÄ UGANDA:ssa





Tekijät: Juho Klapuri & Leila Latvasalo

Kuvankäsittely: Jouko Teräs

Painopaikka: Kirjapaino Antti Välikangas Oy, Kokkola

Vuosi: 2008

Tämä opetuspaketti on tarkoitettu kansainvälisyyskasvatuksen opetukseen. Se on kustannettu Ulkoministeriön kansalaisjärjestöjen kehitysyhteistyötä koskevalla tiedotustuella. Tuki on myönnetty Terve Afrikka Kehitysyhteistyö Ry:lle (TAKRY), joka koostuu kymmenen suomalaisen ammattikorkeakoulun sosiaali- ja terveysalan yksiköistä.

Nimeni on Vincent ja olen 13-vuotias koululainen. Asun Ugandassa, Mpigin kylässä, ja käyn Kibuukan koulua.

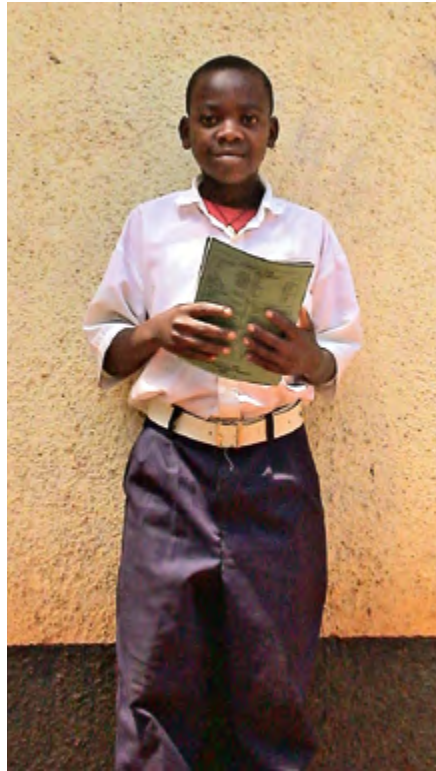
Herään aamuisin kello kuusi ja ihan ensimmäiseksi luen rukoukseni. Nousen vuoteesta ja käyn pesemässä kasvojeni. Sitten minun on herätettävä nuoremmat sisarukseni, joita on neljä. He saavat auttaa minua aamuaskareissa. Kaikilla lapsilla on omat tehtävänsä. Naapurimajoissa herätään samaan aikaan.

Talomme takapihalla meillä on kanoja ja kalkkunoita, jotka pitää ruokkia. Perheemme vuohi on myös vietävä ulos laitumelle. Sitten syömme aamupalaksi äidin keittämää maissivelliä ja juomme sokerilla maustettua maitoteetä. Aamiaisen jälkeen puemme koulupuvut päälle ja lähdemme kävellen kouluun. Meidän perheestä kouluun pääsevät kaikki pojat ja kolme nuorinta tyttöä.

Vanhimmat siskot jäävät kotiin autamaan äitejään. Kouluun on matkaa 4 kilometriä, ja monet kavereistani asuvat saman matkan varrella. He odottavat meitä tien laidassa ja liittyvät seuraam-



Vincentin kotona on kanoja ja kalkkunoita.



Vincent koulunsa pihalla.

me. Yhdessä saavumme kouluun kello 8:ksi. Koulusta ei saa myöhästyä.

Laulamme joka aamu ensimmäisellä tunnilla Ugandan kansallislaulun. Opettaja kirjoittaa paljon taululle ja puhuu luokan edessä. Me lausumme perässä sen, mitä opettaja on sanonut ja opettelemme sillä tavalla toistamaan ulkoa läksyjä. Koulukirjoja ei ole mutta minulla on kolme vihkoa, joihin voin tehdä taululta muistiinpanoja. Äidinkieleni on luganda, mutta vain kahtena ensimmäisenä vuotena koulussa opetettiin lugandaksi. Kolmannella luokalla aloimme opiskella englantia ja nyt puhumme luokassa ainoastaan englantia.

Haluaisin oppia käyttämään tietokoneita, mutta koulumme tiedeluokassa on vain yksi tietokone, jota me oppilaat emme saa vielä käyttää. Olisi mukava oppia puhumaan vieraita kieliä, vaikkapa ranskaa, saksaa, swahilia ja miksei suomeakin. Pidän kielistä. Lempiaineeni koulussa on kuitenkin liikunta. Pelaisimme mielellämme jalkapalloa, mutta koululla ei ole tarpeeksi isoa kenttää. Lentopallo ja koripallokin ovat mukavia pelejä. Ensimmäisellä välitunnilla me koulun isoimmat oppilaat kannamme vettä kaivolta ruokalan vesisäiliöön ja ladomme puita koulun keittolan uuniin.

Ruokatunnilla klo 11 käymme hakemassa ruokalasta kupilliset maissipuroa. Se on hyvää ja täyttävää. Joskus tuon kotoa hedelmiä tai sokeriruo'on paloja, joita voi imeskellä kuin karkkia.

Ruokatunnin jälkeen leikimme kaverien kanssa hippaa tai olemme pii-



Ugandassa koululaisilla on koulupuvut. Kibuukan koululla kaikki oppilaat pukeutuvat keltaiseen kouluspaitaan ja vihreisiin housuihin tai hameeseen.

losilla. Leikkiessä pitää olla kuitenkin varovainen, ettei loukkaa itseään. Verta vuotavat haavat ovat vaarallisia. Pihalla voi myös olla käärmeitä ja myrkyllisiä hyönteisiä. Koulu jatkuu vielä iltapäiväl-



Yläkoulun luokahuone.



Koulun juomavettä kerätään sadeaikana vesisäiliöön talteen, mutta kuivaan aikaan vanhemmat oppilaat kantavat sitä kaivolta.

lä kello 16:een saakka, ja sen jälkeen palaamme takaisin kotiin. Kuivaan aikaan tie on hyvin pölyinen ja sateella se on liukas ja mutainen.

Kotona minun pitää auttaa äitiä ja isää. On kerättävä polttopuita metsästä, että äiti voi laittaa ruokaa. On kannettava vettä kasvimaalle ja kotiin. Vuohet on ruokittava ja juotettava, samoin kanat ja kalkkunat. Isällä on myös yksi lehmä, joka on talon pihalla. Meillä on myös pieni pelto, jossa kasvaa maissia ja vähän papuja.

Kun kotityöt on tehty, onkin aika lukea läksyt. Aurinko laskee kahdeksalta illalla ja tulee pimeää. Koska meillä ei ole sähköjä, illalla ei enää voi tehdä oikein mitään. Luen iltarukouksen ja menen nukkumaan.

Opettaja kysyi meiltä tänään koulussa, mitä haluaisimme tehdä isona. Haluaisin

päästä opiskelemaan Kampalaan. Olisi mahtavaa olla opettaja tai rakennusmies. Opettaisın lapsia ja kulkisin hienoissa vaatteissa tai sitten osaisin rakentaa taloja. Rakentaisin ison talon



Maja rakennetaan oksista pujottelemalla valmistetun kehikon varaan. Kehikko muurataan savella pyöreäksi torniksi. Katto ladotaan heinistä. Lattia on kovaksi tallattua maata tai sementtiä.

perheelleni ja vetäisin sinne sähköt ja vesijohdot. Hyvä ystäväni Steven sanoi, että hän haluaisi isona YK:n pääsihteeriksi, jotta hän voisi lopettaa kaikki sodat maailmasta. Stevenin isä on kuollut sodassa. Moni luokkakaverini haluaisi lääkäriksi tai sairaanhoitajaksi, sillä täällä ihmiset sairastavat paljon. Olisi hyvä, jos voisi auttaa ja hoitaa toisia.

Kuulin, että Suomessa on neljä vuodenaikaa ja että talvella teillä sataa lunta. Hassua. Ugandassa on aina lämmintä. Mpigi sijaitsee päiväntasaajalla, jossa ilmasto on trooppinen. Joulukuusta helmikuuhun ja kesäkuusta elokuuhun on kuiva kausi, jolloin ei sada ollenkaan. Sadeaikana vettä tulee kaatamalla, niin



Vincentin kotona ei ole sähköjä, joten heillä ei ole myöskään kodinkoneita. Jauhot jauhetaan käsin.

että tiet ja pihat peittyvät kuraan. Joskus ajattelen, että olisi hienoa päästä käymään Euroopassa tai Amerikassa.

Tehtävät:

1. Mieti omaa koulupäivääsi. Mitä eroja ja yhtäläisyyksiä löydät?
2. Voisitko ystäväystyä Vincentin kanssa, jos te joskus tapaisitte? Perustele vastauksesi.
3. Kirjoita kirje Vincentille ja kerro hänelle itsestäsi ja Suomesta.

Pohdintaa:

1. Millaisia kulttuurieroja havaitset suomalaisten ja ugandalaisten välillä?
2. Tuleeko Vincentistä isona opettaja tai rakennusmies?
3. Voisiko hänen kaveristaan Stevenistä tulla YK:n pääsihteeriksi? Pystyisikö hän silloin lopettamaan kaikki sodat maailmasta?

TEACHER'S MANUAL 2008, SCHOOL DAY IN UGANDA

KOULUPÄIVÄ UGANDASSA



Nimeni on Vincent ja olen 13-vuotias koululainen. Asun Ugandassa, Mpigin kylässä, ja käyn Kibuukan koulua.

Herään aamuisin kello kuusi ja ihan ensimmäiseksi luen rukoukseni. Nousen vuoteesta ja käyn pesemässä kasvo- ni. Sitten minun on herätettävä nuoremmat sisarukseni, joita on neljä. He saavat auttaa minua aamuaskareissa. Kaikilla lapsilla on omat tehtävänsä. Naapurimajoissa herätään samaan aikaan.

Talomme takapihalla meillä on kanoja ja kalkkunoita, jotka pitää ruokkia. Perheemme vuohi on myös vietävä ulos laitumelle. Sitten syömme aamupalaksi äidin keittämää maissivelliä ja juomme sokerilla maustettua maitoteetä. Aamiaisen jälkeen puenemme koulupuvut päälle ja lähemme kävelen kouluun. Meidän perheestä kouluun pääsevät kaikki pojat ja kolme nuorinta tyttöä.

Vanhimmat siskot jäävät kotiin autamaan äitejään. Kouluun on matkaa 4 kilometriä, ja monet kavereistani asuvat saman matkan varrella. He odottavat meitä tien laidassa ja liittyvät seuraam-



Vincentin kotona on kanoja ja kalkkunoita.



Vincent koulunsa pihalla.

me. Yhdessä saavumme kouluun kello 8:ksi. Koulusta ei saa myöhästyä.

Laulamme joka aamu ensimmäisellä tunnilla Ugandan kansallislaulun. Opettaja kirjoittaa paljon taululle ja puhuu luokan edessä. Me lausumme perässä sen, mitä opettaja on sanonut ja opettelemme sillä tavalla toistamaan ulkoa läksyjä. Koulukirjoja ei ole mutta minulla on kolme vihkoa, joihin voin tehdä tauluita muistiinpanoja. Äidinkieleni on luganda, mutta vain kahtena ensimmäisenä vuotena koulussa opetettiin lugandaksi. Kolmannella luokalla aloimme opiskella englantia ja nyt puhumme luokassa ainoastaan englantia.

Vincentin perhe

Isällä on kolme vaimoa, joten pihapiirissä on viisi majaa. Yksi niistä on isälle ja yksi jokaiselle vaimolle. Lapset asuvat äitinsä kanssa samassa talossa. Lapsia on yhteensä 14. Viides maja on rakennettu isoäidille. Isoisä on kuollut sodassa, mutta isoäiti on vielä elossa ja voi hyvin.

Majat on rakennettu oksista pujoitelmalla valmistetun kehikon varaan. Kehikko muurataan savella pyöreäksi torniksi. Lattia voidaan valaa sementistä tai tallata kovaksi multapohjaksi. Lehmänlantaa käytetään myös lattiamateriaalina, sillä se karkottaa syöpäläisiä, esimerkiksi kirppuja. Majoissa on ovi ja ikkuna, joka suljetaan ikkunaluukulla. Majan katto rakenne-

taan pitkästä heinästä. Majoissa ei ole savupiippua, vaan ainoastaan aukko katossa. Keskellä majaa sijaitsee kivistä kasattu tulisija, josta nouseva savu kohoaa aukon kautta pihalle. Joillakin perheillä on erillinen keittorakennus.

HIV/AIDS

Perhe on onnekas, sillä kukaan aikuisista sisaruksista ei ole sairastunut HIV-tautiin. Ugandassa HIV/AIDSin epidemiamainen leviäminen on saatu ainakin osittain pysähtymään ja HIV-infektiota sairastavan aikuisväestön prosenttiosuus on nykyään n. 7 %, kun se pahimpina aikoina oli jopa 29 %. Tautiin sairastuneet leimaantuvat yhteisössään, ja siksi monet salaillevat tautiaan. Se puolestaan vaikeuttaa taudin ennaltaehkäisyä. Sukupuolisuhteista puhuminen koetaan vaikeaksi ja häpeälliseksi, joten aikuiset eivät mielellään kerro lapsilleen niihin liittyvistä asioista. Nykyään kuitenkin lapsia valistetaan kouluissa, ja heidän kauttaan myös vanhemmat saavat asiallista tietoa.

Mpigi

Mpigi sijaitsee aivan päiväntasaajalla Etelä-Ugandassa rauhallisella seudulla, joten Vincent kuulee sodasta vain radiouutisista. Pohjois-Ugandassa on käyty yli 30 vuotta sotaa mm. Ugandan hallituksen ja Herran vapautusarmeijan (LRA) nimellä kulkevan sissiliikkeen välillä. Sotaan ovat sekaantuneet myös naapurimaiden hallitukset ja niissä toimivat sissiliikkeet. LRA on toimintansa aikana ryöstänyt kylistä tuhansia lapsia ja pakottanut heidät lapsisotilaiksi. Myös hallituksen joukoissa taistelee tuhansia alaikäisiä sotilaita. Rauhanneuvotteluja on kuitenkin käyty, joten tulevaisuus näyttää hieman valoisammalta.

Uganda

Ugandassa suurin osa ihmisistä asuu maaseudulla, Kampalan miljoonakaupunkia lukuun ottamatta. Perheen toimeentulo riippuu paljon siitä, mitä asunnon ympärillä oleva pieni viljelty peltoala antaa. Perheenemäntä saa tuloa perheelleen myymällä kasvattamiaan kasviksia, hedelmiä, maissintähtiä ja jopa maissia. Useimmat taloudet myyvät myös kananmunia, kanoja ja kalkkunoita. Maa tuokataan isoilla kuokilla. Maatyöt kuuluvat naisille. He menevät pelolle aikaisin aamulla sekä joskus myös iltapäivisin, kun ilma on viileämpää. Vuodenkiertoon sisältyy kaksi sadekautta, ja ennen niiden alkamista kylvetään siemenet maahan.

Mpigin alueen asukkaista suurin osa kuuluu buganda-nimiseen etniseen ryhmään. Ugandan nykyinen presidentin Museveni on samasta ryhmästä. Bugandat kuuluvat bantuihin, joka ovat aikoinaan kulkeutuneet Länsi-Afrikasta Ugandaan. (Myös naapurimaassa Keniassa asuvat kikujut ovat bantuja.) Etupäässä Pohjois-Ugandassa asuu niloteista lähteneitä etnisiä ryhmiä, joita ovat akesot, maasait ja atekerit. Viimeksi mainitut ovat myös kuuluisia sotaisuudestaan.

Ugandan tasavalta sijaitsee Itä-Afrikassa. Sen rajanaapureina ovat idässä Kenia, pohjoisessa Sudan, lännessä Kongo ja lounaassa Ruanda. Ugandan etelärajan muodostaa Victorijärvi, jonka toisella rannalla sijaitsevat Kenia ja Tansania.

Haluaisin oppia käyttämään tietokoneita, mutta koulumme tiedeluokassa on vain yksi tietokone, jota me oppilaat emme saa vielä käyttää. Olisi mukava oppia puhumaan vieraita kieliä, vaikkapa ranskaa, saksaa, swahiliä ja miksei suomeakin. Pidän kielistä. Lempiaineeni koulussa on kuitenkin liikunta. Pelaisimme mielellämme jalkapalloa, mutta koululla ei ole tarpeeksi isoa kenttää. Lentopallo ja koripallokkin ovat mukavia pelejä. Ensimmäisellä välitunnilla me koulun isoimmat oppilaat kannamme vettä kaivoilta ruokalan vesisäiliöön ja ladomme puita koulun keittolan uuniin.

Ruokatunnilla klo 11 käymme hake-massa ruokalasta kupilliset maissipuroa. Se on hyvää ja täyttävää. Joskus tuon kotoa hedelmiä tai sokeriruo'on paloja, joita voi imeskellä kuin karkkia.

Ruokatunnin jälkeen leikimme kavereiden kanssa hippaa tai olemme pii-



Ugandassa koululaisilla on koulupuvut. Kibuukan koululla kaikki oppilaat pukeutuvat keltaiseen kauluspaitaan ja vihreisiin housuihin tai hameeseen.

losilla. Leikkiessä pitää olla kuitenkin varovainen, ettei loukkaa itseään. Verta vuotavat haavat ovat vaarallisia. Pihalla voi myös olla käärmeitä ja myrkyllisiä hyönteisiä. Koulu jatkuu vielä iltapäiväl-



Yläkoulun luokkahuone.

4

Uganda pähkinänkuoressa

- hallitusmuoto: demokraattine kansantasavalta
- presidentti: Yoweri Museveni (vuodesta 1986)
- aikaisemmin Uganda kuului brittien alaisuuteen, itsenäinen vuodesta 1962
- pääkaupunki: Kampala
- viralliset kielet: englanti ja swahili
- Pinta-ala: 236 049 km²
- kansallislaulu: Oh Uganda , Land of Beauty (Lähde: <http://en.wikipedia.org/wiki/Uganda>)



Koulun juomavettä kerätään sadeaikana vesisäiliöön talteen, mutta kuivaan aikaan vanhemmat oppilaat kantavat sitä kaivoilta.

lä kello 16:een saakka, ja sen jälkeen palaamme takaisin kotiin. Kuivaan aikaan tie on hyvin pölyinen ja sateella se on liukas ja mutainen.

Kotona minun pitää auttaa äitiä ja isää. On kerättävä polttopuita metsästä, että äiti voi laittaa ruokaa. On kannettava vettä kasvimaalle ja kotiin. Vuohet on ruokittava ja juotettava, samoin kanat ja kalkkunat. Isällä on myös yksi lehmä, joka on talon pihalla. Meillä on myös pieni pelto, jossa kasvaa maissia ja vähän papuja.

Kun kotityöt on tehty, onkin aika lukea läksyt. Aurinko laskee kahdeksalta illalla ja tulee pimeää. Koska meillä ei ole sähköjä, illalla ei enää voi tehdä oikein mitään. Luen iltarukouksen ja menen nukkumaan.

Opettaja kysyi meiltä tänään koulussa, mitä haluaisimme tehdä isona. Haluaisin

päästä opiskelemaan Kampalaan. Olisi mahtavaa olla opettaja tai rakennusmies. Opettaisın lapsia ja kulkisin hienoissa vaatteissa tai sitten osaisin rakentaa taloja. Rakentaisin ison talon



Maja rakennetaan oksista pujoitelemalla valmistetun kehikon varaan. Kehikko muurataan savella pyöreäksi torniksi. Katto ladotaan heinistä. Lattia on kovaksi tallettua maata tai sementtiä.

5

Kulttuuritaustaa

Ugandalainen on ystävällinen ja vieraanvarainen sekä perhekeskeinen. Hän on myös ylpeä maastaan ja kulttuuritaustastaan. Ugandan kulttuurille ovat ominaisia kulttuurintutkija Hofsteden (1972) teorian mukaan seuraavat piirteet:

Suuri valtaetäisyys

Eri yhteiskunnat arvostavat eri tavalla arvovaltaa, varakkuutta, valtaa.

Valtaetäisyys ilmaisee, missä määrin yhteisön jäsenet hyväksyvät vallan epätasaisen jakautumisen.

Tyypillinen ugandalainen ajattelee todennäköisesti, että jokai-

sella ihmisellä on hänelle kuuluva paikka. Tämä järjestys suojelee vahvaa ja heikkoa. Ugandassa ei voi kyseenalaistaa valtion virkamiesten, poliitikkojen, alue- ja kylähallinnon päätöksiä ja määräyksiä. Klaanin johtajalla ja kylän vanhimmilla on täysi määräysvalta alaisiinsa. Perheessä isän määräyksiä on kaikkien toteltava. Myös isoäiti voi poikansa ohella päättää perheen asioista. Perheen tyttölapset ovat hierarkian alimmalla tasolla. Yhteisö arvottaa naista sen mukaan, onko hänellä lapsia. Nykyisin Ugandassa naiset ovat jo opiskelleita, joten yhteisön on pakko ottaa heidät huomioon aikaisempaa enemmän.

Yhteisöllisyys

Yhteisöllisessä kulttuurissa perhe on pieni yksikkö ja kaikki pyrkivät yhteisön määräämiin tavoitteisiin. Se tarkoittaa käytännössä sitä, että yksilö ja perhe ovat riippuvaisia yhteisön ratkaisusta. Siksi hyvät ihmissuhteet ovat tärkeitä, ja päämääränä on harmonia sekä toisten tarpeiden huomioonottaminen. Oikea käyttäytyminen ja traditiot ovat ehdottoman tärkeitä, muuten seuraa 'kasvojen menetys'.

Perhettä ja sukua arvostetaan. Kylän yhteisistä asioista päättävät kylän vanhimmat, klaani ja suurperhe. Kylän vanhimpien tuki on myös yksilön turva. Kyläyhteisö voi myös rankaista yksilöä, jos hänen on katsottu rikkovan yhteisön sääntöjä, jotka ovat kirjoittamattomia lakeja.

Epävarmuuden sietokyky

Epävarmuuden sietokyky merkitsee moniarvoisuutta. Kaikessa päätöksenteossa voidaan esittää monta vaihtoehtoa, jotka kaikki ovat yhtä oikeita. Ugandassa teollisille selityksille ei panna niin suurta painoarvoa kuin länsimaissa kulttuurissa. Yhtä arvokasta on hiljainen tieto eli sukupolvilta toisille siirtynyt tieto.

5

Asioiden ennalta suunnittelua länsimaisen ajattelutavan mukaan ei koeta tärkeäksi. Epävarmuuden sietokyky näkyy useimmiten kelloaikojen noudattamattomuutena. Sovituista tapaamisesta voidaan poiketa tunti ja parikin. Opettajat voivat olla poissa työstään, jos he katsovat, että jokin muu asia on heistä tärkeämpi, esimerkiksi pelon muokkaus tai ystävän tapaaminen. Myös sukulaisten hautaisissa saattaa mennä useita päiviä. Ugandassa ajatellaan selviytymistä päivä kerrallaan. Sanonta "The man with a key has gone" tarkoittaa, että sovittu tapaaminen ei onnistu ainakaan seuraavan tunnin, parin sisällä.

Kirjallisuus

<http://en.wikipedia.org/wiki/Uganda>

Museweni, Y. K: Sowing the Mustard seed. Macmillan. Hong Kong, 1997.

Söderlund, Å: Uganda - Afrikan himmeä helmi. Hakapaino OY. Helsinki, 1993.

Clarke, I. : The man with a key has gone. Clays Ltd, St Ives plc. Norwich, 1993

Hofstede, G: Cultural Dimensions for International Business. 1972 <http://www.geert-hofstede.com/>

Haastattelut:

perheelleni ja vetäisin sinne sähköt ja vesijohdot. Hyvä ystäväni Steven sanoi, että hän haluaisi isona YK:n pääsihteeriksi, jotta hän voisi lopettaa kaikki sodat maailmasta. Stevenin isä on kuollut sodassa. Moni luokkakaverini haluaisi lääkäriksi tai sairaanhoitajaksi, sillä täällä ihmiset sairastavat paljon. Olisi hyvä, jos voisi auttaa ja hoitaa toisia.

Kuulin, että Suomessa on neljä vuodenaikaa ja että talvella teillä sataa lunta. Hassua. Ugandassa on aina lämmintä. Mpigi sijaitsee päiväntasaajalla, jossa ilmasto on trooppinen. Joulukuusta helmikuuhun ja kesäkuusta elokuuhun on kuiva kausi, jolloin ei sada ollenkaan. Sadeaikana vettä tulee kaatamalla, niin



Vincentin kotona ei ole sähköjä, joten heillä ei ole myöskään kodinkoneita. Jauhot jauhetaan käsin.

että tiet ja pihat peittyvät kuraan. Joskus ajattelen, että olisi hienoa päästä käymään Euroopassa tai Amerikassa.

Tehtävät:

1. Mieti omaa koulupäivääsi. Mitä eroja ja yhtäläisyyksiä löydät?
2. Voitko ystäväystyä Vincentin kanssa, jos te joskus tapaisitte? Perustele vastauksesi.
3. Kirjoita kirje Vincentille ja kerro hänelle itsestäsi ja Suomesta.

Pohdintaa:

1. Millaisia kulttuurieroja havaitset suomalaisten ja ugandalaisten välillä?
2. Tuleeko Vincentistä isona opettaja tai rakennusmies?
3. Voisiko hänen kaveristaan Stevenistä tulla YK:n pääsihteerin? Pystyisikö hän silloin lopettamaan kaikki sodat maailmasta?



3.6 Press Clippings



Helena Kokkonen

Christine Alura ja Jonathan K. Gaifuba Helsingin keväässä

◆ Jo kahtena vuonna on suomalaisia terveydenhuoltoalan opiskelijoita matkannut Ugandaan suorittamaan opintojensa liittyviä harjoitteluja. Koska kansainvälisestä harjoittelusta innostuneiden joukko vain kasvaa, on kaksitoista suomalaista sosiaali- ja terveysalan oppilaitosta verkostoitunut. Yhdessä valmistautumalla saadaan kehitysmaiden olosuhteisiin perehdyttävästä jaksosta enemmän irti. MLL:n edustajana mukana on Hämeenlinnan yhdistys ja MLL:n Afrikan-työ.

Viiden viikon visiitti

Ugandan ja Suomen väliseen harjoittelijavaihtoon liittyi Christinen Aluran ja Jonathan K. Gaifuban toukokuinen vierailu. Alura on terveydenhoitajakoulun rehtori ja Gaifuba Ugandan perusterveydenhuollosta vastaava terveysministeriön virkamies. He kiersivät viiden viikon ajan tutustumassa verkoston oppilaitoksiin ja suomalaisen terveydenhuoltoon.

– Matkan tarkoituksena oli vahvistaa verkostoitumista suomalaisten ja ugandalaisten välil-

Vierailu vahvisti verkostoa

Helena Kokkonen

lä, edistää yhteistyötä koulutuksessa ja oppilasvaihdossa sekä neuvotella MLL:n kehitysyhteistyöstä, kertoo Jonathan K. Gaifuba. Häntä kiinnostaa kehittää opiskelijavaihdon rinnalla myös opettajavaihtoa.

– Tutustuimme terveydenhuoltoalan koulutukseen ja opiskeluolosuhteisiin, jotta voimme Ugandassa järjestää tarkoituksenmukaista harjoittelua suomalaisille. On myös tärkeää nähdä olot, mihin ugandalaiset opiskelijat aikanaan tulevat, jotta he parhaiten hyötyisivät vaihto-opinnoistaan, jatkaa Gaifuba.

Ugandalaisten vierailuohjelma oli hengästyttävä: Helsinki, Turku, Hämeenlinna, Lahti, Tampere, Jyväskylä, Seinäjoki, Kakkola, Rovaniemi. Vierailuja ammattikorkeakouluissa, terveydenhuolto-oppilaitoksissa,

sairaaloissa, KELAssa, Helsingin yliopistossa, ministeriöissä. Tutustumista päiväkoteihin, vanhustenhuoltoon, kuntoutuspalveluihin. Yhteistyöneuvotteluja MLL:n ja verkoston edustajien kanssa. Tapaamisia, keskusteluita, tiedonvaihtoa. Kurkistas suomalaisen luontoon ja kulttuuriin.

Ugandalaiset kiittelevät vieraanvaraisuuttamme. He kyläilivät suomalaiskodeissa, ja väisämättä edessä olivat myös saunan löylät.

– Mielenkiintoinen kokemus, virkkaa Gaifuba kohteliaasti.

Valmentautuminen tärkeää

Ugandaan matkaavia suomalaisopiskelijoita Alura ja Gaifuba kehottavat valmentautumaan: Kannattaa hankkia etukäteen

tietoa Ugandasta ja yleensäkin afrikkalaisesta kulttuurista. Myös perusteet trooppisista taudista ja niiden hoidosta on hyvä lukea. Opiskelijan on tiedostettava, että hän lähtee työskentelemään kehitysmaahan, jossa olosuhteet poikkeavat totutuista

– Opiskelijan täytyy olla valmis ottamaan tämä haasteena painottaa Alura.

Gaifuba muistuttaa, että vieraassa kulttuurissa työskentely on haaste ammattilaisellekin. Monia kotimaisia itsestäänselvyyksiä alkaa katsella uudell-



NEUVOLOITA
KEHITYSMAIHIN
TILIT: 9404 800017-227 00

Ugandassa riittävästi ammattitaitoa, muttei kipulääkkeitä

18.2.-98
ILKKA

TINA NIEMI
SEINÄJOKI

Tanja Kriikkola ja Minna Hevonkoski viettivät pari kuukautta Ugandassa. Tytöt opiskelevat kolmatta vuotta Seinäjoen ammattikorkeakoulun terveysalan yksikössä ja he päättivät hyödyntää harjoittelujaksonsa hieman erilaisella tavalla.

– Vaikka itse alalta ei oppinut hirveästi, oli harjoittelu silti antoisa. Uuden kulttuurin tunteminen, elämykset ja kokemukset ovat hienoa pääomaa, Tanja Kriikkola erittelee harjoitteluun.

Tytöt lähtivät Ugandaan syyskuussa opettaja Raija Rintalan johdolla. Ugandassa hänellä oli yhteensä 13 ohjattavaa eri puolelta Suomea.

– Harjoittelujakso ulkomailta vaatii opettajalta paljon. Asunossamme ei ollut ensimmäisen viikon jälkeen sähköä, eikä sen jälkeen tietenkään jääkaappijakaa. Välillä olimme jopa nälissämme, sillä ruoan hakuaan tarvittava auto hajosi. Juomaveden suodatimme itse sadevedestä.

Vaativasta ympäristöstä huolimatta kaikki sujui hyvin. Vain yksi opiskelijoista sairastui vakavaan malariaan harjoittelun loppupuolella.

– Hänet toimme Suomeen melko huonokuntoisena, itsekkin Afrikassa asunut Raija Rintala kertoo.

Yhteinen kieli yntyi näytellessä

– Suurin ero suomalaisen sairaalan oli siinä, ettei Ugandassa ollut tarpeeksi hoitovälikäitä eikä kipulääkkeitä. Sen siinä hoitajat ja lääkärit olivat eidän harjoittelupaikoissamme ammattitaitoisia.

Tytöt viettivät alkuaan Kiivin opetusterveyskeskuksessa. Keskus on suomalaisten rannuttama ja se on luovutettu indalaaisille 90-luvun alussa. joittelun loppuajan tytöt

työskentelivät Busobwen sairaalan sisätauti-osastolla.

– Itse työssä olisi tarvittu näyttelijänlahjoja. Potilaista kukaan ei ymmärtänyt englantia, mutta kommunikatio sujui sitten vaikka käsillä viittoen. Miinulla oli hankaluuksia selittää potilaalle, koska lääkkeet on otettava. Lääkkeissä oli aurinko ja kiron kuvat ja niiden asentoa selvittämällä yrittin näyttää, milloin lääkkeitä täytyy syödä, Tanja Kriikkola naura.

Oudot tavat kummastuttua

Uganda on yksi maailman köyhimmistä maista, jossa ongelmat seuraavat toisiaan. Naisen huono asema, alkoholi, lukitadottomuus ja aliravitsemus ovat monien vaikeuksien takana. Ugandan väkiluku on noin 19 miljoonaa. Tilastojen mukaan aidsiin sairastuneita on 48 312.

– Todellisuudessa hivin kantajia on joka perheessä. Tietysti oli oltava varuillaan erilaisten tautien takia, Minna Hevonkoski maetta.

Harjoittelun aikana tytöt saivat tutustua myös maan tapoihin. Sairaalaan ei tulla kuin viimeisessä hädässä, sillä ensimmäiseksi hoitoa haetaan paikallisilta ”poppamiehiltä”.

– Esimerkiksi aivomalariaa sairastavan luullaan olevan yhteydessä esi-isiin. Sairauden aikana esi-isät kuulemma puhuvat lapselle.

Uuden kulttuurin ja tapojen jälkeen kotona asaminen tuntui oudolta.

– Oli uskomatonta huomata, miten siistiä kaikki oli. Ja jääkaapissa oli kylmää juomaa, Minna Hevonkoski muistelee paluutaan Suomen arkeen.



MUISTONA MYÖS KANSALLISPUVUT. Minna Hevonkoski, Tanja Kriikkola ja Raija Rintala olivat ikimuistoisen harjoittelujakson Ugandassa. Kotiintuomisina olivat muistojen upeat kansallispuvut, joiden 25 markan hinta ei suomalaisia hirtittänyt. Kuva: Tina Niemi

Kulturchocken kommer hemma i Finland

Karlebystuderande utbytespraktiserar på Ugandas hälsocentraler

Magnus Torsell

Unga social- och hälsovårdsstuderande från Karleby åker i höst till Uganda för att i två-tre månader jobba vid landets hälsocentraler. Yrkehögskolan i mellersta Österbotten är med om en nätverk där unga studerande och lärare frivilligt utbytespraktiserar i Uganda.

Hälsovårdsproblemen är av helt annan kaliber i Uganda. AIDS och Malaria är de största problemen, säger förre utbytespraktiseraren och utbyteskoordinatör, lektor Merja Seppälä vid mellersta Österbottens yrkehögskola.

Men ändå är den största kulturchocken för många utbytespraktiserare att komma hem till Finland igen. Befolkningen är fattig men ändå orkar människorna där vara levnadsglada.

Här i Finland finns proportionellt sett inga större hälso- problem, varor finns i massor och folk har pengar. Men ändå går de flesta omkring och ser dystra och slutna ut.

Bygga hälsovårdsskola

Utbytesnätverket med Uganda har fungerat sedan 1996. Ett antal yrkehögskolor, i Karleby främst social- och hälsovårdshälsenheten, gick med. Koordinatör var då Mannerheims barnskyddsförbund.

Nu håller en förening som på svenska heter Utvecklingsarbetet friska Afrika (Terve Afrikka kehitysyhteistyö) på att ta över ansvaret för utbytet inom hälsovårdssektorn.

Vi skapar nu ett nätverk mellan Finland och Uganda för att bygga upp en skola för hälsovårdsutbildning i Uganda, berättar lektor **Timo Anttila**.

Sedan 1996 har 110 unga studerande åkt över till Uganda för att utbytespraktisera. Ungefär en tredjedel av dem har studerat i Karleby.



Lektorerna Timo Anttila, Leila Latvasalo och Merja Seppälä deltog i prepareringskursen för de studerande som i september åker till Uganda på utbytespraktik inom social- och hälsovården.

Ugandas gamla diktator Idi Amin förstörde helt bashälsovården i landet. Den byggs nu sakta upp i landet och vi är med i det jobbet, säger lektor **Leila Latvasalo** från Karleby.

Erkänner AIDS-problem

De som åkt och åker från Karleby som utbytespraktiserare i Uganda jobbar främst på hälsocentraler i Kiyeyi och Mpigi. Ett av de stora hälsoproblemen också i Uganda är AIDS.

Det beror bland annat på sextraditioner i landet. Där hör till att släktens män har sex

med en en kvinna innan hon godkänns som brud för en av männen, noterar Latvasalo.

Men Uganda har erkänt att AIDS är ett stort problem och satsar på kampanjer mot den här sjukdomen.

Hur säkert är det då för studerandena att åka till Uganda? Landet är ju inblandat i inbördeskriget i Kongo.

Vi åker till de lugna områdena nära huvudstaden Kampala, svarar lektorerna från social- och hälsovårdsläroanstalten.

Prepareringskurs

På måndagen fick den grupp som skall utbytespraktisera i

Uganda i höst en järnranon kunskap om jobb, land och kultur på Villa Elba i Karleby. Två prepareringskurser hålls för de studerande innan de åker.

De studerande betalar det mesta av utgifterna i Uganda själva. Yrkehögskolornas anslag för internationell verksamhet täcker utgifterna för flygbiljetten. Det går att få stipendier via u-landsanslag, stipendier som täcker en del av utgifterna i Afrika.

De studerande praktiserar gratis i Uganda. Yrkehögskolorna rekommenderar dem att skaffa sig internationell arbetspraktik.

Vi har fler intresserade än

vi kan sända iväg. Det viktiga är att hitta rätt person. Det är helt annorlunda att praktisera och bo i Uganda än här i Finland, säger Merja Seppälä.



Philip Adama och Doreen A.M. Othoro är vitessnade av hur man i Finland löser sina hälsoproblem.

Finländska modeller intresserar kenyaner

Kenyanerna är intresserade av hur till exempel vår sjukvård fungerar och hur den löser de problem den ställs in för.

Våra problem är i många avseenden helt olika problemen i Kenya, säger professor Doreen A.M. Othoro och vice rektor Philip Adama vid universitetet i Maseno i Kenya.

Men vi kan säkert lära oss mycket av hur finländarna har byggt upp sitt hälsovårdssystem, säger Philip Adama.

I Kenya beror en stor del av ohälsan på klimatet som gör att parasiter och olika smittor frodas, inskjuiter Doreen Othoro som är professor i epidemiologi.

Aids är liksom i de övriga afrikanska länderna ett stort problem. Det finns byar där det finns endast gamla människor och spädbarn kvar. Alla andra har dött i aids.

Samarbete med Karleby

För att hitta modeller vill vi vända oss till andra länder, säger Philip Adama. Han tillägger att finländarna även kan ha en del att säga ut av kontakterna med Afrika. De utbyttestuderenter och lärare som kommer till Kenya får lära sig att snabbt sätta sig in i nya för dem okända problem och att tänka ut lösningsmodeller.

Mellersta Österbottens yr-

keskshögskola har sedan 1996 haft samarbete med östra Uganda, säger lektor Merja Seppälä som är ordförande för ett nätverk som sköter kontakterna mellan utbildningen på olika håll i Finland och i Afrika.

Universitetet i Maseno i västra Kenya blir en ny del av nätverket. Det är utrikesministeriet som finansierar programmet som går under benämningen North-South.

I mars kommer två kenyanska utbyttestuderenter till Karleby. Samtidigt kommer även ett par studenter från Uganda. För närvarande finns fyra ugandier i Karleby och de reser hem då de nya anländer. Studerande från Finland kan å andra sidan fara till Afrika och studera en period.

Maseno universitetet finns i staden i Kisumu som ligger cirka 25 kilometer från Victoriasjön i västra Kenya. Det är ett



Lektor Merja Seppälä är ordförande för nätverket som har som mål att bli till stånd ett brukare Afrika.

av sex statsfinansierade universitet i Kenya.

Inte bara hälsovård

Utbytet handlar inte enbart om sjukvård. Det är många andra saker än det medicinska som inverkar på människans

för ett friskt Afrika

- North-South-programmet är en del av det så kallade Ett friskt Afrika projektet.
- Utrikesministeriet finansierar utbyttestestet mellan finländska högskolor och högskolor i utländer.
- Fem finländska universitet och fyra yrkeshögskolor är med i projektet, sammanlagt 38 sökte.
- I praktiken är det fråga om utbyte av lärare och studerande.
- Mellersta Österbottens yrkeshögskola har varit en föregångare i samarbetet, vintern 1996 etablerades utbildningen kontakter till Uganda.

välbehållanden, säger Philip Adama. Sjukhusdirektör Hannu Pajunpää är inne på samma linje. Han nämner som exempel att den högre livslängden i Finland endast till en del kan förklaras av att den medicinska vetenskapen gått framåt.

Pajunpää säger sig vara serad av samarbetsprojektet ykeshögskolan är med i.

Tom Johanson 06 2200 2200
tom.johanson@ostbotn.se

Terveysalan opiskelijat ja opettajat verkostoyhteistyössä

Vaihto-ohjelma laajenee Keniaan

Marja Viipula
KOKKOLA (KP)

Keski-Pohjanmaan ammattikorkeakoulu laajentaa terveysalan opiskelijoiden ja opettajien sekä asiantuntijoiden vaihto-ohjelmaa Keniaan. Mukana ohjelman toteutuksessa on myös Keski-Pohjanmaan keskussairaala.

Ulkoasiainministeriö rahoittaa North-South -verkostoyhteistyöohjelmaa, jonka tavoitteena on luoda pysyviä suhteita suomalaisten ja kehitysmaiden korkeakoulujen välille. Keski-Pohjanmaan ammattikorkeakoulu on aloittanut jo aikaisemmin yhteistyön Ugandan kanssa Terve Afrikka-projektissa, joka on nyt sisällytetty verkostoyhteistyöohjelmaan.

Nyt yhteistyö laajenee myös Keniaan. Uudesta verkostoyhteistyöstä neuvoteltiin tiistaina Kokkolassa. Masenon yliopiston vararehtori Philip Aduma ja epidemiologian professori Doreen Maloba odottavat yhteistyötä sekä koulutuksessa että käytännön työelämässä. Professori Maloba toivoo, että projektissa luotaisiin toimiva malli kehitysmaan terveydenhuollon perusasioiden toteuttamiselle, kuten terveyskasvatukselle ja sairauksien ennaltaehkäisylle.

Uganda-verkostossa aktiivisesti toiminut lehtori Merja Seppälä, joka toimii yhdeksän ammattikorkeakoulun Terve Afrikka kehitysyhteistyö -yhdis-



Sairaanhoitopiirin johtaja Hannu Pajunpää, Masenon yliopiston vararehtori Philip Aduma, ammattikorkeakoulun lehtori Ilmo Anttila, professori Doreen Maloba ja lehtori Merja Seppälä neuvottelivat yhteistyöohjelmasta Kokkolassa. Kuva: Jukka Lehojärvi

tyksen puheenjohtajana, toteaa, että yhteistyö Kenian kanssa tulee olemaan pääasiassa opiskelija-, opettaja- ja asiantuntijavaihtoa. Akateemisena koordinaattorina toimiva Seppälä kertoo, että ensimmäiset kaksi kenialaista vaihto-opiskelijaa tulevat Suomeen ensi keväänä. Keski-Pohjanmaalle kenialaisopiskelijoita saapuu mahdollisesti ensi syksynä. Keniaan puolestaan tehdään ainakin

yksi valmisteleva vierailu.

Uganda-yhteistyön perusteella Seppälä arvelee, että Keniaan ja Ugandaan menevät suomalaisopiskelijat saavat konkreettista hyötyä oppimalla kohtaamaan vieraita kulttuureja ja toimimaan täysin erilaisessa ympäristössä. Samalla he saavat tietoa trooppisista taudeista. Suomeen saapuvat opiskelijat ja opettajat puolestaan saavat tietoa hyvistä

terveydenhuollon käytännöistä, kuten suomalaisesta neuvolajärjestelmästä.

Ugandassa on käynyt vuodesta 1997 lähtien opiskelemaan ja vapaaehtoistyössä noin 200 ammattikorkeakoulujen vaihto-opiskelijaa ja 20 opettajaa. Samana aikana Terve Afrikka Kehitysyhteistyö ry on kutsunut Suomeen seitsemän ugandalaista opiskelijaa ja saman verran opettajia.

Helinä Mesiäislehto-Soukka on nauttinut työstään Afrikassa terveydenhuollon tärkeys korostuu auttamistyössä

Helinä Mesiäislehto-Soukka on nauttinut työstään Afrikassa terveydenhuollon tärkeys korostuu auttamistyössä

Helinä Mesiäislehto-Soukka on nauttinut työstään Afrikassa terveydenhuollon tärkeys korostuu auttamistyössä



Afrikkalaiset vieraat sekä opiskelijat kokoontuivat keväällä 2019 Ähtärisssä Pihtlajalinnassa henkilökohtaan ja Helinä Mesiäislehto-Soukan kanssa yhteiskuvaan.

Näiden opiskelijoiden organisoijana ja ohjaajana olen voinut olla nämä vuodet oman lehtion työni ohella. Toimin vuosia kansainvälisten asioiden koordinaattorina Seinäjoen ammattikorkeakoulussa ja jäsenenä vapaaehtoisessa Terve Afriikka Kehitysyhteistyö ry:ssä - tuolloin tämä haastava työ sai alkunsa ja vahvistui.

Ovet avoinna vieraille

Helinä Mesiäislehto-Soukka kertoo tullaan Suomessa kymmeniin arvovallisiin yliopistoihin näinä vuosina molemmissa maissa. He ovat vierailleet Seinäjoen ammattikorkeakoulussa ja myös Helinän kotona vieraana.

Ostosreissut Tuuriin ovat vieraileni tuttuja. Se on ollut aina yksi kohokohta. Olen siis voinut olla myös asiantuntijavieraiden opas ja opastajana suomalaisen kulttuuriin liittyvissä asioissa heidän Suomen vierailuillaan. Vastaavasti minut on viety mitä uskomattomimpiin kohteisiin Afrikassa. Rehellisesti sa-

nostuna, tärkeimpiä paikkoja, joita minulle on näytetty, on kylän kalvot.

Tämä työ on ollut uskomaton kokemus näinä vuosina. Työ on tärkeää. En pysty sanoen kertomaan niitä kokemuksia, joita minä olen saanut molemmista maista.

Afrikan kulttuuri on koettava, sitä ei ymmärrä, ellei ole voinut itseä kertoja nähdä, kuulla ja tuntea niiden ihmisten ystävällisyyden ja innon.

Afrikassa lätejä ja vauvoja menehtyy syntyneen yhteydessä muonta kertaa enemmän kuin Suomessa. Sataatuhatta kenialaisläidin syntynyttä kohden kuolee 510 läitää, ugandalaisläidin syntynyttä kohden 343 ja Suomessa vain kolme läitää. Keniassa tuhatta elävänä syntynyttä kohden menehtyy 46. Ugandassa 49 ja Suomessa vain kaksi vauvaa. Luvut ovat vertailukelpoisia toisiinsa ja ovat olleet huonompiakin.

Jos katsoo läit- ja västysyntynneiden kuolleisuuslukuja tai orpolasten määrää, ei voi kuin ihmetellä sitä myönte-

syttä elämää kohtaan. Totta kai katselen asioita suomalaisen silmin, mutta kun on aktiivisesti mukana, näkökulmatkin saavat uusia ulottuuksia. Aito kiinnostus on laannut sen, että whatsapp viestit kulkevat viikoittain Keniaan tai Ugandaa ja mitä tunnetaan noissa yliopistoissa. Oli liienoa saada Suomen "naishallituksesta" viirikuva Keniasta, missä he olivat asiasta kovin ilahuneita.

En kadu ainuttakaan matkaani Afrikkaan. Onneksi olen seikkailunhaluinen ja saanut olla aina torve noilla matkoilla ja matkoilta palattuakin. Kerran olin Ugandassa kaksi viikkoa karensissakin vaarallisen taudin ilmannuttua sairaalassa, jossa olimme opiskelijoiden kanssa.

Työ jatkuu edelleen

Terve Afriikka Kehitysyhteistyö ry perustettiin vuonna 1994 terveys- ja sosiaalialan kansainvälisen osaamisen ja terveyden edistämiseksi Suomessa ja Afrikan maissa. Sosiaali- ja ter-

veystalon lisäksi tavoitteena on edistää myös ravitsemukseen ja kulttuuriin liittyviä toimintoja sekä koulutuksessa että käytännön työssä. Globaalin terveyden opeutuksessa kokemus on ollut välttämätöntä.

Tällä hetkellä yhteistyökumppaneina Ugandassa ovat Clarke University Kampalassa ja Maseno University Keniassa. Kisumun kaupunki ja sen ympäristö on tullut erityisen tutuksi. Orongon leskien ja orpojen koti, jonka mama Florence omistaa ja jota hän johtaa, on sydämiä lähellä. Tällä hetkellä valmistellemme



Helinä ja mama Florence Kenian Orongossa. Raskausmyrkytyksen eli toksemian seurannasta ja hoidosta tehdyn opinnäytetyön luovutustilanteesta 2019.

Toki Seinäjoen ammattikorkeakoulussa kollegat jatkavat virallisesti Terve Afriikka-verkostossa ja organisoivat Erasmus Globalvaihtojaksot edelleen. Aika näyttää.

Tämä korona on ollut niin uskomaton asia. Afrikassa on esiintynyt yllättävän pieniä määriä tartuntoja väkimmääärään nähden Yleensä on totuttu siihen että heillä on vakavia tartuvia tautteja, mutta nyt Eurooppakin osansa saanut. On jännittävää nähdä miten kaikki etenee ja miten päästään taas matkankoon. Helinä toteaa.

Toki Seinäjoen ammattikorkeakoulussa kollegat jatkavat virallisesti Terve Afriikka-verkostossa ja organisoivat Erasmus Globalvaihtojaksot edelleen. Aika näyttää.

Tämä korona on ollut niin uskomaton asia. Afrikassa on esiintynyt yllättävän pieniä määriä tartuntoja väkimmääärään nähden Yleensä on totuttu siihen että heillä on vakavia tartuvia tautteja, mutta nyt Eurooppakin osansa saanut. On jännittävää nähdä miten kaikki etenee ja miten päästään taas matkankoon. Helinä toteaa.

3.7 Photos

1996–2005



1 Assistant Commissioner Mr. J.K. Gaifuba from MoH, Uganda and Principal Tutor Christine Alura from PHNC, Uganda, and Senior Lecturer Leila Latvasalo visiting Central Hospital delivery room in Kokkola, Finland 1997.



3 Uganda network meeting, Catherine Othieno and Riitta Kujala in Seinäjoki, Finland 2000.



2 Network meeting, changing the name of Uganda Network to Health Africa Network, Merja Seppälä and Leila Latvasalo in Kokkola, Finland 1998.



4 Uganda network meeting, Marjatta Sjöberg, Catherine Othieno and Raili Kurki in Seinäjoki, Finland 2000.



5 EAIE Conference at Tampere University, Finland. Marjatta Sjöberg, Catherine Othieno, Leila Latvasalo, Joanina Ococi Jungala from PHNC, Uganda, Merja Seppälä and Francis Henry Okinyal from MoES, Uganda, 2001.



8 HADCO plaque to Kiyeyi Health Center, Uganda 2003.



6 Health Africa project evaluation visit, in front of HADCO minibus Helli Kitinoja, Leila Latvasalo, Pertti Söderlund, Christine Alura, in Kampala, Uganda 2003.



9 Student apartment, Kiyeyi, Uganda 2003.



7 Health Africa project evaluation meeting, Public Health Nurse College, Kampala, Uganda 2003.



10 Room in a student accommodation, Kiyeyi, Uganda 2003.



11 Primary School in Tororo, Uganda 2003.



13 Prof. Aduma, Mrs. Maloba from Maseno University and president Tapio Varmola at Seinäjoki University of Applied Sciences, Finland 2004.



12 Maseno University visiting Finland, Ilmo Anttila, Mrs. Doreen Maloba, Leila Latvasalo, Prof. Philip Aduma and Merja Seppälä, Kokkola, Finland 2004.



14 Health Africa network meeting. Prof. Aduma having presentation, Seinäjoki, Finland 2004.



15 Prof. Aduma and Mrs. Maloba from Maseno University, Helli Kitinoja and Ugandan exchange students Allen Kinomeko and Sakina Kiggundu at Seinäjoki Concert Hall, Finland 2004.



16 Health Africa network meeting in Rovaniemi, Finland 2004.



19 Christine Alura, Joanina Ococi Jungala, Mr. Abala Mundu from MoES, Riitta Kujala, Commissioner Henry F. Okinyal from MoES, Uganda, Assistant Commissioner Mr. J.K. Gaifuba from MoH, Uganda, and Ilmo Anttila at PHNC, Uganda 2005.



17 Mike Band in Kampala, Uganda 2005.



20 Visit to Street Children Center, Kampala, Uganda 2005.



18 Hospital visit in Kampala Uganda, Christine Alura, Head Sister and Ilmo Anttila, 2005.



21 Visit to TASO Aids Center, Kampala, Uganda 2005.



22 View from Namirembe to Kampala City, Uganda 2005.



24 Christine Alura and Florence Tibiwa from PHNC, Uganda as guests in the meeting of the Association of the the Development of Nursing in South Ostrobothnia, Seinäjoki, Finland 2005.



23 Public Health Nurse College from Uganda visiting Finland. Marjatta Sjöberg, Leila Latvasalo, Christine Alura, Florence Tibiwa and Merja Seppälä in Kokkola, Finland 2005.



25 Anitta Juntunen awarded The Florence Nightingale Medal, which is destined for presentation to Red Cross and Red Crescent nurses who have distinguished themselves by their exceptional dedication or exemplary service, Kajaani, Finland 2005.



1 Prof. Niilo Hallman, Mannerheim League for Child Welfare (MLCW) at the 10-year Anniversary Seminar of the Health Africa Network, Larsmo, Finland 2006.



4 HADCO Meeting. Consolata Iyogil from Uganda, Sirpa Nygård, Terttu Huupponen, Aija Ahokas, Helli Kitinoja, Leila Latvasalo, Eija-Riitta Alho, Marjatta Sjöberg and Merja Seppälä, Helsinki, Finland 2006.



2 Prof. Niilo Hallman, Riitta Kujala and Tuula Pitkänen from Mannerheim League for Child Welfare at the Health Africa Network 10-year Anniversary Seminar, Larsmo, Finland 2006.



5 Dr. Vitalis Ouko and Mr. Samson Adoka from Maseno University, Kenya and Erasmus, Natasha and Hellen Kamunuga from Uganda in the Mothers' Day Party in Kokkola, Finland 2007.



3 Participants in the Health Africa Network 10-year Anniversary Seminar, Larsmo, Finland 2006.



6 Visiting a country home near Kisumu with Samson Adoka, Kenya 2007.



7 Kitchen in a country home, Kenya 2007.



10 New dining hall at Kibuuka Primary School. PHN Consolata Iyogil and Principal Tutor Christine Alura, Mpigi, Uganda 2007.



8 Countryside, Kisumu, Kenya 2007.



11 Headmistress Joyce Nansubuga and Headmaster Dominick Otucet in the HADCO network meeting, dining hall of Kibuuka Primary School, Uganda 2007.



9 School yard in the village near Kisumu, Kenya 2007.



12 Principal Tutor Christine Alura and Headmistress Joyce Nansubuga, Kibuuka Primary School, Mpigi, Uganda 2007.



13 NSS Intensive Course I, Ugandan traditional dresses, Kampala, Uganda 2008.



16 NSS Intensive Course I. Study visit to Kampala School for Physically Handicapped, Director Joy Mwesigwa, Uganda 2008.



14 HADCO meeting, Prof. Aduma as a chair of the meeting, Kampala, Uganda 2008.



17 Principal Tutor Christine Alura, Public Health Nurse College bus, Kampala, Uganda 2008.



15 Participants of the NSS Intensive Course I, Kampala, Uganda 2008.



18 Kibuuka Primary School pupils dancing, Mpigi, Uganda 2008.



19 NSS Intensive Course I. Study visit to Kibuuka Primary School, Christine Alura, John Jubilee Abwoli, Rosebella Onyango, Merja Seppälä, Helli Kitinoja, Mpigi, Uganda 2008.



22 Closing ceremony of the NSS Intensive Course I. Helli Kitinoja, Christine Alura, representative from MoH, Uganda, Merja Seppälä, IT Specialist, Kampala, Uganda 2008.



20 School Nurse Consolata Iyogil in front of the school health clinic, Kibuuka Primary School, Mpigi, Uganda 2008.



23 Cultural programme in the NSS Intensive Course I. Catherine Othieno, Christine Alura and Riitta Kujala in Kampala, Uganda 2008.



21 PHN Consolata Iyogil and Merja Seppälä checking instruments in the school health clinic, Kibuuka Primary School, Mpigi, Uganda 2008.



24 NSS Intensive Course I. Hotel room in Namirembe Hotel, Kampala, Uganda 2008.



25 PHN Consolata Iyogil and PHN students in the school health clinic, Kibuuka Primary School, Mpigi, Uganda 2008.



28 Street view, Kampala, Uganda 2008.



26 Murchison Falls, Uganda 2008.



29 Prof. Makawiti and Ilmo Anttila, Maseno University, Kenya 2008.



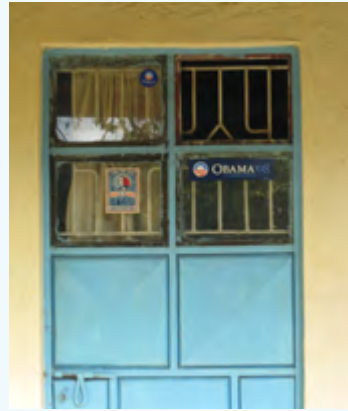
27 Hippos in the Victoria Nile River, Uganda 2008.



30 NSS Intensive Course II, Maseno University, Kenya. Prof. Philip Aduma giving presentation, 2009.



31 NSS Intensive Course II, Maseno University, Kenya. Helli Kitinoja giving presentation, 2009.



34 NSS Intensive Course II. Study visit to the home of President Obama's grandmother, front door of the house, Kogelo Village, Kenya 2009.



32 NSS Intensive Course II, Maseno University, Kenya. Ilmo Anttila as a chair of the seminar, 2009.



35 NSS Intensive Course II. Study visit to the home of President Obama's grandmother, participants dancing, Kogelo Village, Kenya 2009.



33 NSS Intensive Course II, Maseno University, Kenya. Coordinators working in the evening, Merja Seppälä, Mr. Samson Adoka and Helli Kitinoja, 2009.



36 NSS Intensive Course II. Study visit to the home of President Obama's grandmother, grave of President Obama's father, Kogelo Village, Kenya 2009.



37 NSS Intensive Course. Study visit to the home of President Obama's grandmother, Merja Seppälä, Mr. Samson Adoka and Helli Kitinoja, Kogelo Village, Kenya 2009.



38 Closing ceremony of the NSS Intensive Course II. Dr. Vitalis Ouko having performance with Maseno University Band, Kenya 2009.



39 Water hyacinths in the Lake Victoria, Kenya 2009.



1 Maseno University visiting Finland. Helli Kitinoja, Vice Chancellor Frederick Onyango, Merja Seppälä, Professor Dominic Makawiti and Leila Latvasalo in Kokkola, Finland 2010.



4 Study visit to Maseno University Hospital, Kenya 2010.



2 Maseno University visiting Finland. Vice Chancellor Onyango and Professor Makawiti in a meeting with president Tapio Varmola, Päivö Laine, Ritva Leppänen and Helli Kitinoja, Seinäjoki University of Applied Sciences, Finland 2010.



5 Maseno University, student housing area, Kenya 2010.



3 NSS Intensive Course III. Senior Lecturer Olympia Keino Jelagat Okal, Prof. Wilson Odero, Prof. Dominic Makawiti and Helli Kitinoja, Maseno University, Kenya 2010.



6 Home visit nearby Kisumu, Kenya 2010.



7 Lake Victoria, Kenya 2010.



10 Headmistress Joyce Nansubuga showing the certificate for Nutrition Friendly School, Kibuuka Primary School, Uganda 2010.



8 Nursing materials from Finland to JOOTHR Hospital, Head Sister and Helinä Mesiäislehto-Soukka, Kisumu, Kenya 2010.



11 Kibuuka Primary School, Joyce Nansubuga, Irene Ndzazisaale and Ilmo Anttila, Mpigi, Uganda 2010.



9 Maseno – Kisumu Road, Kenya 2010.



12 Kibuuka Memorial Primary School pupils' performance, Uganda 2010.



13 View from Mbuya Hill Kampala, Uganda 2010.



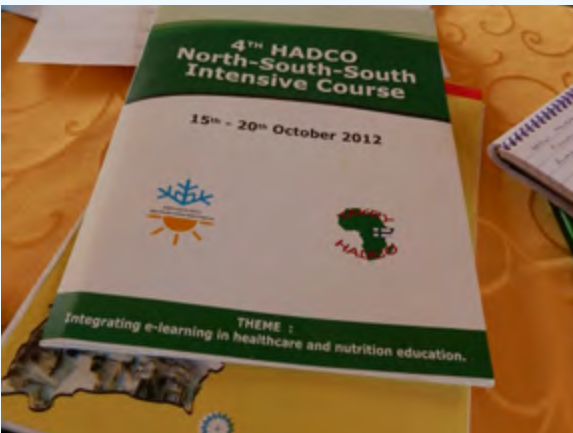
16 NSS Intensive Course IV at IHSU, Uganda. Prof. Rosebella Onyango from Maseno University, Kenya 2012.



14 NSS Intensive Course IV, International Health Sciences University (IHSU). Network meeting in Kampala, Uganda 2012.



17 NSS Intensive Course IV at IHSU. Cultural programme of students, Kampala, Uganda 2012.



15 NSS Intensive Course IV, International Health Sciences University (IHSU). Programme booklet, Kampala, Uganda 2012.



18 NSS Intensive Course IV at IHSU, Kampala, Uganda. Closing ceremony, Christine Alura, Rosebella Onyango, Elizabeth Wafula, Guest of Honour Director Elizabeth K.M. Gabona from Ugandan MoES and Merja Seppälä, 2012.



19 Network meeting and orientation day in Seinäjoki, Finland 2013.



22 Visit to Maseno University, from the left Felix Kioli Senior Lecturer and Dean School of Arts and Social Sciences, Dominic Makawiti Prof, Vice-Chancellor Maseno University (R.I.P.), Merja Seppälä Chairperson of HADCO, Ilmo Anttila International Coordinator, Rosebella Onyango Prof, Dean School of Public Health and Community Development, Sussy Gumo Kurgat Prof, Principal Kisumu Campus, Wilson Odero Prof, Dean School of Medicine, Jasper Otieno PR Officer (R.I.P.), Maseno, Kenya 2013.



20 HADCO network meeting in Seinäjoki. Harry Barry from IHSU, Uganda, Agatha Christine Onyango from Maseno University and Tiina Ojanperä. Finland 2013.



23 Visiting Prof. Ombaka's home, traditional music and dance, Kenya 2013.



21 Visiting Soile Yli-Mäyry Art Gallery. Harry Barry from IHSU, Uganda, Agatha Christine Onyango and Rosebella Onyango from Maseno University, Kenya and Helli Kitinoja. Kuortane, Finland 2013.



24 Nakuru National Park in the evening, Kenya 2013.



25 Nakuru National Park, the lonely buffalo in the heavy rain, Kenya 2013.



28 NSS Intensive Course V, Maseno University. In front students from IHSU, Uganda, Ms. Immaculate Namugenyi, Ms. Liz Alinaitwe, Ms. Barbra Namyalo, Kenya 2014.



26 NSS Intensive Course V at Maseno University, Kenya. Christine Alura from Uganda speaking, 2014.



29 NSS Intensive Course V, Maseno University. Mrs. Olympia Keino Jelagat Okal giving presentation, Kenya 2014.



27 NSS Intensive Course V, Maseno University. Dean Elizabeth Wafula from IHSU, Uganda speaking, Kenya 2014.



30 NSS Intensive Course V, Maseno University. Prof. James Ombaka giving presentation, Kenya 2014.



31 NSS Intensive Course V, Maseno University. Ms. Judith Apio from IHSU giving presentation, Kenya 2014.



34 Visitors Dr. Boaz Owuor and Dr. Harrysone Atieli from Maseno University, Kenya, and Helli Kitinoja, Merja Seppälä and Tiina Ojanperä, Seinäjoki, Finland 2015.



32 NSS Intensive Course V, Maseno University. Study visit by the IHSU bus, Kenya 2014.



35 Dr. Boaz Owuor and Dr. Harrysone Atieli from Maseno University, and Helinä Mesiäislehto-Soukka and Maria Loukola in the Africa Seminar, Seinäjoki, Finland 2015.



33 NSS Intensive Course V, Maseno University. IHSU dancing performance, Kenya 2014.



36 Ugandan partners visiting Finland, Dean Elizabeth Wafula and Academic Registrar Evelyn Ayot from IHSU in Kokkola, Finland 2015.



1. Dean Agnes Agwang from Clarke International University (CIU), Kampala, Uganda 2017.



4 Study visit to rural area, Finnish students and Finnish tutor, Uganda 2017.



2. Erasmus Kamunuga, Kampala, Uganda 2017.



5 Vice Chancellor Rose Clarke Nanyonga from CIU, Uganda, and Finnish students at Centria UAS, Kokkola, Finland 2017.



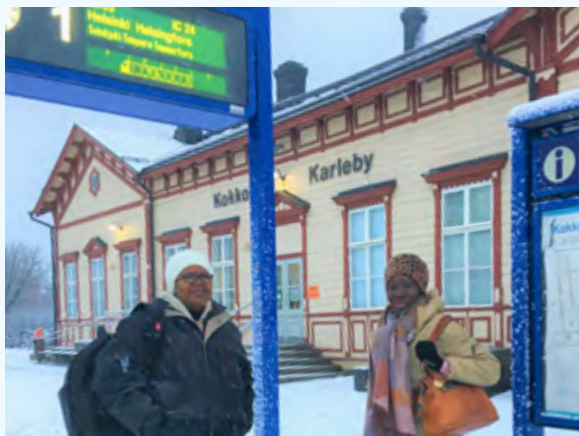
3 Lunch break at the study visit, Uganda 2017.



6 Vice Chancellor Rose Clarke Nanyonga from CIU, Uganda, giving guest lecture, Kokkola, Finland 2017.



7 Vice Chancellor Dr. Rose Clarke Nanyonga from CIU, Uganda, and Dr. Helinä Mesiäislehto-Soukka visiting Lehtimäki Special Folk High School, Finland 2017.



10 Dr. Lilian Ogonda and Dean Pauline Andango from Maseno University, Kenya at Kokkola railway station, Finland 2018.



8 Dean Pauline Andango from Maseno University, Kenya, and Finnish nursing students, Kokkola, Finland 2018.



11 Dr. David Okeyo Omondi, CEO, Kenya Nutritionists and Dieticians Institute (KNDI), Nairobi, Kenya, having meeting with Seinäjoki City Mayor Dr. Jorma Rasinmäki, Seinäjoki, Finland 2019.



9 Dr. Lilian Ogonda from Maseno University, Kenya, giving guest lecture, Kokkola, Finland 2018.



12 Dr. Louisa Ndunyu and Dr. Indra Onunga, Maseno University, Kenya, visiting Finland, Seinäjoki, Finland 2019.



13 Beds for babies in Orphanage in Kisumu, Kenya 2019.



16 Meeting with the staff of Maseno University Public Health School, Helinä Mesiäislehto-Soukka having presentation, Kenya 2019.



14 Oginga Odinga Teaching & Referral Hospital (JOOTHR) Maternity and Baby Unit patient room, Kisumu, Kenya 2019.



17 Finnish student Ada Skytte and a teaching wall, Orongo Village, Kenya 2019.



15 Maseno University, Peer Health Educators graduation, Kenya 2019.



18 Helinä Mesiäislehto-Soukka giving thesis to Orongo Village Leader Mama Florence Gundo, Kenya 2019.



19 Drying peanuts, Orongo Village, Kenya 2019.



22 Masai Mara, lion, Kenya 2019.



20 Masai Mara, gepards, Kenya 2019.



23 Masai Mara, male and female lions, Kenya 2019.



21 Masai Mara, giraffe, Kenya 2019.



24 Masai Mara, elephant with her baby, Kenya 2019.



25 Masai Mara, zebras, Kenya 2019.



28 Clarke International University (CIU), Kampala, Uganda 2019.



26 Road from Masai Mara to Kisumu, Kenya 2019.



29 Clarke International University (CIU), Vice Chancellor Dr. Rose Clarke Nanyonga, Ac. Registrar Evelyn Ayot, Dean John Alege, Dean Agnes Agwang, Kampala, Uganda 2019.



27 Leaving to Uganda, Tiina Ojanperä, Indra Onuonga, Merja Seppälä, Jannet Kisanyi and Helinä Mesäisleshto-Soukka, bus station in Kisumu, Kenya 2019.



30 Hellen Kamunuga and Elizabeth Situma, Mbuya Hill, Kampala, Uganda 2019.



31 Kampala City, Uganda 2019.



34 Beds of Ugandan craftsmanship, Kampala, Uganda 2019.



32 Street view Kampala, Uganda 2019.



35 Caring Hands, production of recycled coin jewelry from old Finnish coins, Kampala, Uganda 2019.



33 Cultural Programme in Ndere Cultural Centre, Kampala, Uganda 2019.



36 Health Africa Network Anniversary Seminar, coffee break, from the left Leila Latvasalo, Kaisa Seppälä, Marjatta Sjöberg, Merja Joutsen-Onnela, Kokkola, Finland 2019.



37 Health Africa Network Anniversary Seminar, coffee break, from the left Helena Leppänen, Helinä Mesiäislehto-Soukka, Helli Kitinoja, Agnes Agwang, Kokkola, Finland 2019.



40 Health Africa Network Anniversary Seminar, handing over certificates, Kokkola, Finland 2019.



38 Health Africa Network Anniversary Seminar, Coffee Break, from the left Sanna Laiho, Maria Loukola, Agnes Agwang, Agatha C. Onyango, Evelyn Ayot, Kokkola, Finland 2019.



41 Health Africa Network Anniversary Seminar. Leaving to Africa, Evelyn Ayot, Rose Clarke Nanyonga, Agatha Christine Onyango, Agnes Agwang, Linda Mogambi, Kokkola, Finland 2019.



39 Health Africa Network Anniversary Seminar, Vice Chancellor Dr. Rose Clarke Nanyonga, Dean Agnes Agwang and Academic Registrar Evelyn Ayot from CIU, Uganda, and Dr. Riitta Kujala from Finland, Kokkola, Finland 2019.

Photo Credits

1996–2005

Merja Seppälä:

1–5, 12, 17–23

Helli Kitinoja:

6–11, 13–16, 24

Anitta Juntunen:

25

2006–2009

Merja Seppälä:

4–28, 30–38

Helli Kitinoja:

1–3, 29, 39

2010–2015

Merja Seppälä:

1, 3, 10–20, 22–34, 36

Helli Kitinoja:

2, 4–7, 9, 21, 35

Helinä Mesiäislehto-Soukka:

8

2016–2019

Merja Seppälä:

1–6, 8–10, 13–17, 19, 26–41

Helli Kitinoja:

11–12

Helinä Mesiäislehto-Soukka:

7, 18

Tiina Ojanperä:

20–25



Terve Afrikka Kehitysyhteistyö ry
Health Africa Development Cooperation Organization NGO

SEINÄJOEN AMMATTIKORKEAKOULUN JULKAISUSARJA – PUBLICATIONS OF SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES

A. TUTKIMUKSIA - RESEARCH REPORTS

B. RAPORTTEJA JA SELVITYKSIÄ - REPORTS

C. OPPIMATERIAALEJA - TEACHING MATERIALS

Seinäjoen ammattikorkeakoulun julkaisusarjojen aiemmin ilmestyneet julkaisut löytyvät SeAMKin verkkosivuilta

<https://www.seamk.fi/yrityksille/julkaisut/>

ja Theseus-verkkokirjastosta **<https://www.theseus.fi>**

Seinäjoen ammattikorkeakoulun kirjasto

Kalevankatu 35, 60100 Seinäjoki

p. 040 830 0410

kirjasto@seamk.fi

ISBN 978-952-7317-71-6 (pdf)

ISSN 1797-5573 (pdf)

ISBN 978-952-7317-76-1 (print)

ISSN 1456-1743 (print)

SeAMK 

SEINÄJOEN AMMATTIKORKEAKOULU
SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES