

NOMADIC COMMUNITIES TRUST
Supported by the Population and Sustainability Network

CAMEL MOBILE REPRODUCTIVE HEALTH SERVICES TO REMOTE COMMUNITIES IN KENYA



“Maabe!” The camel handler waits patiently as the camel herd react slowly to his command, rising reluctantly, but obediently to their feet. With ponderous movements, the caravan assembles itself. In the background, three weary but enthusiastic individuals bid farewell to their nomadic hosts, and prepare themselves for another long day of travel. The camel mobile medical clinic is on the move.

Under the direction of the Nomadic Communities Trust (NCT) and supported by PSN, the ‘camel mobile clinic’ represents an innovative extension to the work the Trust undertakes in the Samburu province of northern Kenya. Offering education and services in the fields of HIV/AIDS, Abstinence, Reproductive Health and basic curative medicine, the NCT has long recognised the problems of adequate health care provision to the remote and predominantly nomadic Samburu communities. Fixed location medical clinics are of use, only so long as the transient target population remains settled. Vehicle mobile medical clinics are more successful, in effect, at moving the clinic to the community. Their effectiveness, however, is limited by fuel requirements, mechanical reliability, and poor or non-existent road access. In addressing these difficulties, the NCT has sought solutions that are more ‘unorthodox’.

On the 15th of April 2006, four overweight camels, three determined health workers, and two camel handlers shouldered their various loads, and set off across a dusty Samburu plain. The goal: to spend three weeks traversing hills and valleys of the nearby Kirisia mountains, providing HIV counselling and testing (VCT) and Family Planning (FP) services to the remote communities of the Samburu district.

In this first safari, the intention was to focus solely on FP and VCT education and services. All three health workers were qualified VCT counsellors (i.e. trained in the Voluntary Counselling and Testing of HIV), and experienced in the field of Reproductive Health. The camel mobile was fully self-contained, with tents, equipment, and basic rations to last for three weeks. However, in many instances, the renowned generosity of the Samburu people made such a provision redundant, as nomads regularly welcomed the team (and the camels) into their respective ‘manyattas’ (homesteads).

The journey begins on the wide-open Kirimon plains that make up the border between the Samburu and Laikipia districts. Working patiently and methodically, the camel mobile winds its way between the scattered manyattas, offering ‘door to door’ FP and VCT services. Ordinarily home to a population of approx 20000, the team finds numbers in the Kirimon area have swelled markedly, due to the influx of the many ‘refugees’ fleeing nearby tribal clashes. In what proves to be a pleasant surprise, response from the communities is overwhelmingly positive; individuals seeking both FP and VCT information and services ensure counsellors are not left idle. In terms of HIV counselling and testing, VCT counsellors are restricted to seeing a maximum of five people per day. This policy, developed with quality assurance in mind, protects both counsellor and client, in what is invariably a sensitive and emotional consultation.

As the first week of the safari ends, the team must prepare for departure. The VCT counsellors are anxious to move the clinic into the Kirisia ranges, and to the remote and, to this point, unreachable communities that dwell within. Given the proximity of the Kirimon plains to Maralal town (the Samburu district 'capital', population approx. 30000), Maralal-based VCT counsellors will address any outstanding VCT/FP issues, and ensure the ongoing management of those already served progresses accordingly. Similarly, the camel handlers raise concerns regarding the rapidly diminishing camel waistlines. The indigenous flora of the Kirimon area is vastly diminished, due to both population numbers and local grazing practices. Despite the camel mobile timing their journey with the 'long rains' (the Kenyan wet season), vegetation remains scarce. As the numerous stock herds compete with the few remaining zebra for what little grass remains, it seems even the traditionally hardy camels are showing the effects of insufficient fodder.

The clinic maintains a steady pace, moving slowly through the Kirisia foothills and into the lower reaches of the mountains. Communities here are as keen to make use of the clinics services as their lowland contemporaries, and the counsellors operate at full capacity each day. As the team makes its way up and over the mountains into the Operoi valley, they reflect on their progress: over 100 people have utilised FP and/or VCT services in just over one week, a fact that is cause for some satisfaction. Even the camels seem more content, although this may be more to do with the lush foliage of the Operoi Valley, than the work of the clinic thus far.

Operoi Valley has a population of around 5000, and the team spends ten days moving through the area. There is a noticeable demand for FP services, an indication of the effectiveness of the work performed by the NCT vehicle mobile clinic over the preceding six months. Operoi village is a regular stop on the vehicle clinic monthly circuit, and FP is high in the priority of health and educational services on offer.



Seasonal rains had rendered Operoi inaccessible to the vehicle clinic for the previous two months, and existing FP clients are eager to make use of the camel mobile FP services. In response to the large demand, counsellor Pauline promises to return during her own time in mid May, and assist in ongoing provision of FP/VCT services.

Hugging the base of the mountains, and following old game trails and stock routes, the camel mobile turns back south. It is on this route that the most remote manyattas of this safari are to be found, and it is on this route that the team encounter their first 'hostile' response. The manyatta in question is initially resistant to the teams approach, accusing the clinic of 'bringing the disease' to their community. Pauline, our determined and resourceful counsellor, together with her colleague Mikael, approach the men and woman of the community separately; after a lengthy debate of the issues, it seems a compromise has been reached.. Two days later, the team leave the manyatta with laughs, smiles, promises to return...and six people tested for HIV.

The last stop for the camel mobile is the small village of Lodonokwe, sitting several kilometres above the Seiya River. (population approx. 4000). It is here, in renovated premise beside the shaded sand river, that the NCT intends to base both their vehicle and camel mobile clinics. Lodonokwe sees the dissolution of the team: one counsellor, Mikael, who lives in nearby Sirata, is to make his way home by road. Due to community needs, however, he remains an extra day in Lodonokwe, attempting to fulfil the numerous VCT and FP requests. Mikael leaves the following day, with a promise to return early the next month to sate the continued demand for services. Meanwhile, his counsellor colleagues Pauline and Felicita undertake the long but leisurely trek to the current camel base in Laikipia, and to a well-deserved rest.

At the conclusion of the first Samburu camel mobile clinic, over 250 people had received FP and/or VCT services, over a period of 21 days. This number far exceeds initial NCT expectations and gives us great incentive to undertake further expeditions. The factors in this success are likely to be varied: direct encounters with communities at a manyatta/household level seem to generate a degree of trust in the clinic, and an increased willingness to consider the services provided. The fact that clinic personnel come from local communities, with a common understanding of local traditions and language seems to be particularly advantageous. Similarly, the way clinic personnel worked in traditional dress, slept and dined with the communities, and provided information in a respectful and unhurried manner seems to have greatly increased the acceptance of the clinic as a whole. Finally, the team's 'door to door' approach may well have reduced the stigma associated with utilisation of VCT/FP services at a fixed health facility.



Regardless of the reasons, the NCT's first foray into camel mobiles has proven to be a highly effective means of providing FP/VCT services to remote Samburu communities. Community demand and the regard with which the clinic is held, indicate the great potential in this form of service provision. Given the types of service provided, the challenge now is to ensure the camel mobile becomes a regular and reliable part of the Samburu landscape. With this in mind, planning is already underway for several more safaris, trialling additional services and targeting different communities.

It will not be long before "maabe!" echoes across the Samburu plains once more.

Dr Blaikie
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