



Understanding nomadic realities

Case studies on sexual and reproductive health and rights in Eastern Africa

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Preface

Since its foundation in 1957, the African Medical and Research Foundation (AMREF) has been dedicated to working with disadvantaged communities: the very poor, marginalized rural and urban populations, internally displaced, refugees, those experiencing chronic insecurity and nomads. Nomadic communities constitute a special category of socially and economically excluded group because of their unique lifestyles and the challenges of designing appropriate health services that meet their needs.

Services for disadvantaged communities that have little opportunity to engage with policy- and decision-makers are prioritised using the *'health systems approach'* to health in development. This approach recognises that a principle barrier to good health among poor communities is the gap between communities and formal health systems. The core of AMREF's business is to close this gap.

Within the Dutch funded Regional Nomadic Youth Reproductive Health Programme, baseline and end line quantitative studies were planned both for informing the project and building capacities in research among AMREF and government counterpart staff. Besides these studies, qualitative studies were undertaken to look into emerging issues that enable AMREF and partners understand better programming among nomadic communities.

The project aimed at addressing the daunting challenge of improving the sexual and reproductive health of nomadic youth aged between 10 and 24. The programme's specific objectives included: delivering sex education both for in- and out-of-school youth; improving access to quality and youth-friendly SRH services; reducing maternal and neonatal mortality; and countering dangerous 'traditional' practices (mainly focusing on female genital cutting). These are areas with relatively little research and documentation and therefore this project broke new ground in systematic documentation of these experiences. Within the AMREF Business Plan, this project has made a big step in the implementation of the AMREF operations research agenda.

The project was designed to have teams based in Kenya, Tanzania and Ethiopia. Each project team worked to achieve country-specific objectives which focused on increasing the knowledge and healthy behaviours of nomadic youth; strengthening health services and health personnel in order to provide SRH services and emergency obstetric care; supporting adolescent sexual and reproductive health rights at community, district and provincial levels.

Thanks to the leadership of Dr John Nduba, Technical Director of Reproductive and Child Health in AMREF and Dr Jacqueline Lampe of AMREF Netherlands that a capacity research

process were put in action. A series of workshops in which the full research cycles was shared; training was done in research proposal writing, implementation and analysis; and two write shops resulting in a special issue of the Exchange Magazine and this book. The AMREF staffs who have worked tirelessly to make this a reality deserve special commendation and now constitute an invaluable resource.

To achieve these aims AMREF linked up with the department of Development Policy and Practice of the Royal Tropical Institute (KIT) in the Netherlands to embark on the pathways of operations research. The unique point was that health providers and other AMREF staff were given the opportunity to improve on their research abilities and their writing and analysis skills.

The findings of the studies were used to inform the MFS2 programme currently in operation and at the same time the process led to a positive spill over effect of influencing similar processes within the work AMREF is doing for other programmes funded by DANIDA and the European Union.

Major outcomes of these studies include a better insight in decision-making patterns among the Maasai, understanding better traditional cultural beliefs and their influence in health in Tanzania and insights into the contribution of religious leaders among the Afar in Ethiopia. Understanding these unique contextual factors will without doubt be of benefit to the women, men and other actors within the arena of sexual reproductive health and rights in the region and Africa at large.

Rumishael Shoo

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
CBHMIS	Community-Based Health Management Information System
CBO	Community-Based Organisation
CBRHAS	Community-Based Reproductive Health Agent
CHMT	Council Health Management Team
CHW	Community Health Worker
CORPS	Community Own Resource Persons
DHS	Demographic Health Survey
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FP	Family Planning
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
KIT	Royal Tropical Institute
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MNH	Maternal and New-born Health
NAP-GE	National Action Plan for Gender Equality
NBS	National Bureau of Statistics (Tanzania)
NCPTE	National Committee on Traditional Practices of Ethiopia
NGO	Non-Governmental Organisation
NIMR	National Institute for Medical Research (Tanzania)
NYRH	Nomadic Youth Reproductive Health
PHASE	Personal Hygiene and Sanitation Education
SNNP	Southern Nations, Nationalities and Peoples, Regional State (Ethiopia)
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TDHS	Tanzania Demographic Health Survey
TTBA	Trained Traditional Birth Attendant
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VEO	Village Executive Officer
WHO	World Health Organisation



