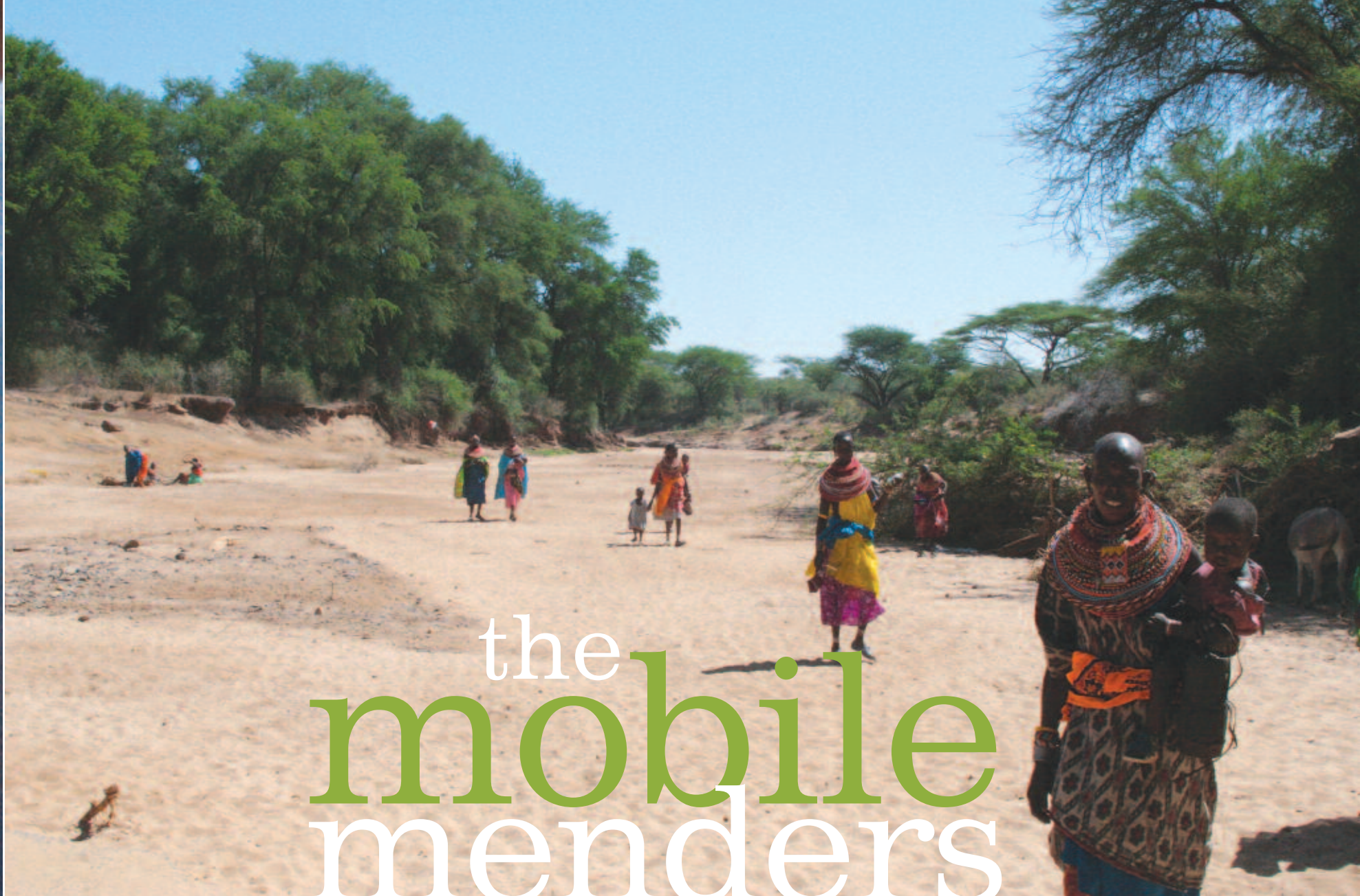




THIS PICTURE: A baby smiles before receiving her injection
OPPOSITE PAGE: Travelling to and from remote areas takes its toll on vehicles; the roads are often virtually impassable



the mobile menders

By KATE JOHNS

“Never underestimate the ability of a small group of committed individuals to change the world. Indeed, they are the only that have.”

– Margaret Mead

the screaming child wrapped in a dirty *shuka* – Maasai cloth – clings to his mother’s back. His hair hangs in dreadlocks daubed in ochre-coloured mud. He wears no clothes except for a red beaded necklace below his belly button, and one shoe. His skin is covered in dirt. Mucus streams from his nose and into his mouth, flies land in the corners of his eyes. His mother is a young Maasai woman with sad, almond-shaped eyes, her breathing is shallow and she’s painfully thin. Reluctantly she hands her child over to a counsellor as a nurse discreetly slides a cold stethoscope under her *shuka*.

The treatment room is on a remote, deteriorated dirt road in the east Laikipia District – the nearest town is a six-hour walk away and water a three-hour walk. There are no comfortable chairs in this treatment room, and the only air-conditioning is the occasional whisper of wind which filters through skeletal acacias. The medical supply-cupboard is the back of a Landrover.

The long-limbed woman accepts the bottle of medicine and packet of pills given to her and listens to the instructions from the nurse. She unfastens a knot on the corner of her *shuka* and hands over a 50-shilling note that’s been folded into a small square. She then reaches for her child who is by now hysterical, giving out ear-splitting screams.

The nurse diagnoses the woman as having upper respiratory tract infection which can be fatal when coupled with HIV/AIDS. This is one of the most common illnesses found amongst the rural communities in Kenya and is mainly the result of traditional ways of life. The landscape is dry and dusty, and fires burn within the cramped confines of airless *manyattas*, or mud huts. ▶



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In remote areas across Kenya there is a real lack of both government and non-governmental healthcare and support. While over 60 percent of all Kenyans reside in rural areas, there is a severe shortage of hospitals, clinics, doctors and nurses. The country is also afflicted by extreme population growth – the rate currently stands at three percent – and is one of the highest in the world. Nearly half of the population is under the age of 14 and the average woman has nearly five children. Just under half of the adult population are unemployed, half live below the poverty line and illiteracy is commonplace with more than half the adult population – estimated to be at nine million people – being illiterate.

Kenya also has one of the highest maternal mortality rates in the world with roughly one-thousand deaths for every 100,000 live births, and to which the illegal practice of female genital mutilation remains a prime contributor. Quite apart from lack of government support and rampant population growth, the rural communities face challenges such as: lack of clean water, chronic drought, problems associated with over-grazing, extreme poverty and the increasing prevalence of HIV/AIDS.

Fortunately, a handful of philanthropists have donated their time, money and hearts towards the establishment of a series of mobile health clinics which are dedicated to the treatment and, more importantly, education of those living in rural communities. And, whether it's a team of camels equipped with life-saving medicine that trudge through the arid lands of Samburu District, or motorbikes which battle difficult roads to reach drought-stricken communities, these clinics are making a real contribution to the strain of a burgeoning health crisis in Kenya.

One such mobile health clinic operates in the Samburu District. Established in July 2005, the Nomadic Communities Trust, or NCT, is unique in that it uses teams of camels as its mode of transport to reach the more remote areas. "Samburu is one of the most remote districts in northern Kenya and, because roads are often impassable, we have found camels extremely effective in reaching communities that would otherwise be neglected," says the Programme Coordinator. "In fact, some of the regions that the nurses have accessed are so remote that the people have never heard of HIV/AIDS."

The population of Samburu District stands at around 164,820 people; the majority of whom live a pastoralist existence. According to NCT, a large number of people suffer from upper respiratory tract infection, a high percentage suffer the effects of malaria, and over seven percent of those tested are found to be HIV positive. And, to make matters worse, there is one hospital bed for every 392 people in the area.

The mobile health programmes are concerned largely with community education - in particular, reproductive health, family planning and safe sex. Given the high illiteracy rate, the most effective campaigns take the form of visual demonstrations; videos are shown on HIV/AIDS and small, private groups discuss the dangers of female genital mutilation, a highly sensitive topic. Group discussions on family planning are commonplace and alternatives to using condoms – still frowned upon by many men in the rural communities – are provided. Women are offered birth control injections which, effective for three months, are not only proving successful but are preferred by the majority of women as they themselves can take responsibility for their own pregnancies.



CLOCKWISE FROM TOP: A Maasai child receives a general check-up; Nurse uses the "open wide!" motto in giving medicine; Jackson, counsellor and driver of the mobile clinic, weighs a little girl for immunisation records

In the interests of long-term sustainability, the mobile health clinics generally require their patients to pay for their medicine; unless their level of poverty precludes this, in which case they are treated regardless. As for sponsorship, the majority of clinics are reliant on overseas support. The Nomadic Communities Trust is predominately funded by the Centres for Disease Control in partnership with the Cooperative Housing Foundation International.

A DAY IN THE LIFE OF A MOBILE HEALTH CLINIC

I witnessed the positive impacts of mobile health clinics by spending a day with the Borana Health Clinic, established by Nicky Dyer of Borana Ranch.

I accompanied Pauline, a trained nurse and her colleague, Jackson a counsellor and driver on their once-a-fortnight visit to a Maasai community in Tassia. The community is situated 40 kilometres from the ranch headquarters down an appalling road. Jackson navigated his way around huge rocks, dipped into *luggas* – dry riverbeds – and swerved fallen trees. We also stopped on the side of the road to treat patients before arriving at our destination. It was a three-hour journey.

Jackson and Pauline chose to stop in the shade of an olive tree where they set about making a makeshift treatment area. Already small groups of women were waiting under trees for the clinic to open. Soon the solitary, desert landscape was transformed into a vibrant and colourful meeting point. Maasai women squeezed together under the shade of a tree; sounds of laughter, babies crying and the quick-tongued Maasai conversation filled the air. The women were bejewelled with numerous beaded discs around their lithe necks, beaded earrings sprouting from their ears and bangles clinging tightly to their stick-insect arms.

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I asked Jackson how these women remembered "clinic day" without calendars or diaries for reference. "A lot of them will count down from fourteen days since last time we were here. And we know a *mzee* [an elder] who is respected in the community and who often sends messages to this community to remind them," says Jackson.

The most important task of the morning was to immunise the babies and children, who could easily have filled a small school. Adolescent girls with shy, downward gazes nursed babies as toddlers clasped to their legs. Older women, their faces lined from the sun, held tiny bundles wrapped in tattered cloths to their breasts.

Within eavesdropping distance were the men; sitting grouped under a tree, gossiping and laughing while keeping a watchful eye on their women: polygamy is still common practice among the Maasai. Jackson reprimanded them and asked that they allow the women privacy during their consultations.

A set of scales was set up to weigh the newborn babies. The immunisations took all morning; over 30 children were injected and received oral

medicine. Once the immunisation process was over, Pauline attended to individual patients. Those who had walked long distances were treated first so to enable them to return home before nightfall.

It was hot and dusty with not a breath of wind to lessen the intensity or unsettle the flies. As the sun shifted, we moved our table and chair with it, into the shade. Pauline and Jackson worked tirelessly into the afternoon as the steady flow of people continued to line up. Throughout the day nobody ate; they simply drank goat's milk or river water out of gourds.

A variety of ailments were treated including eye infections in the children, malaria, more upper respiratory tract infections and worms. Many children suffered from septic scalps, caused by the use of blunt blades during traditional head-shaving.



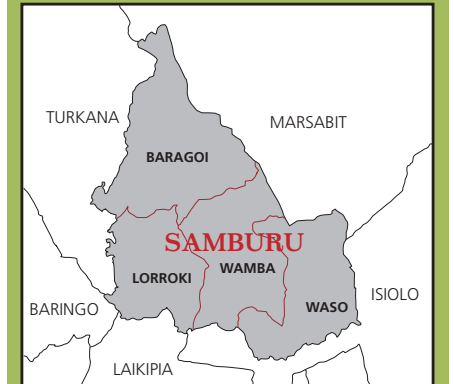
As the sun set behind the acacia and an amber glow haloed the sky, the last patient was treated. In total over one hundred people had been treated – a remarkable result when you consider the facilities available, and that there was only one nurse on site. ☐

THE NOMADIC COMMUNITY TRUST (NCT)

A Kenyan company offering healthcare services to communities in the Samburu District. Most of these communities are pastoralist, either transient or living in remote regions, and often lack access to adequate healthcare resources. Mobile health clinics provide reproductive healthcare, family planning, HIV/AIDS awareness, basic health facilities and immunisation against disease.

DID YOU KNOW?

The Samburu District in northern Kenya stands at 21,000 square-kilometres – roughly the size of Israel.



ON THE ROAD

- The few roads that do exist in the Samburu District are in terrible condition. The terrain is rough and roads are often impassable during the rains – all are dirt and few are maintained.
- Nomadic Communities Trust distributes approximately 30,000 condoms a month in the Samburu region. If the organisation was to source more they could distribute 80,000 a month.
- Borana Ranch's mobile health clinic immunises on average 131 children a month.
- In 2006, the Borana mobile health clinic reached 3,146 people through its HIV/AIDS programme.
- It costs US\$150,000 a year to run the Nomadic Communities Trust efficiently, serving an average of 40,000 clinic visits each year.
- Nomadic Communities Trust has eight bicycles, one car and 15 camels.

USEFUL WEBSITES

www.nomadictrust.com
www.borana.co.ke