COMMUNITIES HEALTH AFRICA TRUST (CHAT)
MOTOR MOBILE REPORT

August 2016
Isiolo sub-county Samburu East

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### TRAVEL ITINERARY

<table>
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<th>Date</th>
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| Wednesday 10/08/2016 | • Road from Mpala Ranch Clinic to Neloroi  
                     • Night at Neloroi (camping) |
| Thursday 11/08/2016 | • Clinic services at Neloroi  
                     • Night at Kipsing (camping) |
| Friday 12/08/2016 | • Clinic services at Kipsing  
                     • Night at Kipsing (camping) |
| Saturday 13/08/2016 | • **Morning:** Road from Kipsing to Archer’s Post  
                    • **Afternoon:** Clinic services at Archer’s Post  
                    • Night at Archer’s Post (guest house) |
| Sunday 14/08/2016 | • Clinic services at Lorulco  
                     • Night at Archer’s Post (guest house) |
| Monday 15/08/2016 | • Clinic services at Laresolo  
                     • Night at Archer’s Post (guest house) |
| Tuesday 16/08/2016 | • **Morning:** Clinic services at Laresolo & Archer’s Post  
                    • **Afternoon:** Clinic services at Umoja  
                    • Night at Archer’s Post (guest house) |
| Wednesday 17/08/2016 | • **Morning:** Road from Archer’s Post to Timau  
                       • **Afternoon:** Clinic services at Timau Riverside  
                       • Night at Gundua Health Centre |
| Thursday 18/08/2016 | • **Morning:** Clinic services at Timau Maritati  
                       • **Afternoon:** Clinic services at Timau Riverside  
                       • Road from Timau to Nanyuki (matatu) |

Some of the communities had been visited before by CHAT (e.g., Kipsing, Archer’s Post), while others were new (e.g., Neloroi, Lorulco).
CHAT STAFF

The staff on the motor mobile trip was composed of:

- 1 nurse (*Pauline Nunu*)
- 2 FPCORPs (*Susan Lenantare* & *Jane Nteya*) for Isolo sub-county Samburu East and 1 FPCORP (*Jane Town*) for Timau
- 1 driver (*Peter*)
- 1 non-medical overseas volunteer (*Helene Langet*, a research scientist from France). She was responsible for collecting Case Stories and taking photographs. She assisted CHAT staff in a variety of activities, including filling out field registers, weighing patients and taking their blood pressure, packing and dispensing drugs, etc.
CHALLENGES

CHAT faces traditional as well as new challenges to provide FP services to underserved remote communities.

During this motor mobile, we encountered the following challenges:

- **There are ‘new’ actors in CHAT’s traditional stations**
  - Many new healthcare facilities (dispensaries, hospitals, private clinics) have been opened under the impulsion of MOH;
  - These new actors provide – among others – FP services, e.g., every Saturday in Archer’s Post, a nurse offers FP services at cost 100 /-;
  - However, we did not witness many patients in the dispensaries we visited.

- **The stigma attached to women fertility is still out in some remote Samburu communities**, as observed in CHAT’s new stations
  - Example of Neloroi:
    - all women coming for FP services seemed nervous and asked the contraceptive implant to be inserted/removed discreetly;
    - men from the older generation of elders were suspicious of the clinic activities, (several questions about what was going on in the tent where implants were inserted);
    - however, women in Neloroi were very happy CHAT came. These women are the first ones to get contraception in the area. They will act as role model for their community, emphasizing the importance of CHAT’s presence.

- **Myths attached to FP methods are a continuing challenge**
  - The education level remains low in remote communities;
  - Some women convey myths about FP methods, e.g.,
    - cancer cases induced by contraceptive implants;
    - cases in which implants inserted in the arm moved through the venous system, eventually reaching the heart;
    - these two stories were heard in Archer’s Post.

- **There is a natural reluctance related to implantable medical devices**
  - People are afraid of being inserted an implant in the arm;
  - People may be unpredictable, pretending they are interested in long-term FP while discussing with FPCORPS, while retracting at the time of insertion;
  - Although we had a few ‘happy stories’ the other way round, women pretending they were not interested in any FP methods, that came running to get an implantable contraception.

- **Samburu communities cover a large territory, hence there is great diversity between communities**
  - It is not that easy to mobilize new areas;
o It takes more time for FPCORPS to mobilize areas that are far from their base.

- **Samburu are semi-nomadic communities, hence mobile and possibly difficult to reach**
  o With the drought, many communities had already shifted to more favourable areas for their livestock.
LESSONS LEARNED & BEST PRACTICES

- **Related to FP information and services**
  - Based on a rough statistical analysis, most of women and men seeking FP information and services are between the ages of 22 and 36;
  - Role-model within the community
    - We observed that some women receiving FP services often brought their daughters and daughters-in-law for FP services;
    - Similarly, we got free mobilization support from women who knew about FP and benefited from FP services in the past.

- **Related to mobile strategy and the role of FPCORPS**
  - ‘Mobile’ strategy (e.g., manyatta-to-manyatta) yielded much better results than ‘static’ strategy (e.g., clinic set up for the whole morning / afternoon / day);
  - Without FPCORPS and their mobilization work, providing FP services in the Samburu communities would not be possible;
  - Importance of being informed on market days, since on these days manyattas will be empty, while most of the women will go to the market place (on these days, CHAT sets up the motor mobile clinic on the market);

- **Related to education**
  - Importance of educating both men and women on FP, with focus on ecological awareness;
  - In particular, getting men’s adherence / involvement in FP is crucial to the success of the program
CASE STORIES FROM THE FIELD

Neloro

Doris\(^1\) is a 30 year old Samburu woman. Married at 16 years old as the first wife of a man from the younger generation of elders, she now has seven children. Even with her best efforts, most of them suffer from nutritional deficiencies because of the prolonged drought. Her husband does not support her with the children, yet he does not want her to stop giving birth, since having more children increases the status of the man in the Samburu culture and provides support with livestock management. Doris met CHAT FPCORP Susan who informed her about the short and long-term contraceptive methods available at CHAT.

Early that morning, while CHAT’s motor mobile had set up the clinic in Neloro, Doris showed up, carrying her last born – a 9 month-old baby – on her back and accompanied by a neighbour from the same manyatta. CHAT nurse Pauline welcomed Doris and discussed the contraceptive method that would be best for her. Doris, however, had already made her decision and chosen the 3-year implant. After 7 children, she is tired of getting pregnant and of struggling to feed more mouths. She asked the implant to be inserted quickly and discreetly, so that the Samburu elders hanging around the clinic did not take alarm. This highlights that the stigma attached to women’s fertility desires when different from the male fertility ideals is still out in this remote Samburu community. Doris was not aware of FP before meeting Susan and there are no close-by facilities providing reproductive health and FP services in the area. Hence, she was extremely happy with the services provided at CHAT’s motor mobile clinic.

\(^1\) Name was changed to protect privacy
Archer’s Post

Paula\(^2\) is the 23 year old single mother of one child. She came to CHAT’s motor mobile at Archer’s Post to get a 5-year implant, briefly explaining that she cannot support another child without the support of a husband. Getting a chance to talk to her was not successful at first attempt – she left saying she was very busy –, but since her activity made her pass many times in front of the clinic, she sometimes stopped to chat a bit. She explained she earned a living by brewing liquor that she sold in the market. Her revenue was variable: some days were good, others were not. When asked, she said it was not the first time she used contraceptive methods, but their cost was sometimes prohibitive. She chose the 5-year implant so that she can spare little money without being worried about getting pregnant in the coming years. She added that she was very happy to get FP services for free.

Flora\(^3\) is a joyful 21 year old Samburu woman and the second wife of a man from the older generation of elders. Despite her young age, she is already the mother of five children. Flora was mobilized by CHAT FPCORP Jane, while at the market in Archer’s Post with some friends. Jane first discussed with Flora the link between family size and economic resources, then informed her about the short and long-term contraceptive methods available at CHAT. She explained her that she could get the method of her choice for free at the motor mobile clinic that day. Flora had never heard about FP before, but having built a large family in just a few years, she was easily convinced that she needed to space her pregnancies. She arrived at the clinic with other Samburu women, who were also interested in FP services. After discussion with Nurse Pauline, Flora chose the 3-year implant, although she felt a bit nervous about the insertion of a piece of plastic in her arm. The support of other women from her community and the reassuring presence of Pauline were determinant in calming her anxiety, eventually making the insertion a success and Flora left the motor mobile clinic with a large smile. With the contraceptive implant, she will have time to recover from her last pregnancy and focus on caring for her 7 month-old baby.

\(^2\) Name was changed to protect privacy
\(^3\) Name was changed to protect privacy
Lorulco

Joyce is a 36 year-old Samburu woman. The first wife of her husband, she gave him seven children. FPCORPs Susan and Jane met her while doing door-to-door mobilization in Lorulco manyattas. Joyce then walked 2km from her manyatta to the place where CHAT’s motor mobile had set up the clinic. There she met Nurse Pauline who gave her further information about short-term and long-term contraceptive methods available at CHAT. Joyce shortly made her decision, for her it would be the 3-year implant. After getting the implant in her left arm, she asked Pauline for contraceptive pills for her four daughters and daughters-in-law, all of them between 14 and 16 years old. She explained she got her first-born when she was about 14 and she wanted to give her daughters and daughters-in-law a chance to have a better life than the one she had, with more space pregnancies and less children to take care of.

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4 Name was changed to protect privacy
Umoja

Judy⁵ is a pretty 20 year old woman and the single mother of one child. FPCORPs Susan and Jane met her while doing door-to-door mobilization in Umoja, an all-female matriarch village located close to Archer’s Post, that is known to be a sanctuary for homeless survivors of violence against women and young girls running from forced marriages. It was not the first time Judy used contraceptive methods, although she had never gone for long-term solutions so far. After discussing her options with Nurse Pauline, Judy eventually decided she would get a 3-year implant. Unlike most of the women to who CHAT provides FP services, Judy was neither reluctant nor afraid at the idea of getting an implant inserted in her arm. As she explained to Nurse Pauline, this is because, when she was in class 6, she was attacked and pulled into water by a crocodile while fetching water in the local stream (Ewaso Ng’iro river). She owed her life to a Samburu Moran warrior who killed the crocodile with his knife and rescued her. She was lucky enough to survive, but the large scars on her right arm and on her right leg are a permanent reminder of this unfortunate encounter, as she showed to CHAT staff. Judy further explained that she got a permanent metallic implant in her right arm whose bone had been grounded by the crocodile, hence getting a contraceptive implant was not such a big deal. She added she could not go ahead with school after her accident, although she would have wished to. Despite this terrible story, Judy impressed CHAT staff by her resilience: she kept on being very joyful and trusting life. She told Pauline she wished to have three children and run her own business.

⁵ Name was changed to protect privacy