

CHAT VOLUNTEERS' STORIES AND JOURNALS

Dr. Oliver Kemp - Britain

May 2017

Dear Future Volunteers,

MY JOURNAL WHILE VOLUNTEERING WITH CHAT MOTOR MOBILE OUTREACH IN SAMBURU COUNTY IN KENYA

5 weeks after the start of my time with Communities Health Africa Trust (CHAT). I find myself sat in the beautiful surroundings of the charity's base an hour outside of Nanyuki, faced with the formidable challenge of compiling all my experiences and emotions into a semi lucid dialogue. To save you the everyday details of my month here I will describe just 3 moments from my time with CHAT and try to use them to explain why this has been one of the best and certainly the most unique experiences of my life.

The first time I understood the extent of need in the undeserved communities that CHAT visits was early into my first 14-day project. I was volunteering with one of the mobile Land Rover clinics in a team of 4, during these 2 weeks we would visit 7 different communities dotted over a great distance within Samburu County. We had reached a very remote and dry area called Ol Donyo Nasipa and there was a palpable sense of satisfaction within the community as we started unloading the Land Rover to begin the day's work. It seemed that before we even had the tables set the whole team was surrounded with people; mothers holding babies ready to be weighed and immunized, elderly gentlemen demanding they be seen for the clinic and rogue children running around aimlessly, excited by the commotion. We worked to the full extent of the daylight, all hands busy throughout without any mention of lunch. Susan our community health worker (FPCORPS) was mobilizing and educating the mothers in the benefits of Family Planning, Peter our driver, weighing the children with a comedic scale device that wouldn't look out of place in a British fish market and Ann our team leader and Nurse immunizing children small and large. It was with Ann that the most obvious need for CHAT was found. A kind-hearted woman and truly unflappable nurse, Ann spent the entirety of the day literally encircled by mothers who were waiting impatiently for their child's turn. This added the soundtrack to the scene with a chorus of betrayed children screaming their disapproval at the countless needles Ann was working her way through. I was surprised to find that some as old as 4 years had yet to receive any vaccinations, a grave risk to their young lives. Meanwhile Susan, using Samburu's local dialect delivered an important message about the benefits of contraception and family planning to mothers of all ages, this for some, who had delivered up to 8 children, was their first time of hearing. Meanwhile we ran free HIV testing and a clinic equipped with an impressive range of medication. For many, these services are normally 2 days walk or an unaffordable motorbike ride away, conditions I can imagine you would not welcome when sick. This of course is only the journey there, next is the question of where they can stay if not an inpatient and how will they afford the small costs of interventions and consultation as well as who will look after any children or cattle which they care for in their absence. Barriers such as these are toppled with the hard work of CHAT and as I sat on a bumpy ride back to our camp I felt I had a good appreciation of just how vital this charity is.

The next moment from my time with CHAT arose when I was put in charge of the HIV testing in one of the communities. The procedure for each test was very simple but nonetheless as I am fresh out of finishing med school I was excited to be able to take complete control of a service. For each test, you must prick the patient's fingertip with a disposable lancet and try to withdraw enough blood for the test to give a result. On the first day in the community I had mixed success, the problem being that a lot of the patients were too anemic and at times too dehydrated to give the amount of blood needed from pin prick. This bothered me as one or two patients simply walked away after the test didn't work and I was concerned that there may have been a missed diagnosis amongst them. The next day I was resolved to retest the

failures, this time taking sufficient blood with a needle from their veins. This was far less popular with patients but it got the job done. Many who had failed the previous day returned to be tested and this time it worked. It was near the end of the day, when we were close to packing up the clinic, that I spotted in the distance one of the gentlemen who was too anemic the day before. I convinced him to give it one more go and his test returned as positive for HIV, our only positive result during the entire 14-day trip. Peter a doctor from a local town who was assisting us that day did an incredible job of counselling this gentleman. He had been suffering from a variety of complaints and in the end, was relieved that there may be a cause for them other than old age. Peter arranged to see him in his clinic the following week and the man seemed comfortable with this. Diagnosing HIV is especially important in these communities as many of the men practice polygamy. Whilst I was upset that this gentleman was HIV positive I felt very satisfied in the work I had done that day and even more relieved that I caught the man again by chance. The point I am trying to make from this story is that volunteering with CHAT just by the virtue of the quantity of important work being done throws up frequent opportunities to achieve something very rewarding. This I found was far scarcer during my 6 years of medical school.

The final memory I'd like to share is a slightly unfortunate one. After a long drive to our next community we found ourselves putting up our tents in the dark. Once the tent was up I went inside to unpack my bag. Whilst fishing around in my washbag I found a stowaway who wasn't best pleased to be disrupted by my clumsy fingers. I can tell you it's true what they say about Scorpion stings, they are pretty painful, but the reaction from all the team to the sting was exactly what I had come to expect from everyone I have met and worked with at CHAT. Within minutes I was queued up with a shot of hydrocortisone, a couple painkillers and most importantly a cup of chai tea. Everyone who works for CHAT and Kenyans in general are some of the most hardworking, lovely and accommodating people I have had the pleasure to meet. This is the case from the workers in the field to those in the office. Whether that be Peter the driver inviting me to his family home to stay for several days, Susan the FPCORPS making me a bracelet out of beads as memento of our trip or Shanni the head of the charity hosting me at her home and helping me with the countless logistics I burdened her with. In a country with many hardships it's inspiring to see such wonderful human beings work so hard to alleviate them.

This brings me to the end of my musings, I hope I have gone some way to convincing you of what an inspiring and vital charity CHAT is. I will never forget my time here and hope to someday come back to work again. Simply put CHAT is an amazing charity created by Kenyans, surviving on the hard work of Kenyans which serves a vital need in Kenya, and what an excellent example of a charity that makes it.

Dr. Oliver Kemp

GILLY STUBBS – from Australia

Dear Future Volunteer,

REF - My Experience of Helping CHAT's Camel Mobile Clinic

I have just returned from spending 32 nights out with the camel mobile. Our adventure took us over 250 km, up and around the Karissia Mountain range in Samburu County. We worked our way through 10 remote communities, passing many others along the way. All together there was 9 of us on the trip, with 9 camels. 5 camel handlers, 2 CBHW 1 nurse and myself the one "mzungu".

The camel handlers were made up of the two wazei's (old men) Mshoro and Kolesek and three Worani's (young warriors) Simon, Leparis and Abdi. Mshoro was the leader of the pack. The father figure always keeping a watchful eye over each and everyone of the camels and us. You will find Mshoro often bursting into song and dance. Kolesek is a man of few words and a big heart. Making sure everything and everyone is kept in place; he often has everybody roaring with laughter at his campfire stories. Leparis or "cookie" as he is often called, not only because of his sweet nature but also because he is the camp cook. Abdi is in charge of the camels, making sure they don't wonder off too far while browsing. Often you hear him singing and whistling to them, communicating in a way only they and him understand, barely ever raising his voice, they follow his instruction with little restraint. Simon is the entertainer of the pack a natural extrovert he keeps everyone's spirits light with his ridiculous dancing and light hearted jesting. The three boys work hard collecting water and firewood, watching the camels, preparing meals and washing dishes. Always working hard with big smiles and open laughter. Humble and modest are words that come to mind. The handlers are all from the same area Ewaso, and of the N'Dorobo tribe in Laikipia County.

The two Community Own Resource Persons (CORPS), who also were part of the team, were Lakipia from West Laikipia, and Mike from Central Samburu; Mike, a middle-aged Samburu man, is very passionate and practical about helping his community and the future of Kenya. He is a wise man who is careful with his words. He believes in the good and importance of what he is doing, and this is very visible in the work that he does. Full of words of wisdom Mike is eager to share tales of his culture and learn about yours. Lakipi is a Turkana lady, and one of the strongest women I have met with the most beautiful morals. Again as with Mike she is very passionate about the work she does and truly believes in it. The mother figure of the trip she is full of nurture.

Last but not least we had the pleasure of being accompanied by Nurse Dorkus. Dorkus is the definition of hard work without a moment of complaint. From dusk to dawn she worked her hardest helping as many people as she could. Again she is visibly passionate about the work she does, and genuinely is there to help these people in remote communities. The Ministry of Health (MOH) employs Dorkus.

If you are fortunate enough to embark on an adventure with any of the people mentioned above, you could be reassured that you will be looked after and embraced as one of their family. With my hand on my heart I can say the world would be a better place with more people like them in it. I formed an honest, genuine respect and friendship with them all.

The camels, all too have their very own unique characters, which you slowly get to learn through the trip. There is Lasoda, the alpha camel, and group bully. Ciggara the friendliest of the bunch, often approaching you for a sniff or a scratch. Polar opposite is Turkana, the naughty kid of the bunch. Inevitably up to mischief, always the last to bed, and the one to resist whatever asked of it. I could list them all, but I will leave the rest for you to discover.

The journey itself is one that is diverse as the scenery you pass through. Forever changing, each destination had its own uniqueness. Whether the giant cactus plants at Soit Ngiro, the sheer starkness of Kirapash. The bold beauty of Maurankai or the fairy tale likeness up in the mountain.

If you are inspired by tradition and culture, this trip gives you an insight into the Samburu way of life, like no other. I was fortunate to grow up in Kenya, but have never experienced and witnessed the Samburu so intimately and accurately before. I encountered many people young and old who had never seen a 'white' person before. By the end of the trip I was quite used to occasional toddlers screaming in fear at the sight of me. The joke being they mistook me for a ghost. Women and men alike are adorned with beads. You get to learn the distinct features of different group dynamics, within families and communities alike. I was fortunate enough to spend the day at a traditional wedding, witnessed the warriors dance, harvesting of wild honey, the digging for water in dried rivers, I have heard the individuals songs used to call the goats and sheep to watering holes. I join the females singing for their men, and witnessed a traditional dance off between the young and old women. Sat and had tea with the elders. There is also the darker side of tradition you are made aware of, such as female and male circumcisions and the use of young girls sexually. Constantly you will be reminded of a stark difference and similarities between worlds. You will be exposed to customs and ways of life you will find it hard to comprehend, and at the same time reminded of a simpler gentler way of life that is lost in the western world. You will be humbled beyond belief. Despite the hardship and suffering you will encounter these are some of the happiest people I have ever met. My understanding of wellbeing has been challenged. I never once met someone who felt sorry for themselves or there position in life. Life is what you make of it, moment from moment.

Your time is divided into two typical kinds of days. The first being a travelling day. This involves waking up early; depending on the distant needed to travel between 4 am – 6am. We would pack up camp, drink countless cups of sweet milky tea and then walk to our next destination. We never walked more than 5 hours a day. The walks are never boring; sometimes we had to cut our way through the bush so the camels could pass. More often than not the walk is accompanied by the traditional singing of the camel handlers and the casual banter between friends. Mike and Lakipi (the two fluent English speakers) are always willing to share tales about their tribes' history and culture. After a walk, the afternoons are pretty relaxing, you wonder around to the local community letting them know we are here, and the services we are providing. When we are talking about little communities, they are normally made up of a cluster of manyatta's (traditional homesteads) that are spread out over several kilometers. The second kind of day is a clinic day. We set up the clinic under the shadiest tree, and the nurse does her magic. The camel herders take this time to do practical chores like collecting firewood or water. Water can sometimes be up to an hour walk away, and require them to dig a hole a dry river. Meals are basic. As with the people we are visiting, they are not a luxury but a means of survival. You will not go hungry, however, you will also learn not to be fussy. Staple diet consists of either ugali or githeri. Either are accompanied by vegetables or meat acquired along the way. There is always a supply of hot sweet tea. I divided my time between helping out with the clinic, and also the camp work, I would recommend you do the same.

I had the most incredible trip. I would recommend it to everyone and anyone. Personally I adored the freedom and simplicity I found out there. It is definitively not a place to take pride or prejudice. There is nowhere to hide in the wilderness, and so be prepared to meet your truer selves.

Good luck

Gilly

MADELEINE DOLLEMAN

Miscellaneous Ramblings & Mobile Clinic Adventures 2: Camel Clinics

Now that I've been back from my month long trek through the wilderness with 8 camels for a while, it's high time I sit down and write about my experiences. There is too much to write down in one story but I will try to paint a picture of what I went through on this camel safari.

Some of you might have thought of me as a crazy Kenyan bush-woman before but really, if you compare me to most of my family, (my brother is pretty much a cross between Crocodile Dundee and MacGyver) I'm a bit of a city slicker. My lack of bush skills was exemplified about 10 minutes into the trip when I mistook a chicken's slaughter sight for a ostrich nest.... Soooooo when I left on the 10th of October to head out into the wilderness to trek around Kenya for a month with camels I was a tad bit nervous.

Now that I've come back I can safely say that I am a lot more bush-wise than before. I acquired several things during my trip. First of all, a farmer-Joe tan that would make Ol' MacDonald proud. Secondly a scent which I've proudly named "*Eau de Gamia*" (Gamia= camel) which is a fragrant musky mix of camel, sweat, camel sweat and a month long lack of proper shower. And thirdly I returned with more beaded tribal jewellery than generally considered responsible. I also speak some camel now "TOO!" means lie down and "TUK!" means walk- never mind that they never actually listened to me.

We left Mpala Ranch (base camp) on the 10th and then headed in a North-Eastern direction to the border of Baringo district, then peaked at a place called Lonyiek from where we walked back down to Mpala Ranch via various stunning farms. We walked a total of about 250km, set up clinics in 13 different places, saw to 640 patient's needs and did HIV counseling and testing for over 900 patients. Considering we were in relatively remote areas this is quite a large amount, but with a hardworking team we made it possible.

I made great friends on the trip. We were with a total of 9 people. One doctor who loved country music and high-jacked my Ipod on various occasions to listen to Kenny Rogers, 4 HIV counselors, 3 camel handlers and myself. The joke of the trip was how I was going to marry Alex the camel handler and be his 4th wife. It was really funny as at one point he said that he wanted to come to Holland with his 2 donkeys so that he could start a business bringing water to people from the waterholes. He was shattered when I told him that people in Holland had taps, but hopefully replied: "so then we'll only bring it to the people in really remote areas of Holland"!

Kenya has had a really bad draught this year so we saw a lot of poverty and hunger along the way. It hadn't rained in over a year in some places and people were desperately waiting for the El-Nino rains which had been predicted. I kept joking that they would start when the camel clinic started and low- and- behold- the first night it positively poured down with rain. I had to build a dam to divert water away from my tent (I found the 'ostrich nest' as I was looking for rocks for my dam). Lucky for us it didn't rain that hard the entire trip.

One night was pretty intense. We were camping by a river in a place called Maundumeri. Lokipi (VCT counselor) and I had been in the village the whole day doing family planning and HIV testing and got back just before the rains started. We had been warned that the river overflows with heavy rains. We, being too stubborn to move camp, figured it would never come to that. As the sun set, the rain started coming down and the river was filling up fast. I was just tightening

my tent pegs to keep out the rain when we hear a gunshot...a single shot... Boogie (camel handler) runs into camp saying that all the women and children from a nearby manyatta (Samburu homestead) had fled to the village because they were afraid that their cattle was going to be raided and there would be a battle. All the men were setting up ambush in the bushes ready to fight. So here I am hiding in my pitch-black tent (I was told to turn off my torch for safety) during the first El-Nino rains and tribal warfare thinking "uh ooh.....". A couple of hours later when I think everything has calmed down I get called out of my tent by Ebongon (HIV counselor). I hustle outside with my torch and raincoat to find a man with a huge head-injury and his ear hanging halfway down his neck. The man had been attacked in the village because of all the chaos of people fleeing there. I quickly got to work cleaning and covering the wound. We were close to a hospital so I didn't stitch him up. It would have made for a much better story if I had done kamikaze emergency surgery during the first El-Nino floods with no lights during tribal warfare ... but we didn't have the proper equipment. And that was the 4th night of the trip.

We didn't have too many crazy emergency situations like that. One other man came into camp after having been beaten by bandits so we stitched him up, but for the rest it was mostly non-acute situations. We luckily didn't go through too much bandit country, and when we did we had a military escort so we all came back safe and sound.

A more typical dairy entry would go somewhat like this:

I just woke up, it's still dark but I can hear the first birds. It's icy cold in my tent and I'm happy for my thick camel mattress and sleeping bag despite their stench. I reluctantly squirm out of my tent to find Alex and Lodeya busy reviving our campfire. All the camels are still there - phew- there were lion around last night apparently they had taken eaten a cow close to this place just last week. I decide I should really have a wash- it's been 3 days since my last shower at the waterhole where all the donkeys were drinking and the Samburu women were doing their laundry... I head to the river before the sun rises and come back feeling fresh as the sun rises and just in time for some hot tea. The tea the team drinks is so sweet its ridiculous- but it does give you some energy. After tea I pack up my things and take down my tent as the camels are being saddled up. We all help to load up the camels- 2 for drugs, 2 for bags and 1 for tents, 1 for food, 1 for water, and 1 for tables and chairs. The camels are on strike today- they definitely don't feel like walking and are determined to make it as difficult as possible for us to pack them. They truly are the most bizarre creatures with their humps and prickly mouths that look like a pufferfish's skin. After a lot of "TOOOOOO!!!!" we finally are ready to head to our next station. Its now 8 o'clock so we should arrive either before the hottest time of the day or before the rain starts. It has been amazing watching the landscape change with the first rains, the grass is coming up in thin bright green squirts all over the place and there's a feeling of relief everywhere. After 4 hours we arrive at our next camp and start to unload the camels. Everyone is feeling tired and hungry. Luckily we picked up firewood along the way so we can make a fire for tea straight away. We're camping in a manyatta today called Lorora. The community is very happy to have us here and all the women with their traditional tribal attire flock in to see the camels and the mzungu (white person). We explain to them that we're here to do HIV testing, family planning and have medicines for those who are sick. In the evening after having set up camp and having eaten we start our "moonlight VCT". This means we go into the huts in the evenings for counseling and testing. We hope to find both husband and wife for couple counseling and testing. During the day the men are herding their cattle so aren't at home. This is my favourite part of the clinic, because you really get to see how people live and what everyday challenges people face . We see to a woman today who is really happy that we have come. Her husband is not there

but she wants to know her HIV status and desperately wants the 3yr contraceptive implant. She has 6 children already and no means to take care of them. The husband works in town and comes home after he spends his entire salary on locally brewed alcohol. He's penniless, drunk and often beats her. She has no money to buy her children clothes or send them to school. She lives in a tiny mud and cow dung house next to her husband's second wife's house who has 4 children- same situation. We help the woman and tell her to bring her youngest child to the clinic tomorrow. The child has a high fever and really bad cough. After testing several more people we head back to camp and I gratefully snuggle into my smelly tent and fall into a deep deep sleep.

I've experience much more than I can write down right now but hopefully this gives an impression of what I have been up to lately. A month is a long time to be in the field for. It was hard at times, it was frustrating at times but all in all it was a fantastic once-in-a-lifetime experience. I've met great people, seen amazing things, and have really gotten to see what it means to live in rural Kenya. I'm super lucky to have been given this opportunity and will treasure it always. Once again thank you for supporting this cause. It's really a one-of-a-kind organisation!

With kind regards,

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With kind regards,

Madeleine

SAM – from Australia

FIELD TRIP. MOTOR MOBILE CLINIC.

Journal by Sam Day – 27 yrs old. Australian.

Prior to leaving for the field, hasty preparations are made in Nanyuki for leaving. I finish shopping in the local supermarket at Nanyuki which resembles any western shopping centre in all but a few facets. I am assisted by a staff member, Merci, with great hospitality. Every staff member with CHAT shows me great hospitality, smiles and all. I leave with a volume of food and stock that I have a feeling is ill thought out for the duration of the trip. The trip is a relatively diminutive time of seven days. Most volunteers, I understand, work for several months. At the conclusion of the trip I will realise that this is a vast amount of time in the field doing this kind of work if you are not medically trained. The theory or relativity becomes blatantly clear to me during this trip. This statement is not intended to detract from the good work performed by this organisation but simply describing the lack of work that can actually be achieved without assisting the nurse in her duties.

The food mission is successful and the logistics of my getting to Jomo Kenyatta Airport to depart the country are discussed and planned with Sienna, yet another helpful staff member with the company. She talks of a desire to make the company bigger and to help out immensely. It is later in the trip, more so after meeting my travel companions, that I realise the company had modest but well intentioned direction right from the start and thus far has been cradled with safe hands. From my observations, these workers preserve the inherent task of CHAT. I spend another night in the cottage on Shanni's property and the next morning, depart for the trip.

14/02/13 - Thursday

I am picked up early in the morning from Shanni's property after she too has also departed for the other version of the travelling clinic. Shanni began this organisation in it's humble beginnings and still runs the show. She and others already present on site will travel with stock and equipment carried and transported by camels. These workers will walk with the camels to the designated sites. The method of my transport is not as 'African' as this romantic and adventurous notion. I am picked up in a yellow Land Rover 4wd that idles adequately and reassuringly. I meet Peter first, the driver for our entourage. I am told by Shanni that he is a lovely man by nature and my initial meeting does not betray this suggestion. He is a Kenyan local and wears a yellow polo shirt tucked into green business trousers. Interesting attire but fashion is certainly not a priority to most people I meet. Peter is well acquainted with his own laughter. Secondly I meet Anne, another Kenyan local and she too is a lovely lady with exuberant enthusiasm for working alongside volunteers like myself and many more previously. I will come to realise later in the trip that Anne and Peter are two puzzle pieces in this unfinished jigsaw of a nation. The nursing skills Anne has are a product of the ever improving education system in Kenya and she is now applying them in the best way possible. She is contributing to the rural community of the country. Yet another tiny but vital stepping stone for the much needed improvement of the country. I don't mean to sound condescending or patronising when I say that, but coming from the comfort of a developed nation, I see the flaws this country has. Peter also plays a large part in bringing these services to the community. He drives and maintains the vehicle and is involved in the administration side of the clinic on site.

We drive for a couple of hours over rocky and hostile terrain that will become very familiar over the seven days. Peter seems to take us where there is no road, through farm paddocks and across arid plains. Peter and Anne teach me basic Kiswahili words as we travel. We close in on our targeted spot. We start to see 'Manyatas'. These are huts that are constructed in the same fashion by most tribes by applying dry clay soil cladding to an aggregate system of sticks and branches that are held together by any means available. Peter sounds the vehicle horn repeatedly and in a purposefully intrusive manner. This is to alert the locals of their arrival. The mobile clinic fits in a condensed format in the rear fibreglass cab of the Land Rover and after parking under a shady tree, we begin to set this up. There are several tables and chairs that we erect and more importantly an abundance of medicines, drugs and other medicinal utensils that are kept in cardboard boxes and plywood shelves. We place these on the tables and play the waiting game. This is a game that I confidently say I have mastered by the end of the week. We are situated at Sukoroi station which is a few hours outside of Nanyuki. There is only one tribe that lives here. The Samburu people. Whilst driving through the village, A Samburu woman waves and calls out to us and Anne laughs, telling me that all Samburu women talk and communicate in one tone. We sit in the shade like idle cattle and the first patient arrives.

Leiyani Lesuda – 21yr old female.

This is the first patient I am exposed to and an appropriate example of the beginnings of young families in most parts of the country. Leiyani is 21 years old but has a nimble and fragile figure and so looks to be 15 years old. She has a three month old baby and I look at her wondering of the mentality that accompanies her juvenile age and whether it is yet prepared for the crucial job of parenting. This age of becoming a parent is not only a normality in Kenya but it is expected. Leiyani talks in Kiswahili and Anne translates for me. Leiyani complains of chest pains, painful eyes and pains when passing urine. This has been present for five days. Anne can not ascertain the origin of the problem as this may be attributed to the husband or the other wife. Leiyani is the second wife to the aforementioned husband who is 35 to 40 years old. All three individuals live in the same manyata. The problem Leiyani is suffering from could be derived from any one of these three individuals engaged in the marriage. She gets pains after intercourse. Anne tells me it is not uncommon for a man to have up to five wives and sometimes up to eight. Anne gives Leiyani a message to pass on to the husband and other wife that they should go to the nearest hospital so they can all get checked. This is easier said than done as transport in this village is primarily reliant on walking. The nearest hospital is approximately 30 klms away. Because of this distance, there is much hesitation to go there. A matatu or minibus taxi operates in the village but only on market day which is once a week on a Wednesday and the cost of this is quite often too high for most locals. Whilst Leiyani is being treated she chews on gum which seems a stark beacon of western traits in the midst of this rural Kenyan location. In contrast to this, she breast feeds openly and unperturbed by my presence. Anne gives her a shot for the pain and Leiyani tends to her baby. I ask when girls get married in this village. Anne tells me usually at twelve or thirteen years of age.

The Samburu people have pierced ears and decorate their ear lobes with colourful earrings or sorts. This stretches the skin on the ear lobe and some older members have withdrawn the decorations and are left with elongated lobes. There is no significance to these piercings but a simple decoration in the same fashion as I have tattoos on my skin. The clothes they wear also are of bright colours, blue, purple, and are mostly immaculately clean as if they have been through a washing machine cycle with the finest detergent. I am baffled as to how they stay so

clean in the dusty and windy environment. It is also the culture of the tribe for men and women to keep hair short on the head. Hair will be cut with razor blades or sharp knives.

The actions of the clinic today were mostly concentrated on baby treatments. There was a large gathering of women, each one carrying at least one baby. The women carry the babies on their backs wrapped in cloths around their bodies. There are no prams in Sukoroi. The babies wait unbeknownst to the impending shot that is imminent. The perimeter of their eyes are inundated with incessant African flies so much so, that from a distance it appears as if they have mascara on. This does not bother them. The babies are weighed in a little waist harness that their legs slip through. This harness hangs from a weighing scale that is tied to a low hanging tree branch. This action is humorous to watch and always ends in only one way. Tears at the shock of abandonment as their respective mothers leave them to dangle momentarily and briefly. The weights are recorded in books that have been issued to the mothers by the clinic for no charge. It is imperative that the mothers hold onto these books as it maintains the record of shots and immunisations of the babies as they progress to the tender age of 5, where my understanding is the books are not required anymore. I overhear the name of one baby. America. The babies will be immunised against measles, pneumonia, tuberculosis and hooping cough amongst other illnesses. The administering of the shots by Anne also always ends in one way. More tears. Anne apologises profusely to the babies at the downpour of tears. For the mothers they remain under the sanctuary of the shady tree and talk for most of the day. It is very much a social gathering for them also. Eventually they will leave in different directions, as the day is quenched by dusk, with their babies secured to their backs. The clinic is packed into the Land Rover. We leave.

That night we arrive at John Perret camp after Peter unavoidably drives us over more rocky roads. The Land Rover shows great resilience to this abuse. The last stretch to the camp is a bumpy ascent up a hill to the camp where the thus far anonymous John Perret has many camels fenced and managed by locals. The camp is located at Olmaisor. Assistance is appreciated from the manager of the camp ground, a young local man. Peter addresses him as 'manager' and not by his name. This is in jovial spirit. During our stay there, when we require help, Peter will call out aloud 'Manager!'. Peter and Anne cook Ugali, a common dish in Kenya cooked with minimal effort and cost from maize. Peter places the gas cooker inside the rear cab of the vehicle after all the camping equipment is removed. I have also tried this in South Africa where they call it Pop. I hold flashlights utilising my head and my hands, to provide light in a meagre effort to help. The manager brings us camel meat. It is not cooked tonight but put aside. After dinner, Anne makes sweet tea for us with camel milk. I'm being sincere when I say that camel milk has a foul aftertaste.

15/02/13 – Friday

I rise last in the morning awoken by Peter's laughter which is actually a pleasant alarm. Anne cuts up the camel meat which has been outside all night. In Australia, if raw meat is left out of the refrigerator or freezer overnight, it is usually deemed suspect and thrown out. Anne boils the meat yet still it makes no appearance during breakfast. I drink a cup of Anne's sweet chai tea accompanied by a modest stale cake. I am appreciative for any food. Peter boils water and we mix with cold water for a shower. I take it to a stall where my sense of smell is assaulted uninvitingly by human excrement. This stall has a dual function as a 'shitter' as Australians would say. So far as to say the showering process is quick. This morning Peter and Anne do everything. Their hospitality is grand.

The drive to the location is short and we repeat the routine of setting up the clinic under shade. There is no manyata for Anne to conduct shots in private so we erect a tent for this purpose. Our location is Murara where we contend with Turkana, Kikuyu and Samburu tribespeople. We are assisted again by Rose, the local community worker who is on the organisations payroll and who also assisted us yesterday. I am unaware as to whether Peter and Anne are also paid or are volunteers. I ask Peter who informs me they are paid and follows up the answer with uproarious laughter at the notion of the question. His laughter is infectious and his sense of humour at mediocre statements of mine is a treat. I write and observe today as Anne treats patients. She treats them with genuine concern and sentiment as if they were a family member. She goes beyond the obligatory treatment. There are interesting patients today.

John Mundia – Male. 62 yrs old.

Anne talks hushed and quiet with John who wears a business suit with a weathered baseball cap and is assisted by a walking stick. Anne translates for him although he has a small grasp of English. He has pains in his knees and more than likely has arthritis. He brings X rays taken from the local hospital and Anne looks at these. I believe she can interpret these to some extent. The local hospital is 20klms away for the locals here and transport is more accessible. There are cheap, imported, generic Chinese motorbikes that whisk around the washed out dirt roads all day ridden by mostly young locals. These act as taxis and are called Bodaboda in Kiswahili. It defies vehicular engineering, what is transported on the back of these motor bikes. From timber loads to couches. With no other choice, John has sat on the back of a bodaboda to get to the clinic. I wonder how comfortable this could be for a 62yr old man with arthritis. Anne talks to John closely and hushed for about twenty minutes and I don't know the nature of the conversation. It is later in privacy that Anne tells me she performs counselling for HIV infected patients. John has recently found out he has contracted HIV which means his wife also has it.

Regina Ayanae – Female. 32 yrs old.

Probably the largest aspect of the clinic is what the staff call 'Family Planning'. This is administering contraceptives and birth control so I guess the name is pretty appropriate. There is an ample supply of condoms which are handed out for free to locals who wave our vehicle down occasionally. More so Anne will inject plastic tabs into women. I fail to find out the name for. These are implanted into a woman's upper arm and release a chemical ever slowly to prevent pregnancy. These implants are effective for three years or five years depending on the type. There is also a shot for three months. This is paramount in population control which I have a strong opinion is very necessary for particular families in Kenya who struggle to provide for their children. This will also benefit the country in the long run I think. General rule of thumb: It is harder for a government to provide amenities and services for the country when the population is larger. No brainer, right. Anne calls me in to the tent where she implants the birth control products. She introduces me to Regina who is receiving an implant. Anne shows me Regina's arm. She bends it for me and tells me that when Regina was a young girl she broke the arm and it never got treated. Regina can use the arm in every normal way as it has healed since then obviously, but it's appearance is awkward and twisted. It has not mended correctly in a plaster cast as it should have been. Anne administers the local anaesthetic first in the arm and I cringe as I see the needle lift up the thin veneer of skin. Regina watches unphased. Next Anne inserts the larger hollow shaft for the insertion of the birth control product. This is even more unnerving to watch as the skin offers resistance. I leave. My last vision is of Regina's face as she watches the large needle enter her arm. She is unphased.

David Lopei – Male. 34yrs old.

David has painful ribs. Anne feels them and ascertains that there are no fractures or breaks. His explanation for the pain is that he was hit by a piece of wood. I am confused and enquire further thinking perhaps this was due to a violent altercation. He explains that he slid down a hill and hit a tree branch. His story is dubious. He lifts his shirt and I see he has scars on his body all around his abdomen. They are little vertical scars about 20 to 30 mm in length which are formed in a ring circumferentially on his body. I ask what they are and Anne translates as David speaks. David is from the Turkana tribe. When they are children, about 6 years old, their abdomen swells due to natural reasons I think but the Turkana have their own cultural belief that this is a sickness. To alleviate this swelling on their children, the Turkana people make these cuts on the children so they bleed out. The cuts are then sanitised with roots from a particular plant. This is a traditional healing method for the swelling. By David's account the swelling will disappear on the children. I ask Anne if she believes this. Anne says it works. I wonder of the western explanation for this.

Rebeccas Meirani – Female. 25yrs old.

Rebecca has a swollen face and it looks sore and blemished. She walks with a limp. She has been beaten severely by her husband of 27 yrs of age. Rebecca has given birth to five children in her young age. I think to myself at this point of the mental, not to mention financial inadequacies that these parents have to support five children. The couple have no money and no food. This causes stress and friction between them. Rebecca has done some work for the neighbour and returns for payment but the neighbour has gone to the market and therefore is not present to provide Rebecca with payment. Rebecca has returned home with no money and the stress boils over into physical violence. The husband beats her. The family dynamic is one that is slightly less common now in Kenya thanks to the education provided by these clinics. This primitive yet cultural concept is

that the husband believes the woman should bear many children and stay at home and care for them while he will find work if possible and drink and socialise with other men. Foresight is absent in this plan. The fact that Rebecca has been on birth control for three months is also in direct opposition to the husband's beliefs. Since the fight, he has since left and there is no sign of him.

Whilst Rebecca is at the clinic, the oldest child looks after the other four siblings. I make an educated guess of her age. Maybe no more seven years old.

Thus far not many men turn up for treatment at the clinic. It is primarily women and babies. No locals wear sunglasses at all and there are eye problems in the elderly due to sun damage. I see the eyes of the elderly and they are whitened and faded. Later in the trip, a young infant with sticky fingers from sweets, handles my sunglasses and renders them virtually useless as I can not see out of them. I pack them away in my bag. It is then that I notice how harsh the dust, sun and wind are on the eyes. I wish I could shout out to people how beneficial wearing sunglasses is but I contain my condescending and indulgent opinions. I miss my sunglasses.

Hygiene is secondary in these villages partly due to lack of education but also because of the inaccessibility to water and hygiene products. Most locals in this village have very poor teeth. A method of cleaning teeth is to pull a small branch of about 10mm in diameter from an Ereng tree or Sokotei tree. The locals will spend a considerable amount of time chewing on the end of the

stick to make it soft and fibrous. Once it becomes frayed at the end, they will brush their teeth with it as if were a tooth brush. Traditional ingenuity.

A young man turns up on a bodaboda. He is Alex, 24 yrs old. He is Rose's brother. I talk to him and his English is very good. He is mild mannered and smart. I am inquisitive about the upcoming national election which is only two weeks away and he educates me about the parties and candidates. I discover that the presidential candidate, Uhuru Kenyata, from The National Alliance (TNA) party is likely to become the new president. He is currently faced with charges of corruption during the 2006 election at a high court in Europe. He must face the court very shortly after the polling results are announced. Potentially he could become president and be charged with corruption and lose presidency immediately while foreign watchdog bodies implement an interim government and plan another election. I am astounded by this predicament. Kenyan politics. Alex tells me that university is now compulsory after secondary school and courses will usually be of four years of duration. He is studying Computer technology at a college at Rumurti which is about 20kms away. His family lives in a shipping container which is upper class real estate in this village and they live off very little money. I admire his adversity to these challenges and realisation that his education will take him further in life. Another glimmer of hope that every new generation will improve the country. Finally, tonight we eat the camel meat. I do not get sick.

16/02/13 – Saturday

It has taken long to start the day. We are leaving John Perret camp so we pack up all the sleeping mattresses, blankets and tents. Alex brings a young girl from the village who could not make the clinic yesterday. She was bitten on the shins by a dog and was never treated. Rabies is prevalent in the country so it is minor miracle that she is not dead. I am told rabies can kill in three days. The young girl has had the injuries for three months now with no treatment and the wounds are septic. Anne disinfects them as the girl cries from the pain. She must have been in so much pain for months. Alex escorts her back to her village after we exchange details to become friends on Facebook.

We finally descend from our vantage point on the hill as Peter points to Mount Kenya in the distance. We reach the bottom of the hill and blow the second tyre for the trip. I assist Peter to change it with the second and last spare. We pick up Rose from the container. She rides in the rear cab on a mounted seat, packed in with the rest of the equipment. I ask if she wants to swap seats but she is content. It must be a rough ride for her but she does not complain once. It is better than walking I suppose. We arrive shortly at the nearest town of Thome. To me it appears rundown and dilapidated but this is a standard small town in Kenya. There are no bitumen roads and the shops are mere shacks. We stop at a hotel or Getheri first to have a meal. We order beans and chappati bread. I make the mistake of accepting a glass of milk forgetting it is from a camel. It is foul and my attempts to drink it cease after three strained sips. The food is well received on my behalf. Near us sits a boy. He is very dirty and wears ripped clothing and appears downtrodden and sick. He does not smile. I tell Anne he looks sick. Anne tells me no he is just born that way. It is then that I notice the stretch in his shirt on his back and realise he has a deformity from birth in the form of a hunchback. He has a meal of beans and some water to drink. It is later on talking with Peter that I discover Peter bought the meal and water for him.

We are hounded by a drunk but harmless man about HIV testing. Anne has HIV kits in the clinic but the testing is inaccurate if the patient is under the influence of alcohol. To avoid arguments

and unnecessary and prolonged fighting, Anne tells him that they have no kits. Later we set up the clinic on a block of government land and the man returns. He is Simon. He is very vocal but speaks good English. He talks of flowers and elections. He is suffering from boils so Anne gives him antibiotics to clear them up. He hounds me relentlessly despite my fake attempts to bury my head into my writing pad. Eventually he leaves and shakes my hands. I clean my hands thoroughly with antibacterial soap, having been tormented by boils in the past. I find no overly interesting cases today having become accustomed to the cases of local patients. A young girl has chicken pox. More family planning. A man turns up and he wears a t-shirt with the printed slogan 'Mother of a teenager'. This strikes me as funny. Near us are two timber shacks. I ask Peter what they are and he tells me this is the police station. I am astounded. I talk to a man inside and he comes out sweating and slightly, slovenly dressed by my standards. I ask him questions and he answers happily enough in English. He tells me there is much crime in the town. There are six police officers. They wear uniforms and firearms. Their only transport is walking and one bodaboda (motorbike). It is blue. I look around and there are no signs to indicate that this is a police compound.

Patients arrive with eye problems, fungal infections and of course, more family planning. Anne administers twelve shots in total today for family planning. A local teacher brings us each a coca cola in 300ml glass bottles. It is warm but much appreciated. Every beverage is warm in this part of Kenya. Today I feel lethargic and lazy as is the tempo for the day. I think to myself that because I am white and hold a paper and a pen, the locals think I am a doctor. Surely the realisation is not prolonged.

A 19 yr old girl suffers from a breast infection. Anne inspects the breast and shows me abruptly. The girl is unphased as to me seeing her breast. She is pregnant. Her first. Women walk past carrying 20 litre containers of water which have straps around them that they place around their forehead. They are bent forward to counterbalance the weight. I ask Peter where they obtain the water from. He tells me a river about 2 klms away. This must be a daily routine. Once the water is taken to the locals home then it still has to be boiled before it is safe to drink. I tell Peter and Anne that every house in Australia has a tap with running water that is safe to drink. To my surprise they are unaware of this fact and question my statement. 'Every home?!' Peter asks. I confirm this fact. Things don't come easy in Kenya.

17/02/13 – Sunday

There is a relaxed feel this morning. Last night we drove to Rumuruti and set up camp in the local hospital office which does not adjoin the hospital itself. It was slightly late and Peter and Anne did not feel like cooking dinner so we stopped in at a local cafeteria/restaurant. The best restaurant in town in fact. To me it was unusual. It looked like a compound in the middle of a slum but it had a flashing neon sign. It had large walls and an imposing gate that first had to be opened by the guard before we were let in. The guard held a baseball bat in his hand. On the same rundown street were fenced houses. It occurred to me that I hadn't seen houses since the start of the trip. Later I found out that that slum was the wealthy part of town. While we ate dinner, arrogant politicians turned up to wallow in their own arrogance and eat food. Our travelling troupe has been privy to the campaign trail and it is totally foreign to me. Propaganda is prevalent and speeches are glossed with music and dancing. Cars belonging to a certain party are decorated with candidate posters and have speakers crudely rigged up and secured on roof racks on top, powered by portable generators also mounted on top. This sight always reminds

me of the scene out of 'The Blues Brothers' when they are announcing their concert on a giant megaphone tied with ropes on top of their car.

We pick up a politicians card from the road to inspect. I read the back where it lists the issues the politician will address and reform if elected. The points read Security, Water, Education, Road Network etc. Laughter is my immediate reaction and Anne laughs with me as we are thinking the same thing. It is a load of bullshit and totally laughable. The first and only dot point should read 'self interest'. The collective cost of all of our dinners amounts to approximately eight dollars Australian. Kenya is cheap.

We leave the 'Mad Max' compound and head for our camp. This morning I show Peter and the old watch guard, with a total of two mangled teeth in his mouth, my rubix cube which I acquired and learned how to do in Namibia. They have never seen one before. Unless taught, the cube is impossible to complete. Peter and the guard examine it and turn it, in what I know, is futility. We take the two busted tyres to the local tyre repair shop. The internal tubes of the two tyres will be replaced... with second hand tubes. Their days are numbered. Rumuruti is bigger than Thome and it is a hive of activity. The large population of Kenya becomes evident in these towns. People seem to mill around a lot with little to do. Socialising is a priority and everyone seems to know everyone.

We drive to set up the clinic at Pesi. There is a picture of a lion with Simba written next to it on a passing truck. I learn that Simba means lion. I ask Peter and Anne if they have seen the film 'The Lion King'. They answer no and tell me that they do not have time to watch films. I understand at this stage that watching movies or television shows is simply not an aspect of their lives. This leads to further conversation where I learn that they only have six days off a month, 2 of which are spent driving to and fro their homes. Essentially they only have four days off a month. Both Peter and Anne have families. They only get to see their children for four days a month and then they set off in the field for another month. Peter expressed to me several times that he loves his children very much and all the money earned from his job goes towards their education. Anne also has two children of her own and fosters two orphans. The burden is immense for these two workers. The income is not. I can not fathom how they could be content with this lifestyle but this is the way of life in Kenya for some. The work they do is pivotal for the country and their sacrifice is substantial.

We set up the clinic at a solitary building in Pesi. It is a church and Kindergarten school. The concrete surroundings are cool. Sure enough patients turn up from all directions and walk straight out of the heat swell of the horizon in no apparent hurry. A young girl has a boil on the back of her head that has swelled and become an abscess. It looks extremely painful. I see infants with teary eyes and they scratch their eyes unaware of the further detriment they are causing to themselves. With that said, the parents often are unaware also. A man appears with ulcers on his stomach and so it is painful when he eats. Patients have malaria and receive pills and shots. Malaria can potentially last for one month. To combat the spread of malaria, the national government hand out free nets which can be draped over beds when sleeping. These nets are distributed through district hospitals in each province. It is up to the people to make their own way to the hospital to pick up the nets. This information is proof to me that the government, rife with corruption, designate some of their attention to the nation at least.

Peter Kiritu – Male 39 yrs old.

A man lingers around the inside of the church, bothersome and intrusive to no one. He waits patiently and content. He is a school teacher. I learn he performed a HIV test three months ago when the mobile clinic was last there. The test was negative. He is back again to confirm the results. He shows no signs of nervousness except for his quiet disposition. Anne informs me that before testing is done, the recipients will receive counselling to prepare themselves for the outcome if the results are positive. Anne shows great professionalism when it comes to this job and I have not seen her take any shortcuts in her tasks. While in

Thome, to stay occupied I practised drawing medicine out of ampules into syringes. I was poor at this job and one syringe did not quite make the required 1ml line. Anne picked up on this and disposed of the syringe immediately as this would not suffice for the patient. She studied nursing for three and a half years and her skills are a testament to the standard of education in Kenya which I believe is better than what people may think. Anne demonstrates this professionalism in front of Peter by explaining to him and I the process of the test and that it must be displayed in front of the patient. In Kenya if HIV results are passed onto the patient incorrectly, jail sentences for those testers will be seven years. This is because the repercussions of HIV results can be very serious for patients. Incorrect results can ruin lives. The results are negative. Peter leaves and enters back into the desert abyss.

18/02/13 – Monday

Last night was a tired night. That feeling has transferred over into today.

Yesterday afternoon before reaching the camp, a young woman stops the car in

Rumuruti and asks Anne if she and others can get birth control. This morning, Anne leaves early with another community worker, Esther. They are walking door to door to administer the birth control shots. This is so as to keep the clients discretion intact. Some women do not want the community to know that they have received birth control so Anne respectfully administers the shots out of the public eye. Fourteen women in total. Peter and I run errands. We fill up jerry cans of water from the tanks at the district hospital. We stop at the council chambers where I find three buckets of sand hanging from hooks with 'Fire Extinguisher' written on them. A local politician has asked Peter if they can obtain thousands of Condoms for distribution through the community. We pick up boxes from the hospital. We rendezvous with Anne and Esther and drive to Kambiya Simba and set up the clinic nearby a small river.

We arrive to a quiet reception and this is notably a quiet spot. A group of kids hang around, looking after a herd of cattle. After dealing with some patients, Anne and Esther rest their heads on the table waiting for more arrivals. Peter and I change the two original tyres back onto the rear axle and Peter is ever thankful for the assistance even though I feel like my work with the clinic is minimal. I constantly wish I was more use to them. Peter continues to fetch buckets of water from the river and clean the interior and exterior of the Land Rover. I think to myself it is to no avail as it will just get dirty again in two minutes of driving over the inhospitable dusty roads. Peter also washes his clothes in the river and hangs them up to dry over some acacia trees. It seems to me, every plant and tree in Kenya has angry thorns over them to reflect the nature of the environment. Everything in nature is aggressive out here. Subsequently, though, the acacia trees make for good clothes hangers.

The second stop for the day brings more patients. We drive a short distance to Siron where we stop at a farm house that is rather nice. It is of timber construction with a stone chimney perched in the middle. The environment is nice and shady and cool. This is farming area here. We meet with a family who allow the clinic to set up on their property. An elderly man invites us in where we sit and eat an indulgent meal of rice and peas. It is welcomed with open stomachs. Kenyans seem to eat less frequently but have bigger portions. Their style of eating is to eat till they are full, rest for five minutes and resume eating. They will continue this process until the food is completed. The elderly man speaks good English and he enquires about my home country. We also talk Kenyan politics. It is his belief that the country will be in a good state in about thirty years. With the total eradication of corruption entered into the equation, I mostly agree with his theory. He talks of making the property an elephant reserve to boost tourism in the area. We all walk to a nearby paddock, passing a generous pile of discarded corncobs. There is a timber shed where we set up the clinic inside.

I neglect the clinic for the afternoon as I unwittingly entertain a small army of children. Most of these children have never seen a white man or Muzungu before in their life so I am a great novelty for the day. One little girl giggles at the sight of me and initially runs away when I get near. I play my ukelele and receive an underwhelming reception. I start to pick the kids up and swing them around and they enjoy this immensely. Kenyan men have no hair on their limbs and I have plenty. The kids stare at this hair in amazement and some brush it with their hands to analyze what it is. There are no overly interesting patients today and I feel like there is more to see in this job but today is not the day. My short stay suggests I will not see all there is to see when dealing with patients. The kids are exhausting and I count my blessings I have not been born into this country where the onset of kids are rushed before life can even be appreciated. I worry about contracting a flu or something similar from the children as they scurry away at the command of parents. Anne becomes very sick and exhausted today. It is a big day so we eat at the cafeteria again while watching an English dubbed South American soap opera television show called 'Irrational Heart'.

19/02/13 - Tuesday

This is my last full day here and I feel glad to be leaving. In my opinion if you are not a medical student or have no interest in medicine, then a week is an adequate amount of time for this experience. Obtaining food is constant work but vegetables are in abundance here and we seem to stop at shops all the time and friends of Peter and Anne will give us vegetables to cook for dinner. Meat is not as easily come by. I have lost several kilograms during the week as I weigh myself on the clinic scales. If you are after a weight loss program then this is the trip for you. During the day I will write notes but the help I can offer Anne is limited so I spend much time idle, asking questions here and there. For breakfast this morning we eat 2 minute noodles which Peter and Anne have never tried. I am astounded by this fact and find myself constantly surprised at how many things they miss out on in life due to the constant and vigilant management of the little income they receive. I truly feel like a wealthy man in this country.

We drive to Lorora and set up the clinic dealing with Samburu and Kikuyu people. Anne feels better today but still not 100%. She perseveres and continues on because she has to. Again I feel much admiration for these people in Kenya and wonder how they would feel if placed in my position and situation in Australia. They would feel like they were Kings and Queens, I'm sure. Peter also is sick. I am simply tired. All the young children gather around us again. Most of the kids have ripped and dirty clothes. They have dry snot stains between their nose and upper lip,

a constant reminder of the lack of hygiene in some villages. Some kids can speak excellent English. Another smart decision by the education system to teach English in schools. They begin learning during Kindergarten, so by grade 5, their English is of a very good standard. One little boy, Victor sticks close by me for the day, reading notes from my notebook. I write down words to test him and he can read them all. He leaves my sight for five minutes as I concentrate on writing and I hear a noise above me. He has climbed on a tree branch and sits above me, showing the grace of a monkey. I like Victor and I hope for a bright future for him. My respect is great for people that can climb themselves out of a tough situation to reach some level of success. Victor is still of a tender age but I naively see those qualities in him because of his English skills. His future will be unknown to me.

At the opposite end of the spectrum I meet a young Kikuyu man of 22yrs of age. He already has two children and he is drunk this morning. He seems friendly enough but is bordering on overbearing as he continues to talk to me and swap English - Kiswahili lessons. While he talks I can't help look at his yellow rotted teeth and am repulsed by them. He converses with his friends in an overbearing way and is physical with them. He is a product of this type of parenting, I suppose, and wonder if his kids will be the same or if by some miracle they can escape this perpetuating cycle. He leaves eventually and I am glad. I sense Anne and Rose also are glad. A nice enough, tall gangly man arrives wearing trousers too short for him, and introduces himself as Francisco. He wants a HIV test but is drunk. Anne gives the stock standard treatment of 'We have no kits'. He continues pleasantly on his merry way. Anne has the right approach to dealing with this situation. We leave a couple of boxes of condoms for the young male population of the village.

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My last morning. Peter and Anne tell me I have been of much help and they are sorry to see me go. I feel like I really have not done much. I thank them and tell them I too will miss them. They ask for my e-mail address and I write it down, for whatever purpose that will serve. They have looked after me well and I never felt in danger or nervous at any stage. It was unusual to be the minority in a country. I saw an older white couple who owned a ranch outside of Rumuruti and another young white girl at the cafeteria who seemed to be dating one of the hip young locals there. Apart from those rare sightings, there was no white population I could see. I was in a predicament that was foreign to me but felt safe under the wing of Peter and Anne. Most locals I met were friendly people. I pack up my mattress and blankets and am driven to the nearby taxi rank where I will take a matatu or minibus back to Nanyuki, my place of origin. It is packed to the walls and I sit with my legs bent up on a rail. This is normal for a matatu. Also it does not leave at any predetermined time but rather when ever all the seats, floor space and cracks in the bus are occupied. The trip is dusty and everything is covered in dirt at the conclusion of the trip but I arrive safely back at Nanyuki to be met by Violet, another friendly staff Member of the organisation. The only thing left to do is to write this journal at the office with a keyboard older than I am, and watch the passing campaign trail

Final Thoughts

For anyone reading this with a vivid interest in seeing cultures outside of your own then nothing beats this trip as far as the Kenyan experience goes. I can't honestly comment on anything outside of what I saw but I gather the feeling that Mumbasa is simply a tourist destination and Nairobi... Well its just another big city at the end of the day. Joining a volunteer excursion like

this is moderately expensive, I won't lie to you, but if you have the money available, it is an enriching experience that will stay with you for your whole life I'm sure. Every African cliché you can think of is true. All the stereotypes exist. Everything you've seen on a movie or documentary is true. I think I was expecting to see something that would surprise me but exposure to documentaries prepared me for the trip and it is exactly what I expected. You get to see these tribes in what seems like the middle of nowhere and validate your stay with any help you can offer. I appreciate my existence in Australia and my standard of living more than ever and although guilty of it too, I find it humorous when I hear complaints from people living in a developed nation of trivial little matters. Kenya is an example of adversity of locals who are unaware and unexposed to any other standard of living in this world so they continue on. They have little in the way of hobbies or spare time. I wish the best for the country and its long journey ahead for improvement. Many thanks to the CHAT organisation for accommodating me and allowing me to come along for this whirlwind week long trip. For those of you contemplating to do this, if you are reading this then you are 80% there. Do it for any length of time. If you want to email me then feel free. Address below.

sam.day@dcs.qld.gov.au

Good luck and thanks for persisting with this arduous journal. Cheers.

Sam Day.