Pastoralists: East and Southern Africa region

Christine Fostvedt-Mills (WEDC / Ethiopia), Berhane Gebrekidan (Ministry of Health, Eritrea), Joan Msuya (World Vision International, Tanzania), Suten Mwabulambo (Babati District Council, Tanzania), Agnes Eric Sigareti (WARIDI programme, Tanzania), Daniel Kitasian Sironka (Narok County Government, Kenya)

1. Description of issues/challenges

Environmental/climatic

- Most pastoralists in East Africa inhabit arid climates that are water scarce and prone to frequent droughts and at times severe flash floods. Droughts and flooding have been increasing in severity and frequency in the region over the past few years. The recent El Nino drought in the Horn of Africa, for example, decimated livestock and pastoralists are still struggling to recover. Additionally, pasture lands have been slowly reducing over time. There are several factors for this including:
  - increased population and overgrazing;
  - encroaching desertification;
  - pasture lands (in some cases) taken over by government for large-scale farming projects, e.g. sugarcane fields in Northern Ethiopia.
- All these factors have led to chronic water scarcity, high malnutrition rates and poor hygiene leading to a high disease burden from WASH related diseases.
Lack of prioritisation

- Pastoralists contribute significantly to GDP, milk and meat production in the region. Their populations are significant and widespread geographically in most East African countries. Sanitation and hygiene indicators in pastoralist areas routinely bring down the national average. Despite this, East African governments have failed to develop specific strategies to improve pastoralist access to good sanitation and hygiene. **None of the east African countries have a targeted pastoralist strategy for sanitation and hygiene coverage** with the exception of a UNICEF strategy developed years ago in Djibouti (Ahmedou Bahah, UNICEF Burundi). Development actors also lack specific targeted approaches for pastoralists. UNICEF Ethiopia is trying to address this with the development of microplanning tools for the pastoralist region and a pastoralist strategy (Jane Bevan, UNICEF Ethiopia).

- Additionally, there is a lack of research, evidence and case studies for the sanitation and behaviour change that would inform national and regional strategies.

Cultural barriers

- Cultural institutions, norms and values are very prominent in these communities. As they are often quite isolated and removed from modern society, these cultural norms and traditions may have remained unchanged for centuries. Behaviours around sanitation and hygiene such as open defecation, lack of handwashing or baby WASH, no use of menstrual hygiene products and taboos around discussing these issues may be hard to break.

- Gender norms are also a big challenge. Women bear the brunt of the burden for domestic water use whereas the men are often responsible for water for livestock. Women often lack decision-making power or access to land or resources and therefore latrine construction rests with men despite women’s need for a latrine in the home being more urgent. Men often do not attend meetings related to WASH interventions.

- Triggers that depend on shame and disgust around faeces may also not be as effective given the pastoralists’ proximity to animals and their faeces for most of their lives.

Financial barriers

- WASH interventions with proper follow up, monitoring and evaluation may be more costly in pastoralist areas due to their remote locations and spread out populations.

- Financing WASH hardware is also a challenge for communities who due to chronic food insecurity and water scarcity will often not have access to money for a lot of the year and are also less likely to prioritise sanitation and hygiene.

2. Current solutions (including country/ organisation)

- **School-based interventions – Maasai populations, Tanzania, University of Calgary pilot project.** Most pastoralists do not practice pure pastoralism but a form of transhumanism where for some parts of the year they are settled. In a lot of communities, the women and children are settled, and the men travel to find pasture. Children are thus increasingly sent to school. Schoolchildren and teachers were targeted for hygiene and sanitation awareness raising through a series of workshops, courses, extracurricular activities, science fairs etc. Women were also targeted for hygiene awareness training.

- **Focusing on hygiene and prevention rather than sanitation infrastructure – Unicef intervention Turkana, northern Kenya.** A pragmatic approach to WaSH was to focus on the “low hanging fruit for pastoralist”. Encouraging mobile people to invest in long-term infrastructure is challenging therefore the approach was more centred around promoting good hygiene in the form of handwashing and water treatment through distribution of water purification tablets and training on their use.

- **Conventional CLTS – Karamoja, Uganda , World Vision.** A conventional CLTS approach was used and was successful with pastoralists in Karamoja. Facilitators used conventional tools such as the shit and water and shit and bread exercises which triggered pastoralists in the same way as other communities. Close follow up was done to ensure sustainability. The approach was piloted in small areas with plans for scaling up based on success.

- **Using local customs and institutions – Maasai pastoralists, Narok County, Kenya, Local Government.** Triggering of community leaders was done prior to contact with community at large to ensure their engagement and agreement. Local proverbs and traditions were used to trigger, such as:
  - Maasai proverb about “stranger outside house with white coat” – a proverb about faeces containing tapeworm which kills people.
  - Maasai taboo about defecating near water as when “shit takes your water it will also take your children”.
  - Use of women to trigger men privately, goat-eating gatherings designed to attract men etc.
• **Triggering through animals – Tanzania, World Vision.** The Maasai pastoralists’ close relationship with their animals was used to trigger. Vets informed people about their animals eating human faeces and therefore getting sick and the pastoralists indirectly eating their own shit through eating contaminated meat.

### 3. Emerging questions

- What are the factors for failure and success of sanitation and hygiene campaigns?
- Who are the best agents of change within these communities and how can women be better engaged?
- When are the best times to target interventions taking into consideration seasonal migration, weather patterns etc? Droughts may be more stressful for pastoralists and therefore they are less receptive to messaging, however this is also a time for the highest risk of poor hygiene and contaminated water sources due to displacement.
- How can CLTS and other tools be best adapted to pastoralist context?
- How can post-ODF follow up, monitoring and evaluation be effectively and accurately done.
- Are there specific indicators that should be used for pastoralists? e.g. is it more important to collect data on livestock assets than disposable income?
- Identification of main drivers and barriers to latrine construction.
- Which technologies are appropriate for transient communities, which designs of latrines and practices are acceptable and which aren’t? For example:
  - Arborloo
  - Satopan (portable edition)
- How can scarcity of water be adapted to for sufficient hygiene and sanitation practices?
- More study needed into traditional practices and their efficacy for hygiene, i.e. the use of ash in water and sores or the use of goat intestines to clean hands.

### 4. Recommendations

- Governments and development actors should research into and develop pastoralist-specific strategies and programmes that consider unique contexts.
- Programming should be evidence-based and incremental. Blanket implementation of standard approaches is unlikely to be successful. That also isn’t to say that traditional approaches shouldn’t be attempted. There is a need for more action research on pastoralists projects together with investigation of positive cultural practices, belief systems and communication networks that could be harnessed to achieve desired sanitation and hygiene outcomes.
- More documentation of best practice is needed including the use of model households and villages for learning and reflection.
- Creation of learning and experience sharing platforms across regions and countries.
- There are opportunities for developing cross-border and cross-regional initiatives as often populations are the same (Maasai in Kenya, Tanzania; Afar in Ethiopia and Eritrea etc.) or challenges are similar (drought, cultural barriers etc).
- Integrate sanitation approaches with pastoralist priorities (such as water supply, livestock health and livelihood, nutrition etc) to engage communities successfully.

### 5. Resources and further reading

- [https://www.iied.org/misconceptions-drylands-pastoralism](https://www.iied.org/misconceptions-drylands-pastoralism)