



Nomadic News

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KENYA:
Poor healthcare hits pastoralists hard.

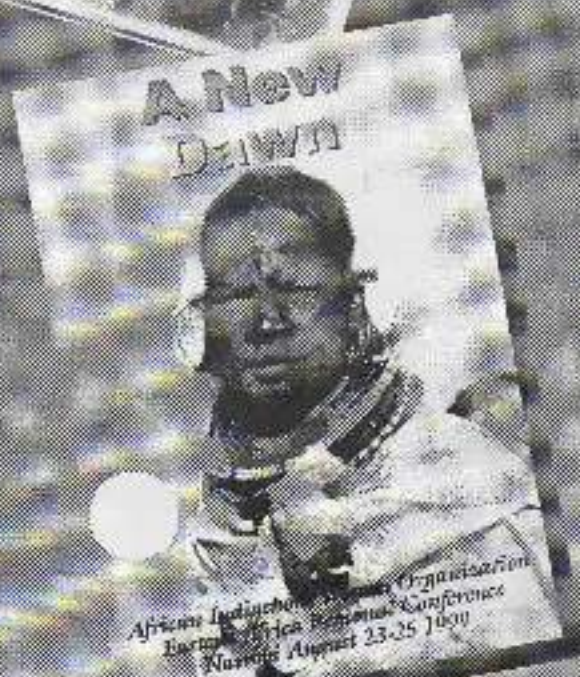
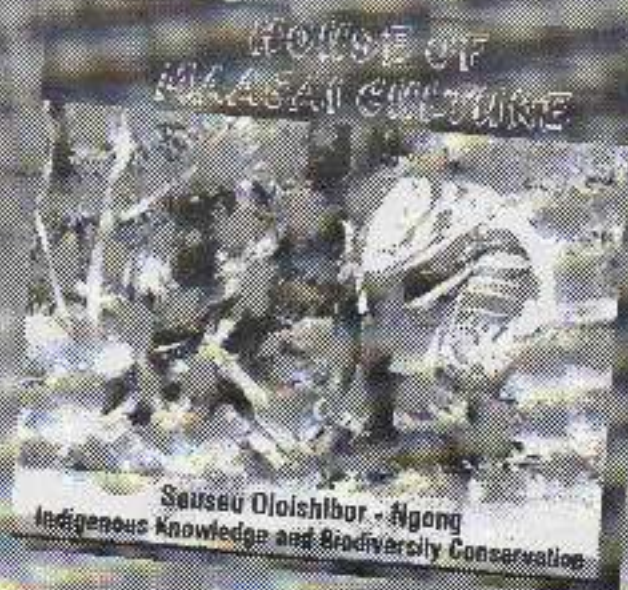
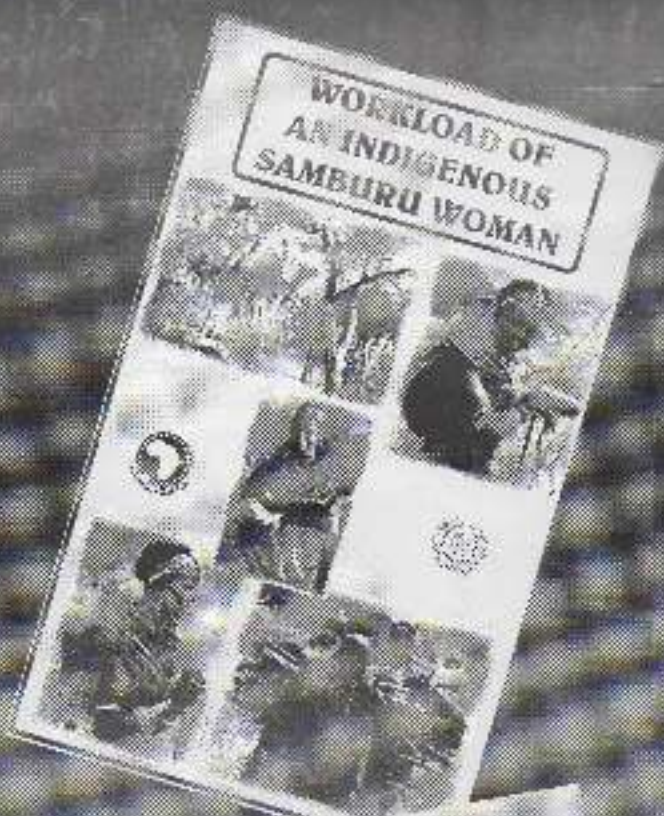
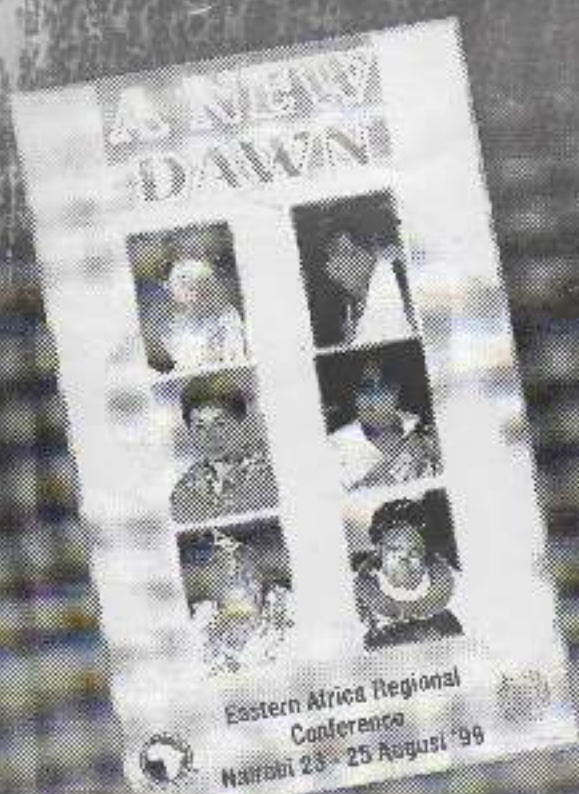
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Caring culture.

The Indigenous World



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Nomadic News

2001 - Vol. 2 No. 2

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*Promote, Protect, Empower and
Build Capacity of Indigenous Peoples*

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A Word from the Editor

Welcome on board our second flight of the *Nomadic News*, after a bumper landing of the premiere issue.

It is our earnest hope that this modest publication – growing out of a felt need to articulate and meaningfully mainstream the plights and aspirations of the lot of the Indigenous Peoples in this country and world over; will remain consistently on course in pursuit of the noble goal. This was the fountain that inspired its birth, a birth that was ably midwifed by a few local visionaries of the Fourth Estate. But the visions of these men and women could suffice, so to speak, in the resonance of an equal magnitude from the lot of the 300 million Indigenous Peoples that dot the globe.

And the needs, fears, strengths, hopes, triumphs and tribulations of these peoples are by no way, meant, nor are they far-fetched. Neither are they cursory. They are real and stark – be they the lot of the wandering, illiterate, sickly, neglected and marginalized nomadic pastoralists of Kenya or the diminishing Batwa Pygmies of the rainforests, the Maoris of New Zealand, the Polar Eskimos, hunter-gatherer Khoisan of the Kalahari, the Tuaregs of the Sahara, the Ogonis of the Sarawaka-fame, the disappearing minorities of the world, or the Aborigines of Australia to name but a few.

It is in taking stock of this topical concerns by the Indigenous Peoples, that we at the Indigenous Information Network (IIN) felt the onus to be highlighting these issues.

In this issue we shall focus on Health. Just like Indigenous Peoples from other continents, the Kenyan Pastoralists, hunters and gatherers and minorities have continued to suffer more than other communities.

As you will find out, the nomadic pastoralists in this country are knit in time and space by a common affliction.

Their poor health status is a function by extension of their state of human underdevelopment, neglect and a manifestation of a failing healthcare system. Living in the so-called marginal areas, they are widely illiterate and ignorant, confining issues of personal hygiene and basic prevention measures to the backstage of their daily array of debilitating priorities.

Their inhospitable countryside and the poor to non-existent communication links serve to hamper healthcare access and delivery.

Notably, pastoral health problems in Kenya are tied to a historically skewed official policy planning and implementation, highly centralized and bureaucratic and badly impeded. By and large, Kenya's pastoralists have remained outside the realm in the centre-periphery conceptualization of the world.

Today, pastoralists continued to succumb to easily preventable diseases, but the dreaded Aids scourge is particularly threatening to decimate them, this despite the Kenya Government's resolve at independence to combat the three enemies of development namely diseases, ignorance and poverty notwithstanding.

The only respite perhaps lies in the enormous potential bequeathed us by the numerous medicinal plants that should be integrated into Africa's healthcare system. The disproportionately higher number of traditional medical practitioners relative to modern medical doctors bears this out.

But more research in this area is needed to examine the efficacy of these antidotes and avail the practice to as many people as possible. It is gratifying that the World Health Organisation (WHO) is taking stock of this. Our only caution is against certain cultural aspects that are antithetical



ema to good health.

It has been a packed calendar on the dawn of the new millennium for the Indigenous Peoples as they take pertinent issues in their lands head seen from our activities and meetings' rack. This presents opportunities for their networking given impetus by the emerging subject of multiculturalism in Africa. Yet globalization should not be let to prey on indigenous cultures and identities.

It is in recognition of this that we uphold efforts by indigenous groups and fast disappearing minorities to preserve what has survived of their material culture.

In this relentless crusade for the course of Kenya's Indigenous Peoples, sample the success stories of hard-nosed women who have carved themselves as beacons of hopes in their communities.

We sincerely thank all those who dedicated their time in writing different articles in this edition.

In making all this and others happen, keep your invaluable comments, contributions and criticisms coming. The tranches we have received and continue getting inspire us a lot in addition to helping us improve our product quality as we surge on. Thank you and *bon readership!*

Lucy Mulenkei
Executive Director
Indigenous Information Network.

Aids Sticks Out As Health Concerns Grow Among Kenyan Pastoralists.

by Noor S. Ahmed, Franklin Saitoti and Joseph Ngunjiri.

Pastoralists are a besieged lot in Kenya, faced with a myriad of problems, ranging from diseases, illiteracy, poor sanitation, lack of essentials like water, insecurity and underdevelopment malaise.

Of these, the most debilitating are rampant health problems in the form of diseases, key among them the dreaded HIV/AIDS scourge, which calls for concerted efforts among all players. To a great majority of the pastoralists, the existence of HIV/AIDS is mere propaganda of rumour-sware, this due to the scanty information available to them.

The vast Northern Kenya pastoral corridor is a fertile ground for this is one of the most affected.

Here, even the most visible litter that is HIV/AIDS campaign posters, slogans and billboards are either inadequate or lacking.

A cursory look indicates it is only the Maendeleo Ya Wanawake Organization (MYWO) that tries to sensitize the womenfolk on the disaster that Aids has now become in Kenya. The umbrella women body conducts its anti-Aids campaign by targeting the practice of female genital mutilation (FGM). Unfortunately, even this crusade only reaches a paltry 10% of the population leaving out the majority in the outlying areas.

This latter category only manages to pick information on HIV/AIDS from third parties.

The lack of awareness among pastoralists in general has rendered them tragic victims of HIV/AIDS. HIV/AIDS is a viral infection caused by a virus belonging to the group of retroviruses. It is a global pandemic affecting the developing countries at an alarming rate. Kenya is estimated to have more than 2 million HIV positive people out of an estimated population of 30 million. The general

prevalence rate is about 12% in the rural centers and 20% to 25% in urban centers. It accounts for about 30% of anti-natal mothers attending MCH clinics while prevalence rate in school going children is estimated at 25%. Patient suffering from HIV related illness occupy 80% bed space of Mbagathi District Hospital and 65% of the bed space in Kenyatta National Hospital as well as 30% of the bed space in the district hospitals.

Impacts

HIV/AIDS affects the most productive age group (19—45 years) and many of the middle classes fall in this bracket. It is now believed to be affecting adolescents/school going children (aged 12 to 20 years in large numbers). Accordingly, the following factors/dimensions should be borne in mind:

- ◆ The cost of medical care for HIV/AIDS patients to the national economy is estimated by economists at approximately 30 billion Kenya Shilling annually or about 1/5 of the gross domestic product and projected to increase by 45% annually. In the same vein it has reduced the annual gross rate by 1.56% and the annual production of crucial agricultural produce such as maize, coffee, tea and sugar by 30%.
- ◆ HIV/AIDS has reduced the average life expectancy of Kenyans from 65 years in 1985 to 35 years currently.
- ◆ HIV/AIDS is a very expensive disease and while the cocktail of the anti viral drugs costs about Kshs. 800,000 per year and is beyond the reach of most people, the poorer sectors of the societies in the lower strata living in conditions of abject poverty among in whom the disease is mostly prevalent end up spending their entire fortune in the process of contacting one traditional healer after another in a desperate search

for cure.

- ◆ Increased prevalence of opportunistic infections that are difficult and expensive to treat, including multi drug resistant P.T.B.
- ◆ The number of Aids orphans, neglected, apathetic, forsaken and stigmatized living in conditions of absolute squalor, is now estimated at about 500,000. This number is estimated to increase by 45% annually, straining the national health budget because of the attendant profound social ramifications Primary Schools may very well be turned into orphanages in the foreseeable future.
- ◆ HIV/AIDS is now considered a threat to the national security. The USA President, Mr. Bill Clinton was recently reported as having said that the United States will allocate more funds for AIDS controlled activities globally than on defense. Indeed, at the current infection rates, HIV/AIDS has the potential for wiping out a section of humanity and disrupting traditional social structures.

The first trials of an Aids vaccine developed by Kenyan and British scientists began in September last year in London, raising hopes for the ultimate development of a vaccine for the dreaded scourge.

Oxford West Member of Parliament, Dr Evan Harris, the first to step out for the initial tests for the experimental vaccine is leading a team of 18 other volunteers.

The vaccine is being developed by the Oxford-Nairobi International Aids Vaccine Initiative (IAVI) partnership, which consists of Oxford University's Human Immunology Unit, University of Nairobi's Department of Medical Microbiology and IAVI, an

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AIDS - PASTORALISTS

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international non-profit organization based in New York, which is funding the project.

Scientists will carefully monitor the volunteers to see results of the vaccinations and if they are successful thousands of further trials are expected to take place in East Africa this year.

The vaccine theory is that it will stimulate the production of killer T-cells fast enough to prevent Aids infection taking hold. Said Dr Harris: "I am taking part in this trial because I believe that finding an effective vaccine is our best hope to control this devastating disease."

A member of the research team, Prof Job Bwayo, said the initial research will target the low risk group before moving to the high risk group, comprising of prostitutes and long distance truck drivers.

The trials are starting in Britain because of accusations that in the past it is only the Africans who have been used for trials in Aids vaccines or drugs.

"There is always this accusation just under the surface that we are using Africans as Guinea pigs," said Prof Andrew McMichael, who heads the British team.

"This time, we are using volunteers here (UK) as guinea pigs," Prof. McMichael believes the vaccine, which is based on stimulating the 'killer T' white blood cells in the body, has more than 50-50 chances of success.

Between 40-60 low risk volunteers will be recruited to participate in the first phase of the HIV/Aids vaccine trials in Kenya.

Dr Omu Anzala, a consultant virologist/immunologist, who is also in the research team stresses that only individuals with the legal capacity to provide informed consent and who understand the pro's and con's of the

research will be enrolled as volunteers. "The participants will be free to withdraw from the study without prejudice at any time," he adds. He says, volunteers will be screened to ensure they are HIV negative.

"We are taking HIV negative people because the vaccine is to be used for prevention and not as a cure for Aids," emphasises Dr Anzala, adding the first phase of the trials will last six months. The second phase, which involves 200-300 people, will take a period of one year to one year and a half, while the third and last phase, involving 3000-5000 people will take between two to three years to complete.

"In the first phase, we shall be testing the safety of the vaccine, to see whether it has any adverse effects, while the second phase will be used to determine whether it elicits the required immune response. In the last phase, we will establish its ability to protect and its effectiveness," he adds.

However, scientists have warned that it could take years to complete the trials, likely to involve more than 10,000 people.

Dr Anzala adds that their greatest challenge lies in allaying the anxiety of Kenyans and getting volunteers for the trials. Towards this end, the project is set to carry out aggressive sensitization of the trials among all stakeholders.

"We are struggling to save the nation, hence the request that people come out in support when the time comes," says Dr Anzala.

The organization is also working closely with the World Bank, UNAids, and other donors to create an Aids Vaccine Purchase Fund that would purchase and distribute safe and effective Aids vaccine in developing countries.

Initial research for the vaccine involved a sample of between 30-35 commercial sex workers drawn from Nairobi's Majengo slums.

The slum-based prostitutes have repeatedly been exposed to the virus that causes Aids but have failed to contract the disease from as way back as 1985.

Initial research findings on these women show that they came into contact with the virus, but their killer T-cells (which are part of the body's immune system) were able to quickly destroy the cells, which had been infected with the virus. Carriers of the T-cells are resistant to HIV/Aids.

Based on these results, in 1993, scientists from the universities of Oxford and Nairobi, sponsored by IAVI began the development of a vaccine, aimed at introducing the production of the killer T-cells in other human beings.

The process of developing the vaccine began with the development of a vaccine constructed in the UK, based on the HIV/Aids sub-type A.

"The reason for choosing this sub-type", explains Dr Anzala, "is because it is the dominant type in Kenya." Sub-type A constitutes 70 per cent of the HIV strain prevalent in the country. Sub-types C, D, and E share the remaining 30 per cent.

The key to the vaccine is the scientists' projection that they can boost the so called Killer T-cells in the body to fight off the HIV virus.

The global scientific community opines the breakthrough will finally culminate into the development of a vaccine to combat the deadly virus but it is still unlikely to be available before the lapse of the next decade.

Recent surveys in parts of Samburu District particularly in Wusso East and Wusso West HIV/Aids is chiefly caused by the otherwise lucrative tourism industry. Particular carriers are known to be local and visiting Kenya Army personnel, Kenya Wildlife Service (KWS) rangers and other uniformed and even civilians who make periodic trips to these rural areas.

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AIDS - PASTORALISTS

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Tourism is big business in these areas of the district. Numerous tourist lodges and facilities have mushroomed. Tour drivers and hotel workers often lure unsuspecting local women into sex - women who often have to eke a living out of prostitution and in the process contract the disease.

Samburu traditional dances being the preferred tourist attraction, many *morans* (warriors) are employed in these hotels. Given the fact that these *morans* are ill-informed about the killer disease, they ultimately pass the virus on to their *Sintarik* (their 'fiancées') at home.

The satellite of army barracks in the area is also to blame for the recent upsurge in HIV/Aids menace. The trend has been that the army men engage local girls with false promises of marriage. With unwanted pregnancies, the poor girls end up in prostitution to make ends meet.

Other common health problems in the area include waterborne diseases such as cholera, malaria, typhoid and amoeba, and dysentery. Malaria is mainly attributed by the presence of Ewaso Nyiro, which acts as a breeding site for mosquitoes.

Military tourism is one emerging dilemma among Kenya's indigenous pastoral peoples. The British Army have lately used and left numerous unexploded ordinances during its military operations. The landmines left after these activities have claimed many human and animal lives. These operations in addition to causing massive environmental degradation take place in prime pastoral lands, prompting inhabitants to move to poorer areas.

Water is yet another big problem of the pastoralists, the lack of it

paralyzing a host of activities critical to the survival of pastoral groups. People and humans are forced to travel long distances in search of water. It is hardly surprising then that in extreme circumstances these communities are compelled to share water with wild animals, running the risks of contracting diseases and being attacked by these animals.

Aids has raised major issues in different societies concerning sexual attitudes and practices. Among the Maasai pastoralists, the situation is as bad. A few years ago Aids was considered a disease that only afflicted the urban elites, prostitutes and foreigners. Some thought it was a myth. Recent statistics however indicate that in Kajiado District 45,000 people or 12 per cent of the district's population are HIV positive.

As the Maasai face up to the realities of the Aids scourge some cultural practices still in existence puts them at high risk. Chief among these is *moranism*. The *morans* engaged married, unmarried and widowed women in casual sex not to mention the tender age at which they engage in unprotected sex with young girls as they gather to sing in *Manyattas*.

Polygamy, wife-sharing and fertility rituals done annually to bless women to have children help increase the rate of HIV transmission among the

Maasai. During these fertility rituals women especially those who are barren would have sex with any man in their desperation to have children. Circumcision and other surgeries like ear piercing where one tool of operation is used among many people without sterilization also increases HIV transmission.

Also precipitating the spread of AIDS in Maasai land is poverty. This has led to many women engaging in commercial sex to make ends meet. Poverty is aggravated by the current drought that is threatening their livelihood as cows are dying en masse. Many women have thus moved to commercial centers for the trade. Pastoralism and nomadism are also to blame because as infected men move with their animals in search for water and pasture they engage in sex and therefore spread the virus.

A high percentage of the Maasai are illiterate and this limits their understanding of the facts about AIDS and the extend of damage its causing to society. Their ignorance about safe sex and condom use is beyond comprehension and their reluctance to behavioural change and especially to some outmoded cultural practices in a fast changing world is worrying.

Due to budgetary constraints and the absence of facilities in most of Maasai land, many do without some vital medical information and worst still don't seek medical attention, which may also help fuel the spread of AIDS.

Unless the current trends of sexuality and some cultural practices especially those which help spread the scourge are addressed as a matter of urgency, the spread of HIV/Aids will continue unabated, threatening generations to come.

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Women washing in the river: It is also the main source of drinking water for both human and animals.

AIDS - KAJIADO

12/21/2000 KENYA NATIONAL AIDS CONTROL PROGRAMME
AIDS CASES BY DISTRICT OF REPORTING SITE

	1994	1995	1996	1997	1998	1999	2000	TOTALS	TOTAL %
ISIOLO	776	180	1160	0	105				
MARSABIT	120	2	9	14	9	7	0	181	0.1
GARISSA	143	84	51	23	31	24	0	356	0.3
MANDERA	0	0	2	0	5	32	16	55	0
WAJIR	25	0	0	9	20	9	0	63	0
KAJIADO	275	16	42	0	17	0	0	350	0.3
NAROK	72	0	0	0	19	149	85	325	0.3
SAMBURU	277	44	57	98	137	103	91	907	0.8
TURKANA	190	58	79	0	0	49	0	376	0.3
WEST POKOT	89	15	65	0	16	0	0	195	0.2
RIFT VALLEY PROVINCE TOTALS	3520	1811	1584	1379	1255	1096	581	14226	14.7

Kajiado Aids Survey identifies Risk Factors and Groups

By Josephine Sanayo Lesiamon

There is no doubt from the current alarming reports of people infected with HIV/Aids and of those dying from the scourge that the disease is real and it is spreading like bush fire. When Aids was first discovered it was regarded in most parts as a disease of the urban or just of specific groups. While people were still buried in this misconception, the disease was quietly creeping across the population and it is now that we are getting the discouraging results of the phenomenon.

It also took too long before prompt aggressive measures were undertaken to curb the problem. It is still evident that even after almost 17 years down the line of the identification of the first case in Kenya, a lot of good strategic plans made are still in paper and planning phase, slow in implementation, let alone monitoring and evaluation of the situation. This dilemma was not exceptional with the community of Kajiado District Kenya of whom the dominant group is the pastoralists Maasai. Aids in this community is commonly associated followed with death and this makes it difficult to talk about it openly. Serious interventions to address sexually transmitted infections and HIV/Aids in Kajiado were started in 1995 with the support of the Belgian

Government and later, coupled with the World Bank to supplement the Ministry of Health efforts. Although the Belgian support was given for only 5 years, it made tremendous achievements, and if only things had gone on in the same pace for another similar period, I am convinced, Kajiado would have come out to tell a success story in bringing down the incidence in the District and it would have acted as a role model to be emulated in other areas. The project attempted to penetrate to the grass root by working through Divisional Aids Committees and even Local Aids Committees. This was in a way to assure sustainability by local people participating in advocating about this problem. Initially the project undertook a number of baseline surveys for some groups that were observed, as could be high-risk groups to the spread of STIs and HIV/Aids, for example the primary and secondary school pupils, livestock traders, food handlers and commercial sex workers. Studies were also done of the antenatal care mothers who are thought to give a representation of the general population. All of these studies were done in urban and rural areas of the district. The results of these studies would also enable the project plan for the appropriate intervention for each group. Briefly some of the outcome of these studies were as following:

For food handlers (people working and serving in drinking and eating public premises), the purpose of the survey was to assess the importance of this group population as a possible focus in the spread of STI and probably HIV/Aids. The survey showed that the food handlers are at a higher risk for HIV/Aids infection than the general population. Female food handlers are more susceptible to HIV infection with a prevalence rate of up to 30% in the group 25—35 years and up to 75% among those who reported more than one sex partner in this group. Syphilis prevalence is low among food handlers as opposed to the high prevalence found among the Antenatal care attendants. The level of knowledge on HIV is unsatisfactory but comparable to other population groups, neither does it lead to behavioral change. As for sexual behavior, the food handlers group is more similar to a general Out Patient Department (OPD) patient group and shows less risky behavior than those patients with sexually transmitted infections (STI).

A seroprevalence study among STI patients is needed to see if this behavior is translated in a higher HIV prevalence. The number of new sexual partners (but not to the total number of partners) reported the last 3 months

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is significantly related to HIV status. This illustrates the importance of this parameter. Information, Education, Communication (IEC) interventions for this group has to pay particular attention to the more vulnerable female group and consider radio and television as possible tools of communication. Other strategies to change sexual behavior besides awareness raising have to be explored. It was found that radio and TV are not only the most popular but also most efficient ways to educate food handlers, HIV transmission. Whereas the TV improves knowledge on HIV irrespective of educational level, radio seems to enhance condom use in the less educated only. Both media also increase the perceived risk for HIV infection. (Reference: Kajado STI project report 1997)

The Knowledge, Attitude and Practice (KAP) survey in both primary and secondary schools was conducted using a self-administered questionnaire among students in 15 primary and 10 secondary schools in the six divisions of Kajado District. The respondents were mainly girls and boys in classes 5, 6, 7 and forms 1, 2, 3, and 4. The majority of the pupils in primary schools fell in the age bracket of 12–16 years old while those in secondary were 15–21 years old. A total of 887 pupils in primary schools and 861 students in secondary schools participated in the survey. The target number of respondents was 60 for primary schools and 75 for secondary schools. The following conclusion was arrived at. The awareness levels of STI/HIV/Aids are quite high.

Most secondary school pupils engage in sex. In primary schools this number is almost as high, starting from the age of 10 years. Condoms are used by 26% in secondary schools and 14.5% in primary. It was observed from questions the students wrote at the back of the questionnaire that the majority of them harbor misconceptions particularly on the relationship between STD and HIV or AIDS. Their questions clearly showed the need to sensitize them on facts

about AIDS, modes of transmission and the relationship with STDs. The following recommendations were made, which formed strategies and activities in the intervention for this group:

- ◆ Develop a question and answer booklet driving the information from the many questions asked by the students.
- ◆ Establishment of a school health education programme that specifically addresses STDs/HIV/AIDS prevention and control is necessary. Development of specific messages for the different levels of youth in schools is vital. There is need to have youth representatives in multisectoral committees. All these efforts should be geared to encourage the youth in school to postpone sexual relations.

Another survey on Knowledge, Attitude, Practice and Behavior was conducted in 1996 among adult members of Kajiado District regarding STI and HIV/AIDS. The study was conducted using focus group discussion. The findings of the study revealed among others low levels of knowledge on the modes of spread and methods of prevention of HIV/AIDS, lack of improper condom use and multiple sex partners as some causes of sexually transmitted infections in the district. During the study it also came out clearly that the main culprits of STD transmission in the district are livestock traders who by the nature of their trade move a lot to and from towns while conducting their business and falling prey to those who would also be waiting to prey on their money.

The study was conducted in six livestock trading centres within Kujjido district, i.e. Ongata Rongai, Kiserani, Emali, Ewuaso-sonkadongi, Sajiloni and Isinya. The first three represented the urban centres in the district and the last three represented the rural centres.

All of these were centres observed to have relatively large volume of

livestock trade in the district. The following conclusion was made from this study:

The status of knowledge, attitude, practice and behaviour of those from Ewuaso-ookundungi and Sajiioni came out to be different or rather low from those from Ongata Rongai, Kiserian, Emali and Isinya. A relatively high number 99.6% had heard of STDs 97.8% had heard of HIV/AIDS. Out of 153 had not seen an Aids patient in comparison to 120 who had

The majority of those who had not seen were from the rural centres. A minimal 30.4% knew of the difference between HIV and Aids while a relatively high 62.4% stated they were not aware although they had heard of the two terminologies. Sex was stated by 91.2% as a mode of spreading HIV. Condom use faithfulness was mentioned by 36.9% and 62.8% respectively as modes of preventing HIV spread. A high number, 94.7%, had heard of condoms, only 75% knew of its advantages while even a lower 33% knew the other group of core transmitters were the commercial sex workers. This group was found to come out readily and openly in Ngong town. The project aimed also at raising the level of awareness to this group

- ◆ Person to person education on STDs and HIV/AIDS and in turn Educate partners and neighbors, eventually become peer educators. Educate them on the use of condoms and proper disposal of the same after use.
- ◆ Identify other income generating activities that would give them an earning for a living.
- ◆ CSW's as agents of suppliers of condoms in bars and other public premises.

Other target groups that were identified as agents of change are Mkokoteni (Cart) pushers especially

...and the rest of the world...

AIDS - KAJIADO

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in some busy areas like Ongata Rongai. Truckers and porters at Naimanga border

The clergy, tax drivers, cultural bonas and group ranches at Loitokitok. These groups after being trained or sensitized would be agents for spreading the message.

The Kajado STD project under the support of the Belgian Government which initiated it has been able to undertake a lot of activities with additional support from the world bank

Other activities undertaken by the project are:

- ◆ Setting up of an STD project office within the premises of Kajado District Hospital with ultra-modern communication gadgets.
- ◆ Establish a proper information and communication resource centre within the office with all sorts of reading materials, audio visual aids like radio, video cassettes, television sets at the district office and in about three divisions with the aim of installing them in all the divisions and eventually down to the location levels.
- ◆ Enhance mobility within the district by provision of a four-wheel drive double cabin vehicle and provision of motorbikes within some divisions. 2 motorbikes were added through World Bank support.

◆ Installment of blood screening machines at the district hospital for blood safety screening and transfusion

◆ Training of health personnel on proper STD case management and counseling.

◆ Other non health workers have also been trained like teachers, civil servants, local leaders.

◆ Enhance multisectoral collaboration at the district level and more at the divisional levels, also outside the district with e.g. the Association of People with Aids (TAPWAK), Kenya Aids Non Governmental Aids Consortium (KANCO). Through the project it was possible to make presentations in international symposiums like the Abidjan conference on HIV 1998. A number of health workers were also sponsored to attend national conferences on HIV within Nairobi. It also organized educational tours to neighboring countries like Tanzania for exchange of ideas on the scourge.

The project had a component of staff development where some civil servants have benefited through trainings, on facilitation by AMREF to equip people with skills on project knowledge and skills on facilitation. Intensive campaigns were undertaken in both primary and secondary schools, livestock traders, commercial sex workers, matatu touts and drivers.

cart pushers, and the community at large, especially during the world Aids days. The project launched, with support from the World Bank, the first Kajado leaders symposium on STDs, HIV/AIDS in 1999. There were over 300 participants from all over the district. The project has also been undertaking monitoring in all the health facilities in the district of the STD drugs and supervision of the facilities to ensure that they are in a position to carry out the services.

The implementers of the project are GOK employees, but earlier on the Belgium support salaried a skeleton staff who were also phased out later.

All in all, this is not to say that the project has not been without constraints. A big drawback was realized after the termination of the Belgium government support in June 1999. Although the project still has support from the World Bank, the activities have stalled due to bureaucratic bottlenecks of acquiring funds from the national level down to the project at the district level and vice versa as opposed to the Belgium system which was direct from the headquarters in Nairobi right to the project and down to the divisional level programme supervision and monitoring of the project was also very close from the Nairobi headquarters.

Some very important undertaking like translation of some English booklets

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Livestock Survey:

Distribution of ever having heard of HIV across the six centers.

	Ongata Rongai		Kiserian		Emali		Eruaso Kedong		Sajiloni		Isinya		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
no	17	43.6	14	31.1	25	49.0	33	57.9	27	54.0	11	35.5	127	46.5
yes	22	56.4	31	68.9	26	51.0	24	42.1	23	46.0	20	64.5	146	53.5

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on Aids into Maasai that were not complete by the end of the Belgium support appears just to have been shelved and a lot of resources was initially put into it. Some equipment that were to be procured or even procured by the end of funding were not delivered to the project for its continuity. The Belgium support would have had just cared to do an evaluation of the project to see its sustainability. At the district level, the project has conflicting roles in co-ordination, thus causing undue interferences. Some mismanagement of project funds, attributed to little monitoring, and co-ordination of the Aids activities in the district has also been reported.

Recommendations

The baseline that the project undertook initially was of vital importance and there is no reason why aggressive campaigns on STI/HIV/AIDS in Kajiado should not go on uninterrupted. The current agenda of HIV is a global emergency and immediate intervention approaches should be continued; the issue of sustainability should go along with it and there should not be pre-conceived ambition over it. There is an escalating number of Tuberculosis cases evident from the overcrowded TB wards in both Kajiado and Loitokitok hospitals. More studies should look into this issue in terms of prevalence of HIV/AIDS as well as the housing status as a mode of

transmission of the virus. More training of health workers in all the health institutions including the private, NGOs and individuals should be organized, filling gaps caused by irregular transfers to other areas.

There should be an efficient and effective supply, including its monitoring, of STI drugs within the public and private health facilities in all pastoral districts. There is a need for a district intersectoral Aids committee. Data, information and recording at the hospital and the project need to be supplied. There is a need for an evaluation of the project to assess the impact and maybe to replan for improved effectiveness of all projects. The project should also try to solicit for funding from elsewhere for its continuity.

From Health to Hunger the Turkana Remain Vulnerable

By Rachel Lomeche

Turkana District is situated in the Northwestern part of Kenya. It is the largest in the country with an area of 77,000 sq km. It borders Sudan on the Northwest, Ethiopia to the North, Uganda to the West, Marsabit District to the East, Samburu and West Pokot districts to the south. The population is 470,000 with 70% being nomadic pastoralists. One of the most important characteristics of this lifestyle is mobility through which they respond to environmental conditions by concentration on locally abundant resource (mainly water and pasture) areas and by moving away from areas of resource scarcity.

The district is classified as 100% ASAL (Arid and Semi-arid Land) with adverse weather conditions that negatively affect human and livestock survival. It has experienced severe drought in the last one-year and others in the past years. The droughts and famines expose the population to severe malnutrition, especially among children. There are seventeen administrative divisions with three constituencies.

The pastoralists depend on animals, which do not give them enough income. This is because of the low and unpredictable rainfall with the annual amounts varying from 100—300 mm. This situation is further worsened by the frequent droughts. In settlement areas, women try to meet family basic needs by making and selling baskets, mats, trays, local brew, charcoal and firewood—which earns them very little income.

The communication network is a major impediment and most roads are impassable and need four-wheel drive vehicles due to difficult terrains. Most of the roads are unclassified with some areas having being without roads at all. The main mode of transport in the district is travel on foot (60%). Others include vehicles (27%) and by animal (3%) (Source R.N.L. D.C.H. AMREF Survey 1996).

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HEALTH PROBLEMS AND CAUSES / RISK FACTORS

HEALTH PROBLEM	CAUSE/RISK
1. Malaria	Poor sanitation, ignorance
2. Respiratory Diseases	Lack of Health services, Distant Health Facilities
3. Diarrhoea Diseases	Lack of water, ignorance
4. Diseases of the skin	Lack of water
5. Eye infections	Lack of water, ignorance
6. Tuberculosis	Distant Health Facilities
7. Malnutrition	Poverty, Droughts
8. Water contamination	Ignorance
9. Livestock Diseases	Lack of veterinary services, ignorance
10. Hydratid Disease	Ignorance
11. Snake bites	Poor infrastructure
12. Gun-shot wounds / Sepsis	Facilities
13. Anaemia	Poor Nutrition, infection

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THE TOP TEN MORBIDITY CAUSES

1. Malaria
2. Respiratory diseases
2. Diarrhoeal diseases
4. Diseases of the skin
5. Eye infections
6. Intestinal worms
7. Accidents
8. Urinary tract infections
9. Pneumonia
10. Ear infections

The Turkana community experiences rampant health problems and has remained vulnerable to both diseases and conditions that are preventable.

The causes/Risk factors are:

Lack of health services, distant health facilities, lack of water, poverty (not able to meet drug fees – cost sharing included), droughts, infections, poor infrastructures and ignorance.

PROVISION OF HEALTH SERVICES

Turkana land holds three types of communities where health and development problems and needs are

totally different. Provision of essential health services and development needs are totally different. Provision of basic essential health care requires different approaches for each of these communities:

- ◆ Settled communities
- ◆ Semi-settled communities
- ◆ Nomad Pastoral communities (70%)

The health services in the district have over the years been provided by the Government of Kenya (40%) and the churches and Non-Governmental Organizations (60%).

Virtually all efforts at providing health services in Turkana District have been mostly focused on settled and semi-settled communities. The nomadic pastoral communities have not been adequately reached because they live in areas that are difficult to reach. Very



Young Turkana girls, dressed in original traditional attire.

few benefit from mobile and outreach services.

DISTRIBUTION /CATEGORY OF HEALTH FACILITIES

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DIVISION	HOSPITALS		H/CENTRES		DISPENSARY		MOBILE CLINICS		PRIVATE CLINICS
	GoK	NGO	GoK	NGO	GoK	NGO	GoK	NGO	
Central	1	0	0	0	1	0	0	2	5
Kalokol	0	0	0	1	2	1	0	0	1
Kakuma	0	2	0	0	1	1	0	1	1
Turkvel	0	0	0	1	0	0	0	2	2
Lokichogio	0	0	0	1	0	0	0	2	2
Katlla	0	0	1	0	1	1	0	0	0
Lokort	0	0	0	1	1	0	0	1	0
Kaeleng	0	0	0	0	0	4	0	0	2
Kibish	0	0	0	0	2	0	0	0	0
Loima	0	0	0	0	1	1	0	0	0
Kahuk	0	0	0	1	2	0	0	1	0
Lapur	0	0	0	0	0	0	0	0	0
Lomelo	0	0	1	0	0	0	0	0	0
Loktaung	1	0	0	0	0	2	0	1	0
Karla	0	0	0	0	1	0	0	0	0
Oropol	0	0	0	0	0	0	0	0	0
Lokichar	0	0	0	1	1	0	0	1	0

Efforts to Reach Nomadic Pastoralists

The nomadic pastoral community over the years has had no access to the basic essential health care services in the district. The community has remained vulnerable to both diseases and conditions, which are preventable. The people suffer from repeated attacks of epidemics of new and endemic diseases as they wander to wither climates and environmental changes. It is assumed that the nomads on their mobility with their herds would access some strategically placed health facilities and thus be attended to. Unfortunately, these strategic static health facilities are on the main road centres. These areas are depleted and void of pasture and water for animals.

The existing health facilities are over hundred kilometers apart and are inaccessible due to the unclassified roads and lack of transport. When the people fall sick, they have no choice but to turn to ineffective remedies such as traditional medicine, which do not treat diseases such as tuberculosis among others. When the condition worsens, the victims with the assistance of the relatives have to walk for an average of two days to reach a health facility. On many occasions, the patient is brought when the disease is at an advanced stage.

Nomadic Outreach Programmes

In the early 1980s several "soothing" attempts to reach nomadic pastoralists with basic health services were made by both the Ministry of Health and Non Governmental Organizations.

- ◆ 1984 - A CBHC Program was initiated by the Ministry of Health through the Turkana Rural Development Program, funded by NORAD, to intensify health education and projects among settled, semi-settled and nomadic communities. The donor pulled out in 1990.
- ◆ 1984 - A Nomadic Dispensary

Program in nomadic concentrated areas by the Christian Missionary Fellowship at Kalapata Plains, Lokichar Division.

- ◆ 1987 - The Lotima Integrated Project (on human and livestock health) was initiated by a CBHC core team, NORAD, the funding agency, withdrew in 1990. These two programmes stalled.
- ◆ 1991 - The Turkana Rural PHC Program was started in Lokichogio by AMREF. After three years, it changed to a Nomadic CBHC Program.
- ◆ 1992 - The Kaikor Mobile CBHC Project was initiated by Nomads at Northern Turkana, funded by the Denmark Government through Ms. Kenya, Nairobi.
- ◆ 1993 - The Mobile CBHC Program was started by the A.C.K. Diocese of Eldoret, West of Central and West of Kalokol divisions.
- ◆ 1994 - The Lokori Mobile Program

thought to be higher than the reported figures because most of the sufferers die before they are diagnosed.

Surveys conducted at the Lodwar District Hospital and Kakuma Mission Hospital, show that 12% of antenatal mothers were HIV positive which is 10% in Kakuma. This could be higher because the majority of the mothers deliver at home. Reports show that most cases are found in towns along the highway. At Kalokol, a fishing town along the lake cases were also reported.

Sexually Transmitted Infections (STIs)

The curative and preventive services are offered in all the health units in Turkana. There is an S.T.I. clinic at the district hospital, which acts as a referral centre for the rural health facilities. The S.T.I. Project, a World Bank project, supports the services. Higher incidence are reported in all health units along the highway of the Great North Road. These include Naibak, Lokichar, Lodwar, Kakuma and Lokichogio. Genital ulcer cases and urethritis/cervicitis are among the commonest infections. Syndromic approach is

practiced in all the centres.

HIV/AIDS AND THE COMMUNITY

Currently HIV/AIDS awareness is mainly carried out in the health facilities. Due to lack of adequate trained HIV counselors, HIV testing and counseling is done only at the district hospital.

Other organizations that try to reach the settled and semi-settled communities are the Catholic Church and Turkana Women Conference Centre.

The Catholic Church has formed communities in its parishes to create awareness on HIV/AIDS through songs and drama.

Although not founded on HIV/AIDS
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The existing health facilities are over hundred kilometers apart and are inaccessible due to the unclassified roads and lack of transport.

was started by the Catholic Diocese of Lodwar.

Observations and evaluations have shown that nomad participation, benefit and involvement in these Programmes are very minimal and marginal. During dry seasons and droughts, the nomads move up the hills in search of pasture, which makes it difficult for health providers. Settled and semi-settled communities are the ones who benefit more from these programmes.

STI/HIV/AIDS

The first case of HIV/AIDS was identified in 1985 and from then on cases have increased, though available data do not clearly state the cases.

Statistics show that 724 people have tested HIV positive. The incidence is

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activities. Turkana Women Conference Centre, which is a local Women NGO, has incorporated HIV/AIDS discussion in all its women leadership trainings. During field follow-up trips, community-learning activities on HIV/AIDS are carried out with women groups, the local community and schools. The community usually appreciates these learning events for they say: "This is the first time people have come to sit down and discuss HIV/AIDS with us."

However, the nomadic pastoralists Population is still at a very high risk because the correct information is not reaching them.

Traditional Medicine

The Turkana community understands diseases as health problems and since time memorial has devised various traditional medical and surgical remedies of which some sound effective to health conditions.

The Turkana community understands diseases as health problems and since time memorial has devised various traditional medical and surgical remedies of which some sound effective to health conditions.

Knowledge on Causes of Diseases

The Turkana community do not know the causes of their health problems. They associate illness with personal irreverence and disobedience.

- ◆ God (Akuj) - A condition described as "Edeke a Akuj" (God's disease).
- ◆ Dead Ancestors spirits (Ng'ikaram) - A condition called "Edeke a Ng'ikaram" (A disease inflicted by the dead ancestors).
- ◆ Evil spirit (Ekipe) - A condition called "Edeke a Ekipe" (Satan's disease).
- ◆ Evil eye, an evil man (Akong' a Ekapilan) - A condition called "Akapel".
- ◆ 'Akapel' (Evil eye) is also associated with envying another person's possession and fame.

Management of illness

Every family member in the Turkana community, especially the rural

population is familiar with several kinds of herbs used to combat different diseases.

The traditional medical remedies used in combating diseases include:

1. Use of Herbs obtained from Medicinal Plants, Leaves, Barks, Grains and Roots.

A part of the plant collected is:

- a) Coarsely crushed, boiled or soaked and filtered. The solution is taken purely on its own or mixed with milk or soup.
- b) Finely crushed to powder, which is then soaked either in water, soup or oil.
- c) Finely crushed fresh leaves, root or barks are nibbled on the affected part of the body and fastened with a piece of cloth till the patient experiences burning sensation and sweating.

2. Use of Animal Blood and Faeces topically.

Spilling and sprinkling animal blood on the sick is done for conditions associated with irreverence and disobedience to God's and ancestors' eminence in order to revoke the penance.

3. Massage.

It is commonly used to differentiate intra abdominal masses and correct mild abdominal malformations like constipation, colic pains and obstetric assessments, e.g. foetal status.

It is also used to relief muscular pains or fatigue. Butter is applied on the abdominal skin to prevent frictions. No medicine is involved.

4. Incisions.

They are made on the body and are commonly used in treating liver enlargement in which fine pattern incisions are made on hepatic plexure and sub-coastal margins. A powdered herb is rubbed on the incisions. The procedure is performed either in the morning or evening to avoid bleeding.

5. Burning.

It is used in treating spleen enlargement. One to three spots are made on the splenic plexure in a lateral aspect with a hot object in the evening. No herb is applied. The burns are left to heal on their own. Infections can lead to septicemia from the wounds resulting in death.

6. Public Ablution.

A ceremonial cleansing involving dancing or singing in groups or singly between the patient and the healer is practiced in treating psychiatric conditions associated with the possession of evil spirits (Maring).

A bluish ram is slaughtered. The feast and dancing starts and continues for several days till the patient attains her/his normal status.

The healers are both men and women with family background in healing.

The following are the most active traditional healers in the Turkana Community:

1. Pure herbalists, whose treatment does not include slaughter of animals.
2. Ritual herbalists, whose treatment includes slaughter of animals.
3. Spiritual healers (Emuron), whose practice does not include herbs.

Funding and Staffing, Bottlenecks hampers Health Delivery as Malaria tops in Isiolo, Marsabit and Moyale districts

By Konchora Guracha

The three Districts of Isiolo, Marsabit and Moyale, comprising of the extreme northern flanks of Kenya's Eastern are home to some of the indigenous pastoral communities in the country. These including the Boran, Gabra, Rendile, El Molo, Samburu, Somali, Turkana, Waata etc. constitute the northern pastoralists. They, like the southern pastoralists such as the Maasai, remain steadfastly loyal to their age-old traditions chiefly epitomized by nomadic lifestyles, itself characterized by sporadic movements in search of pasture and water for their livestock.

On a general plane, nomadic lifestyle per se has been invariably explained in an impediment to the otherwise official faulting health care provision delivery and access. However though there is a definite correlation between the quality of healthcare in these districts, and among these groups, and the national managerial and funding problems, the situation here transcends this and smacks of perennial neglect and marginalisation. Thus tied to healthcare are two other isolated national plagues of ignorance and illiteracy - which the Kenya Government declared enemies to be tackled right from independence and whose indices are today far from impressive among indigenous pastoral groups.

Nonetheless the government remains the main healthcare provider in the three districts judging from the number of existing facilities, but mere imposing satellite of facilities are one thing and healthcare dispensation another. Primarily due to the vastness of the districts coupled with inhibitive terrains and poor to non existence transport and commu-

nication links existence facilities are hardly enough to provide effective disease surveillance.

Understaffing underlines the precarious situation in all the three districts as the hard fact of life discourages most trained and qualified personnel from working in these areas. The rampant incidents of insecurity, now almost synonymous with all the three districts, poor terms and conditions of service are hardly incentive for even local staff to work.

"The vastness and the rough terrains characteristic of the district coupled with the government's poor financing system all present logistical problems in terms of healthcare delivery and accessibility", says Dr Wako Dulacha,

after every three months.

However, the medic notes that the district periodically receives essential drugs and equipments unlike in the past adding the grey area remains staff shortage, especially nurses.

"Our problem here is staffing, the most acute being the nursing department. There is a general fatigue here among the nurses. They are few, overworked and do not get offs or leave because they are required round the clock", says Dr Wako.

On the much hyped national polio campaign, Dr Wako nonetheless says the district had "almost a 100 per cent coverage", but hastens that the routine coverage stands at 40 per cent, the



A health worker monitoring a young child's growth.

the MoH at the Marsabit District Hospital.

Outlining the extent of supervisory difficulties Dr Wako adds: "You see one is incharge of the entire district but ordinarily ends up doing rounds at the district hospital alone due to lack of logistical support emanating from funds procurement for transport fuel". Procedure, Dr Wako discloses, requires the MoH to do routine visits to all health facilities in the district

discrepancy being differentials in resource allocation and mobilization. In terms of individual ailments, Tuberculosis is showing resurgence in the three districts due to what local medics say is due to the rising cases of HIV/Aids and its resistance to the conventional line of attack.

For instance, the TB Manyatta at the Isiolo District Hospital hosts the highest number of TB patients in the

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country at over 400 and that this year's World TB Day was celebrated in Kenya in Isiolo Town was telling of this fact.

Trouble is that there is no TB manyatta in either Marsabit and Moyale, only an inadequate isolation ward each for both district hospitals.

Dr Wako says HIV/Aids currently accounts for 26 per cent bed occupancy at the district hospital "but this figure is seriously going up", reflecting the worrying pace at which the scourge is spreading among the local pastoralists, for long outside the high risk ring in the country.

For Isiolo District, medic Dr Abdi Kuti says the spread of HIV/Aids is fast fanned by such outmoded cultural practices like concubinage.

Even though the official figure stands at a conservative 7% bed occupancy

at the Isiolo District Hospital for HIV/Aids cases, Dr Kuti who is a former MoH at the hospital and currently the proprietor of the Waso Medical Services and Nursing Home in the town says "I will put it at 20%".

"Most of the HIV/Aids cases in the district are currently in the latent phases. We have a lot of healthy-carriers, but it is very gloomy picture in the next 4-5 years. It is a real time-bomb in this area", projects Dr Kuti. Equally contributing to the spread of HIV/Aids, he explains is the local pastoralists' poor socio-economic statuses, while TB, which is largely tied to it is aggravated by the closely-knit lifestyles involving sharing of meals and sharing of shelters.

One thing about malaria epidemic is that it too continues to lately defy the conventional chloroquin-based treatments, which have indeed recently been ordered off the shelves by the Ministry of Health.

And one other positive thing to write home about healthcare in the pastoral districts of Isiolo, Marsabit and Moyale is that there are a number of model health facilities ostensibly run by the christian churches, notably the Catholic Church (See Tables below). These facilities that in addition attend to referral cases include the Sololo Mission Hospital in Moyale, Laisamis Catholic Hospital in Marsabit, Wamba Mission Hospital in Samburu and even Gatab Health Centre atop Mount Kulal serving the secluded Samburu and Ariaal nomadic pastoralists.

Tragically and this notwithstanding, rising demands for quality healthcare among pastoralists against its escalating costs, vis-à-vis pastoralists attention-squeeze that puts their personal health considerations at the bottom of their daily priority lists courtesy of low literacy levels and mass poverty combine to make them vulnerable to even easily preventable diseases in this age.

Isiolo District:

Facility	Management	Operational status
Isiolo District Hospital	GOK	Fully operational

Isiolo District (continuation):

Facility	Management	Operational status
Merti Health Centre	GOK	Fully operational
Garba Tulla Health Centre	GOK	Fully operational
Mali Saba Dispensary	GOK	40% operational
Kula Mawo Dispensary	GOK	40% operational
Kina Dispensary	GOK	40% operational
Malka Dakha Dispensary	GOK	40% operational
Gafara Dispensary	GOK	40% operational
Irissa Boru Dispensary	GOK	40% operational
Sericho Dispensary	GOK	40% operational
Modogashe Dispensary	GOK	40% operational
Kom Dispensary	GOK	40% operational
Billiqu Dispensary	GOK	40% operational
Bulesa Dispensary	GOK	40% operational
Korbesa Dispensary	GOK	40% operational
Malka Galla Dispensary	GOK	40% operational
Dadacha Bassa Dispensary	GOK	40% operational
Catholic Dispensary	Catholic church	Fully operational
Al-Fallah Dispensary	Islamic foundation	Fully operational
CPK Dispensary	ACK	Fully operational
A/C Dispensary	A/C	Fully operational
Ngare Mara Dispensary	Catholic church	Fully operational
Kambi Garba Dispensary	Catholic church	Fully operational

Common health problems

Isiolo District:

- ♦ Malaria ♦ Tuberculosis
- ♦ Pneumonia ♦ Worm infections
- ♦ Upper respiratory diseases
- ♦ Typhoid ♦ Anemia
- ♦ Traffic accidents
- ♦ Gunshot wounds ♦ Cancer
- ♦ HDN/AIDS ♦ High blood pressure
- ♦ Diabetes ♦ Asthma

Marsabit District:

- ♦ Malaria ♦ Upper Respiratory Diseases (URDS)
- ♦ Diarrhoea ♦ Skin Diseases
- ♦ Eye/ear infections
- ♦ Urinary track infections
- ♦ Intestinal worms ♦ HIV/AIDS
- ♦ Accidents/burns
- ♦ Rheumatic fever/pains

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Facility	Management	Operational status
Merli Dispensary	Catholic Church	Fully operational
Garba Development Office	Catholic Church	Fully operational
Bismillah Nursing Home	private	Stalled
Waso Medina Nursing Home	Private	Fully operational
Aiya Clinic	Private	Fully operational
Bifu Clinic	Private	Fully operational
Latu Clinic	Private	Fully operational
Sunrise Clinic	private	Fully operational
Al-Fallah Clinic	Private	Fully operational
Kwanjan Clinic	Private	Fully operational

Marsabit District:

Facility	Management	Operational status
Marsabit District Hospital	GOK	Fully operational
Songa Dispensary	GOK	Fully operational
Karara Dispensary	Catholic Church	Fully operational
Dinb Gombo Dispensary	Catholic Church	Fully operational
Sangate Dispensary	ACK/GOK	Fully operational
North Horr Health Centre	Catholic Church	Fully operational
Ileret Sub Health Centre	GOK	Stalled due to lack of staff
Dukana Dispensary	GOK	Stalled due to lack of staff
Gas Dispensary	GOK	Stalled due to lack of staff
Balesa Dispensary	GOK	Now operational after closure due to lack of staff
Laisamis Catholic Hospital	Catholic Church	Now operational after closure due to lack of staff
Korr Dispensary	Catholic Church	Now operational after closure due to lack of staff
Logo Logo Dispensary	AIC	Now operational after closure due to lack of staff
Ngumit Dispensary	AIC	Now operational after closure due to lack of staff
Ilat Dispensary	Lutheran Church	Now operational after closure due to lack of staff
Koya Dispensary	GOK	Yet to be operational due to lack of staff and security
Marilla Dispensary	GOK	Yet to be operational due to lack of staff and security
Lolyangalani Dispensary	Catholic Church	Yet to be operational due to lack of staff and security
Gatabi Health Centre	AIC	Yet to be operational due to lack of staff and security
Kangi Dispensary	Catholic Church	Yet to be operational due to lack of staff and security
Maikona Dispensary	Catholic Church	Yet to be operational due to lack of staff and security
Kalacha Dispensary	AIC	Yet to be operational due to lack of staff and security
Bubisa Dispensary	GOK	Yet to be operational due to lack of staff and security
Turbi Dispensary	Community Facility	Yet to be operational due to lack of staff and security

Moyale District:

Facility	Management	Operational status
Moyale District Hospital	GOK	Fully operational
AWA Dispensary	African Muslim Agency	Fully operational
Cona Dispensary	(new) GOK	Fully operational
Soloko Mission Hospital	Catholic Church	Fully operational
Golela Dispensary	GOK	Fully operational
Uran Dispensary	GOK	Fully operational
Dabel Dispensary	GOK	Fully operational
Godoma Dispensary	GOK	Fully operational
Walda Dispensary	GOK	Fully operational

Common health problems

Moyale District:

- ◆ Malaria ◆ Respiratory diseases
- ◆ waterborne diseases
- ◆ Typhoid, Dysentery and other Diarrhoea complications.
- ◆ Skin diseases
- ◆ Eye ear infections
- ◆ Bullet wounds
- ◆ Urinary tract infections.
- ◆ Intestinal worms especially in children.
- ◆ Rheumatic diseases.
- ◆ STDs, HIV/Aids related complex



How happy it is to have healthy children

NB/ Source of all Data is the respective district hospitals.

Declaration on Health and Survival of Indigenous Peoples Launched.

By Nomadic News Writer

Delegates to the International Consultation on the Health and Survival of Indigenous Peoples resolved as thus:

We, the representatives of Indigenous communities, nations, peoples and organisations attending the International Consultation on the Health of Indigenous Peoples, held in Geneva from November 23—26, 1999, and organized by the World Health Organisation (WHO), reaffirm our right of self-determination and remind states of their responsibilities and obligations under international law concerning health, including the health of Indigenous Peoples:

Concerned that the health of Indigenous Peoples in every region of the world is to be acknowledged in a poor state due to the negation of our way of life and world vision, the destruction of our habitat, the decrease of bio-diversity, the imposition of sub-standard living and working conditions, the dispossession of traditional lands and the relocation and transfer of populations;

Welcoming the initiative of the WHO for convening this International Consultation with Indigenous Peoples;

Recalling the United Nations General assembly resolution 48/163 proclaiming the International Decade of the world's Indigenous Peoples (1995—2004), resolution 50/157 establishing the Programme of activities for the Decade, as well as the World Health Assembly resolutions with a view "to strengthening international co-operation for the solution of problems faced by Indigenous Peoples in areas such as human rights, the environment, development, education and health";

Calling on various institutions of the United Nations to act in partnership with Indigenous Peoples' communities, nations and organizations, to recommend to governments that they address the particular needs of Indigenous Peoples who experience disproportionate poverty, illness, social exclusion, habitat destruction and oppression and to develop policies which will enhance the health and survival of Indigenous Peoples world-wide to reverse this disparity;

Believing that a partnership between Indigenous Peoples and the WHO in co-ordination with other specialized agencies and bodies within the United Nations system plays an essential role with respect to the promotion of the health of Indigenous Peoples and our health systems;

Considering the non-recognition of the health knowledge and practices of Indigenous Peoples, and the limited access to health services, both of which we condemn as expressions of discrimination and intolerance;

Believing that the leadership of Indigenous peoples in all aspects of development and implementation of health programmes is essential for the health needs of Indigenous Peoples; Acknowledging that Indigenous Peoples have developed effective and viable scientific knowledge and systems of health that have contributed, and continue to contribute, to the health and survival of all humanity;

Reaffirming our commitment to our civil, political, economic, social and cultural rights, including the right to benefit from our own resources and our right to develop them;

Reminding the international agencies and other bodies of the UN system of their responsibility, and the obligation

of States, towards the promotion and protection of Indigenous Peoples' status and rights, and that human rights approach to indigenous health and survival is based on the said international responsibility and obligation to promote and protect the universality, indivisibility, interdependence and interrelation of the rights of all peoples, and finally;

Reaffirming the indivisibility of human rights with regard to the health and survival of Indigenous Peoples as essential to an effective and meaningful response to the health needs of indigenous Peoples.

Considering that the rights, philosophy and principles contained in the United Nations Draft Declaration on the Rights of Indigenous Peoples and all existing international instruments dealing with human rights and fundamental freedoms are essential for the attainment of the health and survival of indigenous Peoples.

Hereby Solemnly Declare, affirm and assert

That Indigenous Peoples are equal in dignity and in rights to all other peoples and, as such, have the right to self-determination;

In accordance with the status and rights of Indigenous Peoples, we

- ◆ Affirm the right to control preventive and curative health systems and programmes in our own communities and the means to train and involve Indigenous Personnel in all facets of health;
- ◆ Call on governments to recognise the Rights and Interest of the world's Indigenous Peoples.

NAROK: ILL HEALTH, sign of things gone bad. Is there any hope?

by Michael Tiampati

Falling sick today is a complicated business. For a start, there is the image problem; the often rude and inconsiderate staff in many government dispensaries; the crippling lack of medicine; the unavailability of health facilities in some areas; and the newly imposed cost-sharing levy. All these concoct into a lethal cocktail of poor health.

It is the prerogative of every government to avail proper healthcare to all. If we define health as freedom from illnesses and stressful conditions. So in retrospect, Kenyans especially those living in marginalized areas like Narok can be said to be most unhealthy. You may be wondering just how unhealthy people look; they are skeptical, cynical and generally despondent. As a matter of fact a cross section of them were all too willing to confirm: "Previously before independence we relied mainly on our traditional healers, then the missionaries came and said that they had better medicine, and later the government promised even better medicine and general healthcare but a few years after and now we are suffering for having trusted these people. We lost our good old healers and now we can't afford medicine in chemists and private hospitals because it means selling all our livestock, where is the government and what is it doing anyway?" 78 year old Ole Sunkuya could not help but wonder

I caught up with 62 year old Masiya Ole Kenyia and his two wives at one of the private clinics and on asking him why he opted for private healthcare instead of the government dispensary he retorted at length: "I came here because there is freedom of choice and I go where I feel I get my money's worth. In private clinics the

attendants have patience and treat us with respect unlike in government hospitals where nurses yell at you while you are sick, they drive me crazy. Also there is the lack of medicine. If you live in an area where there are no chemists then you will be in trouble because you will be forced to travel long distances to town and if the case is serious ... I don't have to tell you the result. Some nurses at government hospitals are good and always willing to help but without medicine, how else can they assist? So, although it is cheap there, I prefer here, because I get everything at once and when I come back I get treated without necessarily having money. I get treatment first and then I pay later, a good deal don't you think?"

A good deal it might be, but one that is attached to an expensive tag, as David Sankure, a chemist, explained: "Proper healthcare is costly the world over and this is because drugs are very costly. We try to get the best available

drugs in the market because this is business and quality matters a lot and since Maasai are loyal customers it is therefore good to give them the best medicine otherwise you will have yourself to blame if it fails to give the required results, for they'll walk out on you."

This has given rise to numerous drug stores capitalizing on this unfortunate situation that is causing worry to many, owing to the high rate at which they are selling livestock to cover medical bills. One such victim is Koiyato Ole Lopo, who put forth an appeal to the effect that "the recent dry spells had a devastating impact on our livestock and nowadays we don't have many animals like before and if selling them is the only way to get medical care, then soon we will have nothing to sell and we will die. I am therefore pleading with the authorities and others to kindly provide us with medicine in our hospitals and government clinics before this eventuality."

Mau Division District Officer, N. J. Komora attributed the problem to lack of funds on the part of the government, hence the poor facilities and consequent shortage of drugs. The public as a result has been left with hardly any choice but to go to private medical practitioners, chemists and pharmacists. He however said that government facilities are being utilized for immunization, pre-natal and antenatal purposes but lack such essentials as water, electricity, bandages, telephones and other equipment. The D.O. sounded caution about the deadly AIDS and added: "We are drumming in the message through the community leaders, mostly emphasizing on the need not to stick to lifestyles which might make them susceptible to the disease." He described it as "a



A health worker and mother weigh a baby at a mobile clinic in Narok.

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HEALTH - NAROK

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time both" and estimated the awareness levels to between 70 and 80 percent. "The old folks", he said, "are skeptical and do not like to dwell on the subject."

In some areas, many Maasai have gone back to the traditional healing as a way of escaping the current reality. A trip to Ong'ata Naado shows a happy and apparently healthy people, whose children cheeks were shiny with health and the residents going about their business without a care in the world. The local traditional healer or 'Enkabaani' in the native dialect revealed that it is due to lack of faith in herbal medicine that the Maasai are suffering. She urged them to revisit their roots and avoid destruction of forests to preserve natural remedies and added that "we should stop being blinded by this modern medicine. After all, before the Europeans came, we had our own traditional medicine and I don't see why we should continue suffering while we have our very own God-given healing capabilities." Said 65 year old healer, Kiramatisho ene Olosayo while administering a herbal mixture to a young boy's snake bite.

Some clinical Officers agreed that this traditional mode of treatment is actually efficacious. "It is hard for the Maasai to suffer because their knowledge of various herbal remedies has been there from as far back as they would care to remember. They have been known to have cures for nearly every kind of ailment, but what is affecting them now is that their main source of herbs is fast disappearing with the encroachment of agriculture and modernity but those in the interior have very good herbal medicine," conceded

a retired clinical Officer Samuel Nyangoto who is now running a private clinic.

Non Governmental Organizations won accolades from all ends for their efforts to alleviate health problems in these hardship areas otherwise called ASALs (Arid and Semi Arid Lands). The Ikerni Loita, World Vision, and the CCF's, Ereto Projects through such ventures as construction of dispensaries, provision of medicine, immunization, pre-natal care, family planning through mobile clinics and HIV/AIDS awareness campaigns have made a great impact that deserve recommendation. They have come in at a crucial moment and are proud of what they have done as Mr. Bodan Lasiti, of Ereto was happy to disclose: "We have been very successful, because according to our initial statistics Brucellosis was alarmingly high and our current statistics indicate that these cases have drastically reduced due to our intervention.

Through trained focus groups, composed of a cluster of 15 family representatives, we are using them to create awareness on the deadly AIDS scourge and the current awareness ratio stands at 7 out of every 10 families in our areas of operation."

The less than half a million residents of ASAL where these NGO's are most active can be described as the lucky minority, thanks to the kindness of such well wishers whose concern for the unfortunate have ensured that no Maasai has to suffer the consequences of a rather unreliable healthcare delivery system. But the majority is not as lucky as is witnessed in every trading centre in the district where long queues in private clinics is a scene too common.

Hard times have been a blessing in disguise for the Maasai, who have adopted a variety of new dietary habits which were previously unheard of. Today though, women and of course men could be seen bargaining animatedly in the market for a good deal over a tin of maize flour, potatoes, cabbages and other garden foods. Evenings are always a sight to behold as donkeys laden with sacks full of market produce make their way slowly into the village where curious villagers driven mainly by the nourishment of the foreign foods wait with apparent anticipation. Come meal times and "ugali" —or in Maasai "olgali"—is served with cabbage (kapish) or potatoes (using the word iknashen, borrowed from the Kikuyu language), mixed with rice, thus improving the health of these folks.

Although the local health administration was not available for comment, despite numerous efforts/attempts health care remains at the top of the list of priorities for Narok residents.



Children in one of the makeshift classrooms under a tree listening keenly to a teacher.

Tales of Woes in the "Unhealthy" North Eastern Province. By Mohammed Adow

North Eastern Province Kenya (NEP), the third largest province in Kenya is not a "healthy" province.

The Province is riddled with various diseases some of them very fatal but is not blessed with proper health facilities to serve the ailing residents. Most residents of NEP are nomadic pastoralists who rear cattle, camels, sheep and goats and move from place to place in search of water and pasture for their livestock.

NEP has a population of around a million people according to the last population census carried out in the country and has the least number of health facilities in the country. The province consists of the four districts of Garissa, Wajir, Mandera and Tjara.

Apart from the Garissa General Hospital that is a referral hospital for the districts of Wajir, Mandera, Tjara, Mwingi and Tana River as well as the three refugee camps of Hagardera, Iffo and Dagahley in Garissa, the other health facilities are the district hospitals for the other three districts and a few health centres and dispensaries in the rural areas.

According to the North Eastern Provincial Medical Officer of Health Dr. Mohammed Dahiye, the main ailments that mostly afflict the people of the Province are, malaria, diarrhoea, pneumonia, malnutrition, tuberculosis and other respiratory diseases.

Dr. Dahiye in an interview with the *Nomadic News* said that patients at the Province's health facilities were mostly suffering from these ailments. Malaria that is the greatest killer in the Province mostly strikes during the short and the long rain seasons when there are ponds of stagnant water everywhere for the breeding of the mosquitoes.

Many residents of the province are yet to master even simple malaria prevention tips, according to Dr. Dahiye.

There are also a number of occasions, especially the rainy season, when Cholera strikes the province and on most occasions it leaves a heavy toll in its wake. This is because the people who mostly do not believe in rushing the sick to the hospital retain patients at home until the death toll reaches an alarming level for medical authorities in the given area to realise that there is danger in the vicinity.

Cholera outbreaks are quite common in Garissa and Mandera districts where lack of a steady supply of chlorinated water forces the residents to depend much on the Tana and Duwa rivers respectively for their supply of water.

Dr. Dahiye adds that pneumonia is also a known killer in the province especially among young children.

Successive droughts in the province that have been severe have lowered the nutritional levels of the people of NEP. Currently, when the province is experiencing one of the most severe droughts and famines more than 120,000 children under five years of age are malnourished in the region.

More than 50,000 of these children are in Wajir District alone which is the worst hit by the drought following the failure of the rains in the district for the past three years.

Though a number of Non-Governmental Organisations including Care International, Oxfam, Great Britain and Save the Children UK are doing a commendable job feeding malnourished children in the province, the nutritional status of the province's children is far from impressive.

Lack of animal products in the meals of the adults has also disposed them

to malnutrition. Most livestock in the region have been wiped out by the successive droughts.

Apart from the dreaded AIDS, there are also a number of other killer diseases that exist in NEP among them hepatitis B, cancer, high blood pressure and diabetes.

Though diabetes and high blood pressure are quite common and have become household names, hepatitis B and cancer are newcomers in the province and the speed at which they are killing their victims who are increasing by the day is causing concerns among the residents.

Dr. Dahiye says that these diseases could be attributed to the scorching sun, changing lifestyles and eating habits of the local people.

Hepatitis B, he says is very contagious and is even more dangerous than AIDS. A virus that can survive outside the body much longer than the AIDS causing HIV virus causes it. It is normally found in saliva, blood and other bodily fluids of its victims and anyone who comes into contact with these can easily contract it.

The symptoms of the disease as Dr. Dahiye enumerates are inflammation and upper abdominal pains, weight loss, aching joints, itching, fever, abdominal accumulation of fluids and liver failure and coma.

Hepatitis also affects the thyroid glands, eye, kidney, blood vessels, joints and lungs. Dr. Dahiye adds that many blood donors at hospitals in the province are turned away after being diagnosed with the disease.

The dreaded AIDS is also causing a big havoc in NEP. Today AIDS victims make up for 10 percent of Garissa residents and eight percent for Wajir

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and Mandera districts each.

Garissa District Medical Officer of Health Dr Abdi Hassan blames this trend on the don't care attitude of the area residents.

Dr Hassan says that the local population most of whom are Muslims believe that AIDS is not a disease for Muslims and that it won't affect them. He adds that most of the victims are between the ages of 18 and 40.

He says that long distance truck drivers and members of the security personnel are the known groups who spread the disease in the province. The high-risk areas he says are Dujis of Garissa, Lag-boghol of Wajir and Kotulo of Mandera where the truck drivers take a rest.

Cancer has of late also become a big killer in the province. Cancer of the oesophagus is the most common in the region. The worst hit areas are Wajir and Garissa districts. Medical authorities in the region are still looking for an answer to the sudden rise in cancer cases.

The lack of access to quality health facilities in the region has caused the above ailments to be ever more fatal. Some residents of the region are at times forced to travel for as much as three hundred kilometres to reach a health facility.

Acute shortage of drugs and personnel has also incapacitated most health facilities in NEP. Volunteers run dispensaries in NEP and social workers that dispense drugs at will and even at times change the government owned facility to a private institution where drugs are

sold to the chagrin of the locals who do not know where to voice their complaints.

Dr Dahiye says that the dispensaries are under the management of the social workers, because of the acute shortage of trained medical personnel in the province. He noted that Garissa district alone had a shortage of more than 90 nurses, while the Wajir and Mandera districts have a shortfall of 65 and 60 nurses respectively.

It's not only nurses that the province lacks. Medical Doctors are as scarce as snowy days in the province. Each of the three hospitals of Garissa, Wajir and Mandera has only one medical doctor. Ijara District health facility is run by a Clinical Officer and a few nurses.

deal with the administration of the hospitals make matters worse.

After visits to these institutions and getting no meaningful medical attention, Somali pastoralists of the Province have taken to their own ways of treating their sick and ailing.

Some of these crude medication ways adopted by the nomadic pastoralists include preparing concoctions out of ampicillin, amoxyl and other capsules which they soak in water and inject with the sick.

The syringes and needles used are on most occasions those picked from the dustbins of hospitals and are not disposed off after use but jealously guarded against loss till it is needed again.

It is a common phenomenon for a pastoralist to trek to far off places in search of someone who will lend him a syringe and needle with which to inject his sick.

Dr Hassan says that this behaviour is one of the ways in which AIDS was spreading deep into the province's hinterlands. He adds that the only way to put a stop to this behaviour was to carry out mobile clinics and outreaches to pastoral communities and to educate them on the dangers of using syringes more than once as well as abusing drugs.

Unfortunately this is still a dream as staff to carry out these mobile clinics are currently lacking.

Dr Hassan warns of dire consequences for clinics and other health facilities that leave their used syringes and needles without destroying them.



A Somali mother taking child to the clinic

The fact that each of the doctors in Garissa, Wajir and Mandera are the District Medical Officers of Health and

Lost Opportunities and Missed Priorities Hinder Healthcare Continuity Among Kajiado Pastoralists:

By Josephine Lesianon

Health care statuses, problems and their opportunities for development among pastoral groups in Kenya reflect great similarities due to the prevailing health conditions, causes and the wider ecological components.

Much of these similarities could be attributed to the similar social behavioral patterns of most nomadic peoples, and the hostile environment which more often acts to impede healthcare provision.

For instance, it is bad coincidence that the generally underdeveloped physical infrastructure like roads and other communication links in most of the remote pastoral belts of the country work to significantly hamper health care delivery.

In the Maasai district of Kajiado, for instance, the perennial malaria health problem is as a result of the lushly shrubby and vegetative nature of the area, particularly in the undulating Magadi Division sector.

Also rampant in this area is trachoma, an eye disease mainly transmitted from one person to another by flies.

Water is an equally scarce commodity in most of Kenya's Arid and Semi-Arid Lands, home of the country's estimated 10 million nomadic pastoralists. The shortage of the precious commodity in Kajiado is now linked to skin ailments such as scabies, fungal infections, typhoid and amoebiasis.

Like all other ASAL areas, the district's population is found within acute poverty brackets. Food and income poverty is real and stark with diseases like marasmus, skin ulcers and anaemia, resulting from acute malnutrition.

Poor housing causes the spread

of the newly escalating diseases tuberculosis, measles in children and other respiratory infections.

Socio Economic status: Poverty causes delays in seeking medical services. On the other hand, livestock trading has recently been found to contribute to high risk health behaviours and the risk of contracting sexually transmitted diseases and HIV/AIDS.

Traditional Practices: This includes practices like dieting pregnant women and removal of false teeth in children. The former can lead to poor nutritional status of the mother and hence making her susceptible to infections during this important period. The latter causes infections, Gastroenteritis (Diarrhoea and vomiting) and even interference of the proper dental growth.

Low Literacy Level — This involves

the lack of knowledge and skills in preventing diseases and also poor drug compliance.

Poor distribution of Infrastructure: Long distances from the health institutions will contribute to low or even lack of immunization coverage in children thus exposing them to the risk of communicable diseases. There is also poor antenatal clinic attendance of expectant mothers hence most complications that might be life threatening later to the child if not detected earlier and prevented. The result is increase in morbidity and mortality rates that complicates safe motherhood.

Other common conditions are worm infestations, commonest being tapeworms for partially cooked foods like meat. Brucellosis from improperly boiled animal milk is also common.

Others include gynaecological problems among women like pelvic inflammatory diseases (PID) from poor hygiene and complications if untreated or partially treated sexually transmitted diseases such as gonorrhea which ultimately leads to infertility. Ophthalmia Neonatorum (pus discharge from the eyes of a newborn) due to contamination from the mother along the birth canal during delivery, which if not promptly treated could have devastating complications like blindness. Looking at all these conditions they are highly preventable on a range of 98—100%.

Kajiado is one of the areas where there has been support towards health from the public sector (Ministry of Health). Non Governmental Organizations like AMREF, World Vision, SIDA, Belgium and others.



Young Maasai boy trying to get the flies off his face.

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Church groups like CPK, AIC, Catholic and others; private sector — Magadi Soda Company hospital and several other individual clinics. Others are the Rotary Doctors and ICROSS, ITDG through housing improvement, SARDEP (formerly ASAL).

However, each of these organizations operate within an extent dictated by their resources and area of interests.

Notably a majority of them have laid more emphasis on curative as opposed to preventive health care.

Others pull out the services too soon without tangible alternatives hence subjecting the people to the same suffering.

Some have remained static in one place for several years without expanding to other disadvantaged areas.

Lack of co-ordination of all the sectors and hence lack of information sharing on the experiences, problems and planning together has watered down the key principles of sustainability and continuity.

The local leadership has not also come up in unison to really support health development except in a few pockets. For successful efficiency and effectiveness, preventive health care is of paramount importance and the element of sustainability is crucial which should be an agenda in every community development activity.

From lessons learnt therefore, the following interventions are suggested for an improved and sustainable health development.

Awareness: This is an area which tends to be overlooked or not considered to be of much importance because it is time consuming at the onset. But it is of vital importance because as already recognised, the habit of expecting handouts does not work or have long term tangible results and impact. It has therefore to be entrenched right from the word go. For sustainable health development,

it is the responsibility of the individual, family and community but with supplementary support from external sources. It does not matter how much resources go into awareness raising at the beginning but the outcome must yield good results. Unless this is done aggressively, one may not get active participation from the communities. This should also be on a continuous basis. Through such, the community will acquire a sense of empowerment as agents of a change for better health status. But this could only be possible through information, education and communication too.

Community Participation: The moment the individuals, families and the community assume responsibilities for their own health and welfare and develop the capacity to contribute to their own development, they will put in place ideas that will be acceptable, applicable and attainable. They will be able to prioritize the most pressing needs.

One time a group came up with a grand idea of housing improvement and after a few meetings with a women's group they decided to construct a semi permanent house for one of the members as a demonstration. Nearly a year after the house was completed, it was still vacant and the family continued living in the traditional house. This is not to say that the idea of an improved house was bad but that one must start from where one is and improve on what already exists.

From the foregoing, health is not the responsibility of the Ministry of health alone. What is required is a holistic total approach to health. The collaboration and co-ordination of all the other ministerial departments, NGOs, private, church groups, Community Based Organizations (CBOs) and also individual and local leaders need not be over emphasized. For example where there is inadequate food supply due to lack of water or good soil the Ministry of Agriculture can train people on the appropriate technology of a kitchen garden with use of locally available materials. One group might have the capacity of awareness raising and training while

another could provide useful structures like construction of latrines, housing.

Training: People need to be trained because they are capable to acquire knowledge and skills on the diseases, how they occur, how to treat and prevent complications. Traditional healers and traditional Birth Attendants whose efforts have also been of support to the communities, should be trained on improvement and promotion of the good practices and discourage the harmful ones.

Currently in Kenya traditional medicine is gaining a lot of popularity. How do we know whether some of these could have been adopted from the indigenous groups without their awareness but earning somebody accolades elsewhere?

More research into this area of traditional herbs to establish their efficacy is needed.

It is also important that the Health Management Committees/Boards and other support groups are trained especially on management that would include planning, implementation, evaluation and proposal writing for soliciting or lobbying for support.

Communities should be trained on income generating activities that are viable to alleviate poverty hence sustainability.

Mobile Services: These are very important especially at the moment when the majority of people live far away from health institutions. The services should be taken to them, maybe until a time when the plans to have health facilities within 5 kilometers each will become a reality. This will help prevent childhood diseases earlier as well as among pregnant mothers hence lowering the morbidity and mortality rates of both. It is therefore a challenge to the elite of these groups that have had the chance to go through sensitization forums to trigger the same idea down to the disadvantaged, alongside the donor and support community.

The benign role of medicinal plants in Africa's Healthcare System.

By Nomadic News Writer

The populations of developing countries worldwide continue to rely heavily on the use of traditional medicines as their primary source of healthcare. Ethnobotanical studies carried out throughout Africa confirm that native plants are the main constituents of traditional African medicines.

With 70-80 per cent of Africa's population relying on traditional medicines, the importance of the role of medicinal plants in the healthcare system is enormous. Medicinal plants are now being given serious attention, as is evidenced by the recommendation given by the World Health Organization (WHO) in 1970 that proven traditional remedies should be incorporated within national drug policies, by recent moves towards a greater professionalism within African medicine and also by increased commercialization of pharmaceutical production using traditional medicinal plants with known efficacy.

Little attention has, however, been paid to the socio-economic and conservation aspects of medicinal plant resources, probably due to the relatively small volumes involved and the specialist nature of the informal trade in them. However, the management of traditional medicinal plant resources is probably the most complex African resource management issue facing conservation agencies, healthcare professionals and resource users. As pressure is increasing on diminishing medicinal plant supplies, constructive resource management and conservation actions must be identified, based upon a clear understanding of the surrounding medicinal plant use.

Sustainable management of traditional medicinal resources is important not only because of their value as a potential source of new drugs, but due to reliance on traditional medicinal plants for health.

The vast majority of people in Africa consult traditional medical practitioners (TMPs) for healthcare. With few exceptions, traditional medicinal plants are gathered from the wild. Although reliance on TMPs may decline in the long term as alternative healthcare facilities become available, increasing demand for popular herbal medicines is expected in the foreseeable future. Over the same period, certain vegetation types that are used for traditional medicines will drastically decline due to forest clearance for agriculture, afforestation, uncontrolled burning

medicine and reduced species diversity.

The most vulnerable species are popular, slow growing or slow to reproduce, or species with specific habitat requirements and a limited distribution. Although in theory, sustainable use of bark, roots or whole plants used as herbal medicines is possible, the high levels of money and manpower required for intensive management of slow growing species in multiple-species systems are unlikely to be found in most African countries.

In contrast with western medicine, which is technically and analytically based, traditional African medicine takes a holistic approach; good health, disease, success or misfortune are not seen as chance occurrences but are believed to arise from the actions of individuals and ancestral spirits according to the balance or imbalance between the individual and social environment.

Traditionally, rural African communities have relied upon the spiritual and practical skills of TMPs whose botanical knowledge of plant species and their

ecology and scarcity are invaluable. Throughout Africa, the gathering of medicinal plants was traditionally restricted to the TMPs or their trainees. Knowledge of many species was limited to this group through spiritual calling, rituals, religious controls and—in southern Africa—the use of alternative names not known to outsiders.

Rural communities in traditional Africa, have since time immemorial relied on both the spiritual and practical skills

The vast majority of people in Africa consult traditional medical practitioners (TMPs) for healthcare.

and livestock grazing. Exclusion from core conservation areas adversely affects TMPs who previously gathered medicinal plants in those sites. In addition, supplies of herbal medicines to TMPs are affected by competing resource uses such as timber logging, commercial harvesting for export and extraction of pharmaceuticals, and use for building materials and fuel. This creates growing demand for fewer resources in some cases resulting in local disappearance of favoured and effective sources of traditional

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of the traditional skills of the so-called traditional medical practitioners. These peoples' botanical knowledge of plant species and their ecology and scarcity remain invaluable to date throughout Africa.

Though this knowledge was often restricted, indeed classified to a few through generations, there are in Africa today more traditional medical practitioners than modern medical doctors. This, for a variety of reasons, among them slowed economic performances in most of the countries, but significantly the high number of traditional medical practitioners relative to modern medical practitioners makes the former benign to the future health needs of a majority of people in Africa.

For instance, a research carried out in 1982 observed that the number of traditional medical practitioners in Tanzania was estimated to be between 30,000—40,000 compared to 600 medical doctors. In neighbouring Malawi, there were 17,000 TMPs against 35 medical doctors in practice in the country.

Economic and demographic trends in most of sub-Saharan Africa offer scarce hopes for optimism. A radical shift from use of traditional medicines to consulting medical doctors, even with their availability, would perhaps only occur with rapid change in socio-economic and cultural change, access to formal education and religious influences.

But access to modern medicine, quality education and adequate employment opportunities requires sustained economic growth. Unfortunately, with the economies of most African countries undergoing an unprecedented slump with per capita income reportedly falling by 4% since 1986, and the continent foreign debt now three times greater than its export earnings, access to quality health care will largely remain a pipe dream to the majority in the foreseeable future.

Dust and Thirst Reign Over 'Place of Resting Water'.

By Michael Nampall

Welcome to Nairragie Enkare, a small shopping centre, 40 Kilometres East of Narok town in the heart of Maasai country. Literally speaking, it implies "a place of resting water" in the local language. But as the fate of irony would have it, here, only dust and thirst reign much like a twin ghostly greeting symbols. The last time the centre's 3,000 residents had access to clean water was more than 20 years ago and many are nostalgic about the good olden days when clean piped water graced their taps in the shops, dispensary, slaughterhouse and schools.

"In the late 70s and early 80s, we had water all over but today it is as if we are taking a trip back in time. Diseases like typhoid are rampant due to unavailability of clean water. During drought it is a nightmare," laments Mure ole Tardoi.

Interestingly, the town boasts of being home to the most learned in the district and the satellite of the modern houses that dot it, is testimony to this. But with all the relative affluence, one essential commodity is conspicuously lacking — clean water.

Like all pastoral dry lands, rainfall in



NO WATER! This young woman in Nairragie Enkare wonders, **WHAT NEXT??**

Narok is low and erratic in amounts and distribution with an annual average of between 500 mm and 1,800 mm. The area relies mainly on surface water, ground water and rainfall. In Nairragie-Enkare though, people rely on shallow wells, surface water and occasionally the Lelong's Dam, which was constructed on the only stream whose source is the famous Enkoosupukia Highlands. But this water is far from being enough for the local residents who during the dry season have to make the 16-kilometre journey to and fro the dam, often with the women and donkeys carrying the water back home.

The area District Officer, Mr J. Komora, cited financial and logistical problems as the main hindrances to the availability of water



Finally a trip back home with water on her back.

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and appealed to well wishers to come in and help complete the stalled project.

"The Pkiragarien-Lelong'o water project was started way back in 1975 and it has never been completed. I am therefore appealing on behalf of my people here for both technical and monetary support to help complete this project and alleviate the water problem," said the administrator adding that it requires Sh9 million to complete and distribute the water to the residents.

The Maasai generally limit their activities to just grazing and watering livestock and without the preservation of catchments areas these people are faced with a great danger and that is why the Government and the local council is keen on activities taking place in the highlands.

Said Koyiatu ile Leposo: "We don't have a problem with the authorities over grazing lands because we hardly interfere with watering points and forests apart from some parts like the Maasai Mara. We go about our migration without a problem. But immediately the land is divided among individuals we will need somewhere to be watering the livestock to avoid confrontations, and therefore availability

of water in our homes will be of great help," he says and continues "We appeal to World Vision and other NGOs to help us construct water pans and dams. If the Lelong'o water project is completed we will have enough water and time to do farming like other communities."

Such is the situation whose solution seems hazy as one Maasai mother, Lasoi Enc Marimoi witnessed during the last drought when she was assaulted as a result of spilling just a bucketful of water. "I happened to be drawing water from the same well with three other men who were watering livestock on a trough. The cows were mooing hungrily and this made the men very angry. I happened to be in the way of one of them as he made his way to the trough with a bucket full of water and bumped into him and it spilled all over him. He got so angry and the next thing I knew I was on the ground begging for mercy as he rained blows on me."

Local schools have not been spared either, more so boarding schools that have been forced to construct huge water tanks straining their already meagre budgets.

"We have struggled to construct reservoir tanks but when the situation gets out of hand we are forced to ferry

water from Narok town and that costs money. We have no choice because without it then no learning can go on," said an optimistic head teacher Ngugi Gani.

Most of the more than 20,000 residents here are farmers growing mainly wheat, maize and beans thanks to the rains of between April and July. The completion of the stalled water project will mean an economic transformation that will enable them to grow crops throughout the year through irrigation and also keep dairy cattle. This will mark "a very important step towards the general improvement of life in this area and its environs like Mosiro, Suswa and Narok town because this place is very productive," says Mwangi Wairi, a businessman in the town.

A local elder who identified himself only as Olekerio is incensed with the government and the local elite for what he says is their lack of commitment.

The old sage has a particular bone to pick with the local elite: "They live in their complex towers in towns and only go home to bury their dead and during Christmas time. These prodigal sons and daughters should come back home and contribute to the development of the community that made them what they are today."

FGM: A Cut That Trails Time

By Akudung'ole Urion

Despite stiff opposition from lobbyists and the World Health Organisation having declared it a health hazard, the rite of female genital mutilation (FGM) persists among a number of indigenous Kenyan communities, the Pokot included.

Executed in a most bizarre manner, it involves the initiate strutting on a chosen stone, legs wide apart facing the direction of the rising sun. The circumciser then menacingly leaps forward from a large crowd, which includes men, women and children.

With her crude tools of trade at the ready, she pours some ash around the initiate's genitals as she swings her knife and within a few minutes the first operation is over. This is female genital mutilation among the Pokot of the Rift Valley Province in Kenya. Among some clans, the girl is made to sit astride facing her father who stands crest-fallen holding two spears. The circumciser normally scoops the vulva and all the surrounding areas. In a fraction of a minute, the skin around the vulva turns white followed by shooting blood. At the sight of this the women ululate hysterically. The girl does not wince and is considered

brave. The girl's father jumps up in joy and shouts the names of his oxen. While the girl still sits in the same position facing the east and eyes wide open, an uncle emerges from the crowd praising the girl, turns her head after which the girl now stands up and runs to salute the father and the uncle as blood pours down the legs. The father responds by shouting the name of his best bull. Everybody shouts 'hooray!' and the women now edge closer to cover the nude girl before ushering her to a shade where they perform a final operation.

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FGM - WEST POKOT

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In some parts of Pokot country, the girl is escorted from the river early in the morning stark naked.

The scary part of this ceremony is the humiliation because everybody watches all the operation.

The practice, however, differs even in definition with some calling it female circumcision or female genital mutilation or just the cut. All of these nonetheless involve the act of irremediable removal of part of all of a girl's genitalia.

The normal female external genital organs are constituted by the vulva, which comprises the labia majora, the labia minora or nymphs and the clitoris.

In women, the constitution of the vulva is genetically programmed and is identically reproduced in all the embryos and in all races. According to Zwang 1971, the vulva is an integral part of the natural physical possessions of women. When normal, there is absolutely no reason, medical or moral to suppress all or any part of these exterior genital organs. Therefore, in circumcision or whatever one would term it, an element of mutilation is involved.

Female genital mutilation is a deeply rooted cultural practice, highly regarded by the Pokot regardless of one's social standing. There are cases where married women, some of them highly placed professionals consent to undergo the operation in full view of a watching public.

Uncircumcised women and men are despised and ridiculed and in most cases, are rated as children.

Uncircumcised women are usually shunned by the prospective of not getting a suitor and some

uncircumcised women have been forcefully circumcised during childbirth. Lilian Plapan, the chairperson of Setat Organisation, an NGO based in Kapenguria, says although most Pokot people argue that the practice is an important rite, which helps to make adolescents responsible. However, because of the health implications of the ritual, she says the community should think of an alternative

plans to suggest alternative means of employment for the circumcisers and to hold monthly rallies in schools and public barazas to sensitize the community on the adverse effects of FGM.

Maria Nenio of Kanyarkwat, West Pokot who acts as a circumciser as well as a Traditional High Attendant (TBA) says traditional circumcisers should be given an alternative means of earning a living.

Nenio says in her trade she covers an area of 50 square kilometres during the festivities in which she circumcises around 100 girls a season. This practice is normally done in December of every year.

During this time the West Pokot plains are adorned with colour as girls in beautiful uniforms and colorful monkey headgear and holding flywhisks walk singing from one relative to another inviting them to the big occasion.

Dr Hillary Mabeya, the Medical Officer of Health at the West Pokot District Hospital, says he has operated on several cases with the help of Amref and Flying Doctors on complicated cases of FGM.

The most recent case was that of Evaline Chepchemba, 21 years old, who lost control of her bowel movement as a result of obstructed labour arising from FGM. The operation was successful.

Chepchemba says she dropped out of school in Standard Three due to early pregnancy. While she was three months pregnant, she was circumcised. While recuperating at home, she was advised to always keep her legs tightly together. This left her with only a small opening to pass urine and menstrual flow. She developed complications resulting from a rupture of the bowels, whose movements she could not control anymore.



Margaret Ngurarian and Rhoda Rotino - Indigenous women leaders fighting against FGM in West Pokot.

symbolic practice of initiating adulthood.

Plapan says Setat is currently fighting against these practices by replacing the traditional one with something more acceptable like presenting girls with certificates after counselling during school holidays.

Through organising monthly seminars for circumcisers, the organisation hopes to discourage them from circumcising more girls. Setat also

The Choking "chokaa" of Wajir

By Joseph Ngũgĩ

At the entrance to the Guguuf Whitewash making compound, in Wajir town, one is engulfed by an oppressive heat wave, coupled by a pungent smell that makes breathing laborious.

The heat emanates from three foot-deep combustion kilns, which permeate the area and are used to prepare limestone or *Chokaa*, (a substitute for cement) used for building and plastering in the area. The hot temperatures that are typical of Wajir District, in the North Eastern Province, make the heat worse.

From one of the kilns, emerges a weary and lanky Adan Kalai, with a dazed look on his face. At first he regards us with a mixture of both suspicion and contempt, before he lets out a coarse hand for greetings.

Even after a brief introduction by the chief of Hodlan Location, Mohammed Salat Noor, you can still deduce hostility in Adan's hooded eyes. The chief, however, explains this saying that the people are not used to visitors at their site.

Meanwhile a handful of other curious and shabbily dressed *Chokaa* workers abandon their work and cautiously approach us. One would expect these people to be sweating profusely from the heat, but their skins appear strangely taut and dry. They in fact appear sickly.

"The conditions under which they operate, leaves their skins severely dehydrated and has an overall negative effect on their health," says Salat on noticing the startled look on our faces. Meanwhile we are all wiping sweat from our brows.

Not that Adan and his colleagues are not aware of the potentially harmful conditions under which they work, with a raspy voice, he explains that they only work there for lack of an alternative way of earning a living.

"Our families depend on us for their daily bread," he adds.

This is not to mention the important role they play in providing the whole of Wajir District and its environs with the much needed *Chokaa*, which is extensively used for building and construction in the area. In Wajir, *Chokaa* has an edge over cement, as it is able to withstand the effects of high temperatures prevalent in the area. Salat says the use of *Chokaa* in the area makes the construction of houses very cheap. "Compared with cement which goes for about four hundred shillings a bag while *Chokaa* here costs only fifty shillings for a similar bag."

He adds that the only time cement comes in handy is when finishing the floors and walls and then, very little is used.

cause for alarm— informs us that their ill health arises from the crude form of energy they use for combustion.

In order to get *Chokaa*, the raw material—rare stones called Biscuit and Caravan—have to be burned in the combustion kilns at very high temperatures.

"Since we do not have the technology for producing advanced forms of energy, we burn the stones with the help of firewood and rubber from old vehicle tyres," he explains. The burning takes an average of 12 to 24 hours. A lot of water (which is a rare commodity in these areas) has to be used in the process.

The fumes thus produced from the burning of rubber and firewood, have been noted to have adverse effects



Chokaa is ready for use in Wajir town

It is indeed a pity that despite all the effort that is put into making the *Chokaa*, the workers sell it for a paltry Sh. 50. Even then, marketing of their product is erratic and poor. This means that they could go for days on end without selling a single bag.

On the issue of health, Adan—who now appears very enthusiastic after realising that our intentions were no

on the health of the workers at the site. This explained the foul smell we encountered as we approached the site.

Abdulah Sahal Ali, chairman of The Guguuf Whitewash Co-operative society says there are around 78

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CHOKAA - WAJIR

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members and it has been in operation for the last 60 years. Work at the site is divided among the members.

Noor Sheikh Ahmed, a clinical officer at the Wajir District Hospital and who assists local self-help groups in the area, said that most workers in the quarries develop chronic bronchitis, which is fatal, as well as allergic skin conditions.

"This seems to explain the dry cough, which almost every one at the site appears to suffer from. 'Over the years, we have seen several of our colleagues succumb to the terrible cough. We have come to accept it as our fate,' says Adan painfully.

Noor explains that due to rampant poverty in the area, most of the workers at the site do not have the means to seek medical treatment from private hospitals once they contract such diseases. Their health only continues to deteriorate further.

Another problem experienced by members of Guguuf is the

unavailability of firewood, which they use in the combustion process. Since Wajir district has little or no vegetation, firewood is equally hard to get.

Abbas Hussein, another member of Guguuf says they are forced to get the firewood from very far off places using hired donkey carts and this negatively affects their profit margin.

"Over the years, we have seen several of our colleagues succumb to the terrible cough. We have come to accept it as our fate," says Adan painfully.

With the firewood, also comes the environmental angle. The chief noted that their firewood harvesting causes untold damage on the fragile environment, since they do not replace the trees they cut down.

As a result, Salat observes that each year, the Guguuf members are forced to venture further and further in search of firewood.

Stressing the importance of Chokaa both to the building and construction industry in the area and to the local economy, Salat suggests two ways that would make work easier for Guguuf members. One way is through afforestation, but which is not entirely viable due to the unreliable rainfall in the area.

The other more appropriate way is through the investment of electric kilns, which would not only do away with the firewood combustion, but would also ensure that the workers' health is not put under undue risk.

Salat adds that these are among the proposals that his location wants to put forward to prospective donors, as part of the poverty eradication plan.

Meanwhile before the poverty eradication plans take effect, life must go on for Adan and company. They have to expose themselves to the daily dose of the obnoxious dust and the dangers that their occupation demands if only to earn a living.



Workers busy in the Chokaa mines in Wajir Town

Killer Kalazar Now Engulfs the Pokot

By Nomadic News Writer

After wrecking an initial havoc on the nomadic Somalis of Wajir District in North Eastern Province, where it claimed numerous lives, the deadly Kalazar plague has now moved on to Kenya's northwest, to afflict the Pokot. The disease is characterised by an inflammation of the internal organs and bleeding from the orifices.

Kala-azar is a disease mostly prevalent in the lowlands of West Pokot where giant anthills are prevalent. The disease is transmitted by a fly which resides in these otherwise panoramic giant anthills that dot the Pokot countryside in Kenya's world-famous Rift Valley.

The anthills are a particular feature of the hot and dry areas where the climatic factors (rainfall, vegetation and temperatures etc) are extremes. The human nutritional status in these areas also vary from year to year depending on the prevailing climatic variables.

According to Stephen Krop Moroto, a clinical officer and a specialist in Kala-azar management based at the Makutano Trading Center, the Pokot pastoralists play a significant role in the epidemiologist of the disease.

Mr. Moroto says Kala-azar has a queer incidence because it afflicts men more than women. The Pokot rationalise this saying this is because their menfolk spend more time in the open herding livestock and guarding the community from potential cattle rustlers while women while in the traditional huts where there is usually a fire that acts as a repellent to the sand fly vector.

It is not difficult to observe that the Pokot men graze their animals in the bush where the anthills are mostly found.

Mr. Moroto explains that the male population in the pastoral Pokot are likely to come into contact with the sand fly in the process of hunting, tending animals, sleeping in the bush and during the time of planning and execution of raids which puts them at greater risks of contracting kalazar.

A look at Kenya's geological formation shows the country has numerous termite hills in semi-arid areas (ASALs) of below 1,150 metres above the sea level.

A lot of importance, notes the medic is attached by the Pokot, to the anthills given they are home to the termites (white ants) which are a food supplement. The termites usually come out of the giant anthills at the onset of the rainy season normally between March and April.

Kala-azar (visceral Leishmaniasis) is a disease that is caused by a protozoa parasite which is transmitted from man to man mainly through the bites of a certain sand flies. It affects internal organs mainly spleen, liver, bone marrow and the lymph glands.

The disease has a long incubation period and the symptoms include irregular fever, enlargement of the spleen, liver, anaemia and general loss of body weight plus a palling of the hair.

It is highly fatal and occurs in a few years.

History

Before the Second World War (1939 - 1945), Kalazar was a sporadic disease among the pastoral communities in Kenya. The first outbreak of this disease was reported among the Kenya African Rifles (K.A.R.) personnel stationed near Lake Turkana between 1941 - 1943. The disease may have probably been

introduced by the Kanbu soldiers returning home from the war since it was first discovered in their area in 1948. Medics estimate this is due to the ecological factors around Kitui which are favourable for the vector's survival and transmission.

The disease might have spread southwards from Kitui along the eastern border into North Tharaka and then on to Turkana. This spread theory conforms to a research commissioned by the Ministry of Health in 1977 led by Mr. Moroto himself who has since specialized in Kala-azar management.

The disease is now widespread in Turkana District, some parts of West Pokot mainly the lowlands and the whole of Karamoja in northern Uganda.

The disease was first dictated in West Pokot in 1953 by a Mr. Fendall and again in 1962 by a Mr. McKinnon who were working as medical doctors in the district. It is thought that it was probably introduced by Pokot Kenya African Rifle soldiers who went to Kala-azar endemic India, Burma, Ethiopia and Rhodesia (Now Zimbabwe).

There were also prisoners of war stationed near Kapenguria in West Pokot, who came from Ethiopia. The camp is today known as Kaa-Abyssinia by the locals. These are the possibilities that may point at how the disease could have been introduced to this district in 1945 by the Ethiopian soldiers and their prisoners of war.

According to Dr. Edward Knoll of Orlum Mission Hospital, the incubation period of the disease vary. The time lag between the sand fly bite and the onset of the disease differ but

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the incubation period could range from 3 - 6 months while in extreme cases this ranges between ten days to ten years.

Dr. Knoll continues to say that sand fly sucks human blood during warm still nights and their bites are normally very painful. The treatment of human infections reduces the infectivity of sand flies. The treatment of Kala-azar is very expensive.

Dr. Knoll says a patient at Ortom Mission Hospital spends 15,000/- for full treatment and the majority of patients cannot afford it. Medicines Sans Frontiers subsidises the drugs. The hospital works with MSF which has a doctor, and two clinical officers. Dr. Knoll says most patients come from Kacheliba Lomut, Mazol and of late Chpokopegu and Nasolot.

One major setback in combating the disease is the delay by the Pokots in reporting the disease until they are chronically ill. Dr. Knoll continues to say it's cheaper to treat the disease in Amudat Uganda because it's heavily subsidized by MSF. MSF are giving free drugs to Ortom Mission for Kala-azar treatment but the patient pays admission fees for thirty days. A young child pays 7,000/- and an adult pays 15,000/-. Ortom Mission Hospital treated 137 Kala-azar patients in 1997 and half of this were coming from Kacheliba.

In 1998 they treated 91. The upsurge can be explained as due to awareness. Until June 1999 the hospital treated 65 patients with one who had a spleen of 22 cm and he succumbed to death due to bleeding.

According to a recent survey conducted by MSF, Sodium Antimony Gluconate (SAG) might be the cheapest drug to treat Kala-azar as it costs Shs. 15 compared to Pentostam which costs Shs. 100.

According to a report commissioned by MSF in 1997, over 250 people from Amudat County Uganda have been treated to date.

Medical scientists fear Kala-azar could be linked to the dreaded HIV/Aids infection. In some years to come in those areas where Kala-azar is endemic cases of HIV/Aids could on the rise, if this possible linkage is established to hold. Kala-azar may show signs and symptoms but treatment will be difficult. If the occurrence of the disease does not subsidise, chances of relapsing are bound to be high considering its fatality.

The Caring Culture

By Adan Harar Noor

Children rights are violated left, right and center all over the world, especially in the developing countries where basic survival needs are not easy to come by and issues affecting vulnerable groups like children are thrown into oblivion. Addressing the plight of children becomes even more difficult when peace, stability and tranquility are again elusive in civil strived countries like Somalia, Sudan etc., where prolonged conflicts have made life difficult for millions of children. With aid agencies overwhelmed by the need to provide basic needs for people ravaged and battered an internal conflict, little resources and attention are left to assist children in countries like Somalia. Now with such a gloomy situation facing children in Somalia, the traditional way of caring for children comes in handy - a highly developed institution that has not been exploited.



Cheerful Somali mother and child

A book titled "Caring for our Children: the Somali Tradition" obviously would not have been published at a more appropriate time than this time when the rights of ordinary people, leave alone children, is trampled upon in that country. This new publication from Unicef Somalia describes the ways in which Somali tradition supports, protects and promotes the

development and well being of children in their first months of life and through the first ten years of early childhood. The author of the publication Sophia Mohamed Gamal herself a Somali, displays her deep knowledge of the Somali culture to emphasize the untapped Somali way of caring for children. Various illustrations and pictures through song, poetry and folktales are used to underline the enduring significance of the rich Somali oral tradition to bring out Somali childcare practices.

The proverbs and sayings used in the text are very illustrative and clearly set out how Somali traditional nurturing of the young child right from the moment of birth recognizes and protects the infant's special status and needs. Two proverbs are really

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captivating and almost sum up the book's focus. A tree that grows sideways when young cannot be straightened when old (Somali - *seed varaan ku qalloocday waynaa laquma toosiyo*). This proverb underlines the essence of providing all basic rights like health care and education to children in their upbringing. The other proverb says "instead of withholding them (children) inside (the body) let them be scattered around" (*Gaaf ay tagorga ku jiri lahaayeen tubta ku daarsanden*). Sofia Gianna, the author says promoting children's welfare is the rationale behind all the traditional practices in the book. The marriage between Islamic teaching and Somali's traditional practices in the upbringing of children is highlighted in the book, the basic right to education and caring for the orphans is a good example.

Children's place in the family and society is a chapter in the book that underlines how children are seen to be important for the future welfare of the immediate as well as the extended family.

In contemporary terms a person with children is considered to have a life insurance and a pension plan since

children are expected to take care of their parents financially, physically and emotionally as they become older, the book explains. The significance of children and the high esteem, in which they are held, is extensively explained in the context of the Somali deep-rooted clan based system. "Children are seen as the continuation of the clan, especially male children, and one gets a place in the clan structure if one bears children," the book says. The overall feeling of the Somali community of a person who bears no children as a curse further underscores their role in the family. A simple word, *gablaanno* or childless, sums up for someone who dies without children. Their care, upbringing and protection is of utmost importance to any Somali family, the book argues, for failure to give them the necessary attention, they will become what is known as *caasi*, or renegades. Caring for the community is deeply rooted in the extended family system. Good, well-behaved and obedient children are the goal of every parent in the Somali community. The author explains that this, according to the Somali, will come from a good wife. The community views marriage, an important social institution, differently. The book argues - that the primary purpose of marriage in the Somali culture is not companionship

but to have children to carry the good name of the family and protect the parents from ravages of old age.

Protection of a child from any form of abuse or assault even from ones parent is the overall responsibility of the family including a relative, a neighbour or even a passerby. As a strong believer of Islamic Religion the Somali community protects orphans. The book says, according to Somali tradition it is an abominable act to abuse orphans and their property. In the final chapters, the book looks at Songo, nursery, rhyme, story telling that are meant to make the child feel comfortable and grow up in the traditional Somali way. Praises, lullabies and advice are all given when they fell sick. All these again confirm a tradition that cares for posterity.

The book, the first one of its kind, is a must to child right activists and the general public who should realize that the African culture is never short of surprises when there is an international concern to address a particular problem.

The book is available from Unicef Somalia support centre, sector communication at the UN headquarters Nairobi.

Cultural Norms Or Child Rights Abuse?

By Michael Tiampati

At the tender age of 15, Jane Rosiati Naikuni was figured old enough to earn her father dowry and hence was circumcised and consequently banned from attending school to facilitate her marriage to a much older man. There was no one to stand up for her as she had lost her mother when she was very young and her brother's fear of their bully father would not let them raise a finger.

"I was to be married off to an old man who had three wives already and insisted that I was going to pursue my studies instead, he would beat me when I attend school," she reveals. Jane waited patiently and got an opening one-day as her father left for the market to sell a cow and get

finances to facilitate the marriage ceremony and then added she, "I escaped at night and walked 18 km through the bush to a church elder's home and sought refuge there". Her father was so incensed that he mobilized his friends to track her down at the church elder's house, they beat her savagely rendering her immobile. "I was bed ridden for some time after this assault and I was locked in a house and my father went searching for my intended suitor," she further concedes. A sympathetic neighbor learnt of her predicament and unlocked the house where she had been confined and she was able to run away once more, this time her journey taking her to Narok town where she sought refuge at a friend's house. This

friend took her to the Full Gospel Church pastor who in turn took her to the local chief's office and after learning of her ordeal at the hands of her father, ordered the arrest of her father for assault.

She expounds that at the chief's office her father was compelled to sign a statement to the effect that he will allow Jane to pursue her studies at a boarding school without any interruptions and pay her school fees without failure. He reportedly did this but reiterated once they went back home frustrating her by failing to talk to her when she enquired on the plan to send her to boarding school. It was then that she wrote to the pastor

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informing him of her frustrations and the pastor send for her and handed her to the Narok Women Lobby Group, which has been in the eye of the storm in the fight for the rights of the Maasai girls in Narok District. The Group handed her over to the Headmistress of Masikonde primary, the Mrs. Helen Dikiri, who doubles as the Group's Treasurer. She enrolled her while her case was being sorted out.

Mrs. Dikiri outlines the objectives of the lobby group "We are a group that is willing to see the Maasai girl child succeed and achieve her full potential but we are faced with acute financial handicaps and facilities since this is a very new venture but we are determined to see it succeed. We would appreciate any kind of help for this cause," she appeals.

There is seemingly an urgent need for much emphasis on this subject in Narok District to avert eminent mayhem, as girls are so inhumanly denied their rightful place in society due to collapse of infrastructure and of ideas necessary in curbing this sordid and disruptive trend whose end result is the undoing of all the hard and painstaking academic work that these girls and teachers have done over the years.

Seneiya Nkamasi is another Maasai minor who has gone through a terrible ordeal. Forcefully circumcised at the tender age of 12 after a severe beating from her graduate brother for refusing to be married off to the family's herdsman. She narrates the harrowing experiences both at the hands of her brother and the circumciser "After attending a seminar where the District Officer urged us to embrace education as the only key for the future, I decided to work hard and emulate my brother who is a university graduate but when I told him my intention to study, he beat me and ordered me to go the D.O.'s house and ask her to educate me- after which he sent for the circumciser despite the pain after the beating." The brother who seems untroubled by scruples would stop at nothing to achieve his goal and consequently Seneiya ran off to the local Member of Parliament's home who handed her over to the District Commissioner who summoned her brother and when he failed to turn up

the District Commissioner in turn handed her over to the District Education Officer who then called the headmaster of Ole Sankale Primary Boarding School- where the sympathetic head teacher admitted her without much ado. That was when the Narok Women Lobby Group came in and organized a fund-raiser at a local hotel whose proceeds were used to purchase Seneiya educational essentials. The Group's chairperson Mrs. Mary Simat says that this menace has to be taken by its heels and set it up on its head once and for all to stop the few men whose greed for bride wealth and other benefits has become such an obsession to the point of lunacy. She further adds "We are prepared to go to court if this will save these girls who are smitten with terror after the effects of their experiences at the hands of these mindless people. We are also prepared to sacrifice from our pockets to keep these girls in school and thanks in no small way to the head teacher of Ole Sankale School, Mr. Robert Ole Nabaala, for his readiness to admit the girls without question."

As the saying goes, "the most truly dangerous man in the world is one with nothing to lose" this is a true description of the situation in Narok district where school drop out rates for girls are way higher than that of boys, thus leading to wastage of otherwise excellent brains and as a result wrecking havoc in its wake on the lives of these young girls. But now thanks to the gallantry of these trio of women whose efforts come as a sigh of relief to the Maasai girls whose academic world seems to crumble irretrievably around them for the empowerment and strengthening of this group will ensure that no girl has to go through the consequences of a tradition which is out of time with modernity.

Jane and Seneiya are just but the few cases that have come to light and the assistant chairperson of the lobby group Mrs. Margaret Koileken strongly believes that the success of the group lies squarely on the shoulders of Narok women. "We are only a few voices who are bold enough to fight for the empowerment of women in this region and we are appealing to all Maasai women in the region to join forces with us and claim our rightful place in society. We have stayed in the shadows for far too

long". And adds "This is the right time to say no to gender insensitivity and this will only be achieved by the empowerment of women and by educating girls. Men should also support us and not act as if we don't exist". The administration looks the other way whenever the issue of girls rights comes up because most of the uneducated councillors and some chiefs are the ones pulling girls out of schools to become wives-cum-secretaries. These men should go to school first before assuming or taking up office!" says the tough talking and militant former teacher.

According to the District Development report the male population outnumber females and the trend is projected to remain unchanged. The male-female ratio stands at 1:01 which is a clear indication that it will take much more than a handful of women to ensure that common sense prevails at the end and that those that are guilty of this atrocities will see their full implications of their actions and support this worthwhile venture in this millennium.

The formation of the Narok Women Lobby Group is a response to the distress raised by the poor girls and in the wider spectrum all women and it was the brainchild of these three career teachers after keenly assessing the worrying trend where 5.25% of girls are either forcefully denied education or are never taken to school in the first place. This prompted them to take the initiative of educating women and girls in the district through the chiefs baraza's and organizing seminars and the input of such organizations as the United Nations Poverty Eradication Program, Action Aid, the United Nations volunteers and such individuals as the Narok county Council Chairman Mr. Senteu Ole Ntoros whose contribution have been immense according to the officials. It was launched in April 1998 and the office is situated at the Narok County Council headquarters - a gift from the chairman who is a strong advocate of the program.

So far though the group has not been able to achieve all its objectives owing to financial constraints, inactivity and lack of both political goodwill and support from the townfolk especially in the local authorities, an apparent

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gender bias, according to Mary Simari, when appointment or promotions are made and the general adversarial attitude by men both in offices and in the homes. This women are therefore embroiled in a war with those opposed to their quest while striving to turn women in the region to emerge as a regional power house economically and academically after years of plunder and neglect. There are also problems with fellow women who are said to be colluding with those opposed to the group's endeavors and thus frustrating their efforts as Mrs. Kpileken confirmed "It is not that women here are deficient in some desirable attributes but men have always felt strangely unsettled when women show the slightest sign of protest thus frustrating them, career wise and economically by denying them promotions in all sectors, setting fellow women against us and the general male bigotry".

So is the Narok women lobby group friend or foe? "From the day we started there have been a few teething problems as some people have tried to cause disharmony amongst us but we will not be cowed. We are reaching out there to the people in the homes and the response has been encouraging. Because the call is from deep down our hearts we will succeed. We are also taking advantage of social gatherings to advocate for the rights of girls and women and this far the

only problem is facilities, otherwise we are taking it a step at a time," conceded Mrs. Simari at length.

Ole Sankale school is not only home to Senciya Nkamasiui but to a victim of both nature and man alike, the visually impaired 15 year old Margaret Sananka attends special classes at the school but has had to do without going to school for a year for being pregnant after being raped/defiled in 1998, thus confining her to early motherhood as a result. Margaret is traumatized but the lobby group and her teachers are working hard through counseling to help her cope with the double dilemma more so due to the fact that the rapist is known and is still out there waiting to pounce on yet another girl.

According to Margaret after the rapist was identified a kangaroo court was summoned and he was fined a paltry fine of Kshs.20,000/= for his act and subsequently set free. Sananka feels that this is not enough for the pain that he caused her and she puts out a tearful appeal that "I would not like him to be killed because he is my clansman but I would like him to feel the same pain that I felt". The lobby group is calling upon FIDA or any other concerned group to take up the matter and ensure that the perpetrator faces the full force of the law. Despite the harrowing experiences Margaret is still determined to pursue her education and she thanks her teacher-cum counselor and the sight savers for bringing her back to school after the ordeal. A teacher at the school

Mrs. Priscilla, describes the performance of the two girls as "academically coming up very well and socially they have good conduct and the future is bright". She however appeals to well wishers to come in and offer financial support.

The three girls have surely seen more than their fair share of terrible ordeals but they are all too young for forgiveness and they say that they forgive those who have so inhumanly mistreated them as Senciya puts it "I have no hatred for my brother but I just pray that he will let me learn and achieve a degree like him, he is my role model."

As the philanthropists and their supporters strive to ensure that girls and women are empowered through education the capacity to arrest the retrogressive situation is vested in the community leaders outfit. But as Plato observed "Access to power must be confined to those that are not in love with it" and it is this setback that is the lock that bar women from assuming a successful stance or adopting a winning method in Narok. In this millennium support is needed for the empowerment of these women who are genuinely seeking their rightful place in society by replacing the love for power with the power to love "because for a long time the woman has been an abandoned person merely seen like an object than a person with feelings and ambitions," Margaret concludes.

Adolescent Sexuality: To Tell or not to Tell?

By E.M. Saruni

Adolescence is one of the most tumultuous stages in human growth and development. The hard choices left to parents with adolescent children is often whether or not to expose them to information on their sexuality, and if yes, the approach to take.

Adolescence is a period of transition from childhood to adulthood marked by interlocking changes in the body, the mind and in social relations. The body grows in size and reproductive capacity and gets more sexually defined. At this stage, the mind is capable of abstract thinking, future

orientation, internal control and wider awareness of the environment. The close relationship and dependence upon parents and older family members begin to give way to more intimate relationships with peers and adults outside the family.

Running from between 10-20 years, it is a stage when the young person embarks on a process of individuation.

The lack of parental care among adolescents is bound to lead to social deviants, falling prey to early pregnancies and drug abuse, which would otherwise be avoided.

Without given full parental care, guidance and counseling they end up in shambles, they either become pregnant or drug addicts. The advent of the killer Aids scourge makes parental counseling even more imperative. Recent studies in Kenya indicate the youth as lying within the most vulnerable age bracket, one that is increasingly prone to Aids infection.

This alone pushes the point for parents to identify the needs of their adolescent children if they are to mature into responsible citizens. Days when communities used to relish in cultures, which allowed cohesiveness

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in families, are long gone. Due to rural-urban migration, most families no longer have grandparents who used to counsel the youth. Parents are also very busy to provide youth with the information, education and communication they need. What is more, some parents still feel talking to their adolescents about matters relating to their sexuality is a taboo. This must change, as there is no substitute to parental care. As families migrate to urban areas, leaving aunts, uncles and grandparents in the countryside, many traditional family values are fading fast.

Parental guidance on the physical and emotional changes that will occur in the youth, however tricky they may be due to peer pressure and conflicting mass media images are inescapable for parents.

"Talk about growing up, including discussing sensitive issues like sexuality takes practice. It may not always be easy, but since television, music and friends all present our children with sometimes confusing tempting and often conflicting images and information, our roles as parents have become all the more important", advises a parent/youth publication.

The youth should equally be encouraged on the need for bold communication, whenever in problem. Parents should also be exposed to forums where they will be taught on how to deal with their adolescents, such as at schools' parents/teachers association meetings, communal barazas, the media, church and other appropriate social gatherings.

There is need for adolescents to know the changes that are taking place in their bodies. This enables them not to cope easily when the changes occur. According to Fr. D. Nyaga in his book: "Child Guidance and

Counseling" he talks of the need for the parents both mothers and fathers to talk to their daughters and sons about these changes. "There is no doubt that mothers would be doing a nice job to alert their daughters, well in advance of their going to become grown up girls. The sign of such growth will be menstrual flow. These incidents surprise many a girl, when they have not been prepared for it. So it makes some begin weeping, thinking that they have a very serious disease. Is it the mothers who should take precautions about that. When one's daughter reaches the age of 10 years, she should be alerted that sometimes in the near future, she will begin experiencing a new occurrence. With such information, she will naturally take the incident to be normal. It is a preventive growth.

Just as the mothers should not keep silent over their daughters' physical

he will of course, take this as natural occurrence and that even if he had sexual dreams in connection with it, he will understand that no element of guilt is involved.

Since this is the stage when adolescents want to identify themselves, they end up experimenting with their bodies through sex. We have seen at what age the biological changes occur and it is important if the adolescents are encouraged to ask questions on all these changes. Left alone, they will end up getting wrong information and education from the wrong sources mentioned earlier. This will lead to early pregnancies, drug addiction, acquiring STD/HIV/AIDS, and mental problems which will even affect them in their education.

Counseling in relation to adolescents would be very helpful because this is the stage when most youth really do not know exactly who they are and they are in the period of individuation. They have a problem knowing who they are and it is during such a period that an individual will need counseling. The person who comes to the counselor with a

personality problem has this difficulty because he/she cannot be himself cannot in other words individuate. "The neurotic type," Rank pertinently says, "which we all represent to a certain extent, suffers from the fact that he cannot accept himself, cannot endure himself and will have it otherwise".

For in the end the person has only himself through which to live and face the world. If he cannot be himself, he certainly cannot wish to do so. His self is different from every other self: it is unique and healthiness of mind depends upon his accepting the uniqueness. (Rollo May 1978, p. 53) From this the importance of adolescents to be encouraged to seek counseling as early as possible to help them negotiate this stage becomes

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The lack of parental care among adolescents is bound to lead to social deviants, falling prey to early pregnancies and drug abuse, which would otherwise be avoided.

development, so also fathers should not be silent to their sons who have reached the age of 14 and 15 years – the age of rapid development for the boys who are approaching puberty. They should be informed that one does not remain a child forever but that changes will take place as they grow. So to alert them that sooner or later, physical changes will take place: Change of voice, growing of beard and particularly, the sexual biological changes. Generally, from age of 16 – which could be anticipated a bit earlier – many boys during sleep begin experiencing their first nocturnal emission or the discharge of semen through sexual excitement. This discharge may or may not be accompanied by dreams of sexual type. When this occurs, a boy may be frightened unless he had been prepared before. If he was prepared,

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Samburu young girls in ceremonial attire.

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necessary. Erik Erickson in his developmental stages talks balanced negotiation of every stage will help to oneself, failure to do so may lead an individual to develop problems.

Adolescence: Identity versus role confusion. A time of transition between childhood and adulthood. A time for testing limits, breaking dependent ties, and establishing a new identity. Major conflicts over clarification of self-identity, life goals and life's meaning. Failure to achieve a sense of identity results in role confusion" (Corey G 1997 p. 101). Freud - genital stage, age 12 - 18, old themes of phallic stage are revived. These stages begin with puberty and last until senility sets in. Despite societal restrictions and taboos, adolescents can deal with sexual energy by investing it in various activities such as forming friendships, engaging in art or to sports and preparing for a career.

Counseling would be given to adolescents, as Freud says, by encouraging our youth to join clubs in schools, churches and communal activities for those out of school.



Turkana young girls in search of clean water.

Through the clubs counselors would encourage group counseling where all will have a chance to share whatever problems they may be undergoing. Through the same venue it would be easy to get the adolescents who have individual problems and they will be able to be assisted.

For guidance and counseling to be effective, it should be done qualified teachers and social workers who have themselves been adequately inserviced. In addition, guidance and counseling should respect the youths' individually, needs, rights and choice. While most parents prefer counseling for their children, experience has shown that it is actually them who apparently do not understand their young ones.

The techniques which would be used to counsel adolescents are those which will help them to model their behaviour, how to be themselves. For example, Carl Rogers techniques would be very useful at this stage because they allow one to explore himself and come to an understanding with himself. In the person-centred framework, the "techniques" are listening, accepting, respecting, understanding and responding. These techniques are notably realistic to the youth since in most school and home situations they always and hardly ever are given the opportunity for self-expression.

There is need nonetheless to establish a balance between furnishing the youth with the information they so require to make informed choices and saving them enormous pressure. They should be given the chance to discern what is most relevant and useful to them by way of giving them adequate knowledge.

The Somalis Lose Out to Media and Modernity

By Adan Harar Noor

African and indeed most indigenous peoples' cultures are today increasingly under siege.

The implications or consequences of such have been enormous with various strong and valuable culture practices either wholly abandoned or adulterated by foreign ones. However the current wave of cultural transformation that is sweeping across the continent and the world over is as a result of globalization through advanced technology.

Here in Kenya, the drifting from what used to be traditional values and norms has affected almost all the 42 or so tribes in the country. From Laikipia to Laikipia, from Mandera to Mumias the change is uniform. Communities in such areas are most of the time oblivious of these changes they embrace in the name of civilization. The Somali community in Kenya, considered as one of the most conservative among pastoral groups, has lately experienced a variety of cultural erosions. For example, the much famed, well-defined political, administrative structures and social institutions are no more. Cultural diehards in the community point an accusing finger at the Western media. Although cultural transformation over the years is nothing new, there are certain institutions within society that have weathered the test of time of cultural defect. Institutions such as marriage and traditional health care systems have already succumbed to this pressure. One institution that has survived this onslaught of cultural cleansing is social justice. We will explore what social justice is and how it is dispensed among the Somali community.

Ethics and Welfare

Although one might not think so after the internal wars in Somalia, the Somali still value humanity. They are a generous and hospitable people. Collective and decisive communal action would be taken against any one suspected to be interfering with the internal affairs of the community. By

extension, this principle of "do unto others as you like them to do unto you" is applicable across the community. For social justice and respect to prevail in the community, there exist deep rooted traditions and customs. These customs are inherited and form what is known among the Somalis as 'Caado' or traditions.

This is binding and ensures administration of natural justice. These 'Caado' is very important in ensuring that every member of the community is catered for and his or her rights are guaranteed. This

education level or wealth as great achievement but the kind of spouse he/she is gets in life. To help in the realisation of this dream, the community has a comprehensive system of traditions pertaining to marriage. To a large extent, it is the responsibility of the parents of the youth to make sure that he/she gets the right partner.

Justice

Though the Somali community has no written laws or constitution, its justice system is comprehensive and thorough.



Traditional Somali couple in a ceremonial regalia.

'Caado' is not subject to question and any one who is against it be it a member of the community (which is very unlikely) or a foreigner is punished accordingly. This is evident in a Somali saying that goes like "Discarding (in his daily life) of tradition ('Caado') results in the curse/wrath of God." Social institutions like marriage, social welfare, moral and family, are also governed by these ethics and traditions.

Marriage is one major institution to which the Somali pastoralists attach great importance. As a result, how it is conducted poses a great challenge. Every young man or woman in the community does not perceive fame,

The traditional Somali Jurisprudence is based on what is known among the clans as 'Xeex' or traditional treaty. This 'Xeex' came about a precedence which was formulated over generations. For instance, if there is an aggrieved party, what is traditionally accepted is that the alleged offender whether guilty or not has to register an apology. This apology is known as 'Sahcen' and is declared by clan elders whose person has been offended who are under obligation to accept it and pave the way for negotiation and the establishment of the circumstances surrounding the offence. If the said offence was committed and the

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MEDIA & MODERNITY

It can be a painful process

defendant is proved guilty which is usually done through interviewing him/her under oath and questioning eye-witnesses. Senior elders are consulted to establish whether a similar incident ever took place between the clans involved or families and how it was resolved. Usually, the amount of damage is put into consideration.

A similar judgment is reached if a precedent is found. If not, a new precedence is set. However, there are some offences that have a standard judgment, e.g. murder, rape, theft and bodily harm such as broken teeth etc. It would be noted here that the entire clan is responsible for the damages resulting from the action of an individual member.

For murder, the standard fine is 100 animals, either cattle or camels, for a man, and 50 for a woman. However, these are subject to negotiation between the clans involved and the traditional treaty (precedence) between the two families. This is referred to as "Olig" (blood wit).

Breaking someone's tooth could be costly to the offender as the Somalis attach importance to a person's

beauty. This is also subject to negotiation and precedents. If, however, the person does not feel well as a result of the broken tooth or teeth, the offender's clan must bear the burden of nursing him or her until the person gets well before any damages are sort.

One other serious and most repugnant crime among the Somali community is rape. If a virgin girl is raped, it is taken as she has been murdered and her "blood" must be paid or other wise negotiated between the two clans involved or parties. Moreover, what constitutes rape in the Somali context is much more than what is envisaged in the English language. Touching a girl's breasts without her consent, or touching her hair, or any other part of her body with sexual desire is considered as rape. It is that serious.

Impregnating a girl will lead to forced marriage of the girl besides paying damages to her parents. However, if the pregnancy arises from the girl's consent, then the boy or the man could only be forced to marry her but no damages are sort. The Somali saying on this goes like this: *Dibata digmate*, "She who gives willingly has no right". Besides the loss of damages, the man who is involved is held in contempt and repudiated by

the community. He becomes an outcast. This severe punishment for rapists has had a deterrent effect.

Theft was simply resolved by compensation and the person branded a thief. This was traditionally seen as serious and dehumanizing affair.

Note that *Xeer* and *Caado* (precedence and tradition) are two different terms. Whereas *Xeer* could be between only two clans, *Caado* is something that is common and adhered to by the entire Somali community.

Generally, the judgment of the council of elders was final and the accused had no right of appeal. The dignity and moral integrity of the society is believed to precede individual interests or wishes. However, elders usually exhaust the alternative solutions and arrive at the most amicable decision, which ensures total compliance. It is believed that any one including the clan as a whole who defy decisions made by wise elders in utmost good faith and fair judgment, risks God's wrath and curse of the community. The elders' decisions were final and revered. Such enigmatic cultural institutions help perpetuate continuity and survival of the Somalis as a people through time and space.

Nomadic News Answers You

In our first edition some of the readers called in to ask about the Eskimos after reading about our dear Indigenous Friend Henriette Rasmussen from Greenland. Here then is a tip of their subsistence lifestyle and language.

Inuit societies have survived on the basis of subsistence hunting and subsistence economy. The hunting culture and technology necessitate adaptability to the environment and have necessarily had to have a close dependency on the environmental conditions of the utilized area. The subsistence economy also requires mobility, not

only to find the seasonal variety of resources, but also in order not to exhaust the land and over-exploit the resources. The cultural base of hunting necessitates a sustainable economy.

In order to satisfy the dietary and material needs of members living in a subsistence economy, trade relations with other areas are necessary for the exchange of resources between such communities. The dependency on the trade relations with other areas completed the utilization of the resources needed to satisfy the needs of the community at all levels. These interchange and

exchange activities foster adaptability and possibilities for innovations as well as a cultural as well as a cultural flow of information.

The community is a social institution. It defines itself by knowing the people, the language, the customs, the traditions. The culture of the community is the comprehensive summary of standards, values, patterns of behavior, common attitudes, ways of life, but the culture must have a material base, and the subsistence economy together with the land and sea areas supply this base for finding the resources.

'Sheng' Debut Causes Stir in Maasailand

By Michael Tiampall

You may have no doubt wondered if only for a minute how the numerous tongues that we speak today were coined. If so, then you need not look very far, for the answer might just be unfolding in your neighborhood.

It is fast emerging that this coinage of words and phrases that sound like an alien dialect is slowly encroaching on some hitherto impenetrable domains. According to parents in Narok district "sheng" owes its origins to the urban centres but today it is not a surprise to find young Maasai boys and girls dressed in the traditional regalia speaking in this strange tongue as they graze livestock.

"Sheng" is a mode of communication, formulated mainly to suit the needs of the youths whose need to discuss or describe certain things without the knowledge of their parents and others. Since sheng is a cocktail of various languages, speakers have a well formulated set of un-written rules governing the use of certain words and phrases borrowed from outside tribes and laced with other symbols to add colour to the concoction," explained Memusi ole Nkako, a Narok-based lawyer.

Some parents are baffled at this development and one described it as scourge while others said it was acceptable as long as it remains within the moral confines.

"My wife believes that it is like a plague or a scourge which once it strikes leaves chaos and devastation but I don't agree with her. It is weird the way they speak because if you are as curious as I am, you would hear things like the lion or the one with big knees, referring to fathers and a lot of others like 'ngale' which is a Swahili sheng word for cigarette. The English word 'deal' has also been adopted and is called 'endi'. It is difficult to figure out what exactly they could be saying and I believe the best we can do now is to sit back and wait and pray that

this sheng does not wear away our good old Maa-morals and language," said Lemcin Oloolure.

Even the normally understanding mothers could hardly disguise their unsettling suspicions. Mantine Naadokela, a mother of nine said: "We are generally worried as mothers because it is our obligation to watch over the girls' actions and behaviour but when they use strange tongues with the boys, we get very worried because we don't know what they could be transacting. You know the girl/boy business, may be we need to learn the language ourselves in order to keep a hold on things."

However the 'scourge' seemed not to worry both the students and teachers as they have come to grips with its implications. When asked whether sheng poses any threat to education and the students' general performance, Nelson Saitoti, a student was quick to explain: "It has enhanced the way we communicate, it has created a barrier between us and the old folks but it has also improved our peer relations and it is good because you can say so much without the knowledge of others. It is supposed to help those using it keep their matters private. It does not affect our language performance because it is like being fluent in several languages."

Other students like Margaret Naisiue agreed with him: "Slang might become the language of the future and today being a youth who doesn't know the language means you will be left out. Instead of people complaining they should look at this development as a step forward in Maasai land. Those uncomfortable with it should either learn it or leave those using it alone. It is hard to write or use slang in class since our teachers are very understanding and the sheng has not interfered with our learning at all."

Teachers and parents are usually the first to blame whenever the question of slang comes up, but what is

apparent in it is that nobody is to blame for either the emergence or the spread of sheng because even those who have never been to school have embraced it fully. Teachers and shopkeepers know it only well.

"Slang can only be a menace if it is perpetrated by the media because the youth anywhere in the world will always want to have their unique way of communicating. Sheng, like any other aspect of human life is dynamic and it is evolving and today more than ever before. It is complex and well organized. It is the 'in thing' and it is being used in many ways. We can't be blamed for its growth because like I have said it is a mode of communication that will not go away because somebody somewhere is uncomfortable," Kaman Mwemba, a language teacher, expounded.

Joel Santai, a shopkeeper from Mkelo, said today's Maasai youth yearning for knowledge has led to the emergence of sheng and inevitably he said, "this is only but the beginning of many other things. Instead of complaining, we should let the youth use it but teach them to maintain moral standards. We have no choice but to learn the language for the sake of business."

Linguistic experts on their part say sheng is indeed a sub-culture and develops alongside a conventional language usually over a long period of time that such a language would have been in use. Therefore, they add, the use of sheng in a particular language is a test of its level of development or maturity. Beyond here, they do not see any harm in the evolution and use of sheng. For now, be it through choice, conscience or just mere tragedy, the sheng sub-culture has finally made its debut in the quasi-indigenous Maasai land as well as similar far-flung areas of Kenya.

PYGMIES

The Pygmies Dwindle With Vanishing Forests

By Nomadic News Writer

The Pygmy tribes are mostly found in the rainforests of the central parts of Africa. Currently they are being threatened by extinction. For example in Rwanda, in the 1930's there were about 30,000 Pygmies, and today, because of deforestation and the 1994 genocide, there are about 3,000 Pygmies left.

Rituals, music, and dance play a big part in the Pygmies' lives. Dancing and music have always been there for the Pygmies as from birth Pygmies at a young age learn how to dance before they can walk.

Pygmies are omnivores. Monkeys, birds, fish, turtles, antelopes, flying ants, occasionally even elephants, mushrooms, fruits, wild vegetables and honey all belong to a Pygmies' dish.

Pygmy women are the ones who do the cooking. Another job the women do is gathering. They gather food such as roots, berries, nuts, herbs, leaves, and honey. They also build huts for their family to sleep in. They use tools such as stones, rocks, wood, arrows and bows and spears to help them complete their tasks.

The Pygmies have a major problem since people cutting down the forests for farming and timber business are threatening their homelands. They have to keep on moving from one place to another to sustain their lives. Some people take Pygmies to work for them as slaves. There are also people who kill Pygmies, e.g., for 'stealing' bananas, because they think they are not really human beings but have to be considered as some kind of monkeys.

There are many problems that are occurring in the rainforests but they

can be stopped now. Helping the Pygmies can prevent deforestation and the rainforests from being endangered by carrying out campaigns that will help stop this vice. Both organization and lobbying are similar in several ways. It would be wise to involve groups of peoples to help support the rainforests and prevent them from being endangered.



Pygmy women preparing to take farm produce to the market.

The media can also let people know what is going on with the rainforests from around the world. It can help so people will increase their knowledge about the rainforest.

Nowadays many children know a lot about the rainforests because of the education they receive. Sometimes back, many people didn't know much about the rainforests because they were not taught about the rainforests, but now it has hit them that the rainforests are very precious and important. These young generations are starting to realize how important the rainforest is to them and their future.

The rainforests are very important to us in our lives no matter what, because they give us the opportunity to live our lives.

When we think about the rainforest, we think about animals and plants that live there. When we think about cutting the rainforests, we think about what we can do to save endangered animals and plants from becoming extinct. Never do we pose to ponder the net impact of this on the endemic Pygmies who have no other home than the forest. They also have to suffer

the damages we cause. And they are human beings. Moreover, they are our only link to our ancestors. We need them as much as they need the rainforests. Imagine us killing those who share the same species as us. I think it is disgraceful, and something has to be done to stop the Pygmies from becoming just a memory like the Dodo bird", says Kaupri Diwa of Bukavu.

The rainforests mean a lot to the Pygmies. The rainforests is the home of the Pygmies and give them a purpose to live for, yet not only for them but for the corpus of other living organisms in the

rainforest and on the rest of Mother Earth as well. In the past five years or so these rainforests have been disappearing at an alarming rate because of the ongoing conflicts in the region. Because of the endless conflicts in the region, the Batwa Pygmies around Lake Kivu have been so concerned that the women who are always the worst hit decided to discuss the subject. For the first time the Batwa Pygmy women of the Great Lakes Region met in Bukavu from 8th to 10th November 2000 to discuss their role in conflict resolution. The meeting was organized by CAURWA, Rwanda and Shirika la Bambuti P.D.P. Democratic Republic of the Congo. Thirty participants, mostly women and a few men who represented the different organizations working with the Batwa

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community and who presented papers, attended it. The participants were drawn from Burundi, Rwanda, the DRC and Kenya. The main discussions were based on Indigenous Women in the Great Lakes Region, their social-economic situation, their role in the development of their people in general, particularly during this period of war, and its implication in the process of the country with a view to protecting their people and themselves. Other specific objectives were:

- To train and inform Batwa Pygmy women of the Great Lakes Region about their rights in this period of war.
- Reflect upon and define the different strategies enabling the Batwa Pygmy women to bring their contribution to finding peace in our Great Lakes Region.
- Encourage contact between Indigenous Women (Pygmy-Batwa) of the great lakes region and other women.

The Batwa Pygmy were initially hunters and gatherers who mainly depended on the forests for their livelihoods. They have been removed and restricted to continue

with their activities in the forests leaving them helpless and without any hope for survival. They are now the most marginalized people with no education because they cannot afford, no medical facilities and food is scarce since they do not have land to cultivate. After the two days meeting, the Indigenous Women came up with the following recommendations:

To the Governments

- Promote peaceful resolutions of conflicts which affect populations in general and indigenous people in particular.
- Put into practice the contents of international legal instruments relative to indigenous peoples which they have ratified.
- Allocate land to Batwa Pygmies by giving them individual land titles.
- That the education of pygmies children from pre-school and primary level should be obligatory and free.
- Governments should ensure the participation of Pygmy women in public affairs.
- Consider Batwa Pygmies as equal citizens and give them the same rights as other citizens.

- Put in place a structure involving the Batwa Pygmies in the study of medicinal plants and notions of conservation of nature.

To the International Community

- Put pressure on signatory states so that they can respect and put into practice the spirit and the letter of the legal instruments relative to rights specific to indigenous peoples.
- Invite indigenous populations to take part in international forums and support the associated expenses.
- The UN organizations and other support organizations should collaborate with the Pygmy associations in seeking out, allocating and distributing aid for the Pygmies.

The Organizations and Churches

- To support initiatives of indigenous peoples in order to raise their standard of living.
- To contribute to the promotion and integrated development of the Pygmy peoples.

The Disappearing Minorities of Kenya

By Kenechira Guracha

The El Molo - Tiniest Tribe Living off the Lake:

The panoramic evening sun descends on the lake dispersing rays of glamorous yellow rays on the horizon. Life has slowly been won from another day as every and sundry heads home if any to while away the sneaky night. But dutiful Mzee Lekole Enipe trudges on and instead oars on into the cold evening waters of Lake Turkana at the mouth of the famous El Molo Bay for a catch to meet the subsistence of his seven-member family.

It is the sole staple source of their livelihood through the ages; Kenya's smallest indigenous tribe numbering no more than a few hundred people

According to the 1989 Kenya Population Census, they numbered about 1,000 people, a figure a majority of the local people dispute as far too an overstatement of their lot.

Those who feel they are true El Molos reckon the community has over the years been contaminated and bloated by local impostors keen on playing tickle with their population with the objective of exploiting them for among others tourism purposes.

But are there really true El Molos here or anywhere in Kenya? Such a skepticism, far from sounding cynical is abundantly shared by El Molo neighbours, the Turkana and the Samburu, who strongly reckon there are very few if any genuine El Molos

today, only remnants and distant descendants.

"The majority of the people calling themselves El Molos today have either one of their parents as a true El Molo or even their grandparents. The tribe has virtually disappeared due to massive inter-marriages and assimilations with neighbouring communities such as the Turkana and the Samburu", quips 60 year-old Lokope Tokui.

Nonetheless, the El Molo exhibit a uniquely elusive, secretive and distinct cultural outlooks despite their deeply entrenched adaptation of other cultures. This trait has continued to intrigue outsiders as to their true origin.

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Still there are is nobody to provide insights into this El Molo riddle given there are just a handful of elders who still speak the El Molo language and who incidentally are unwilling to teach the young generation they consider "newcomers".

And therein lies an even greater danger of the even the last of the El Molos, touted as one of the world's smallest indigenous tribes vanishing altogether.

Mzee Eskon Lokope says a majority of the El Molo have adopted and like speaking Turkana and Samburu languages. It is however strikingly noticeable that the El Molo predominantly like the Samburu.

Anthropological studies, which is in fact corroborated by Mzee Lokope indicates the El Molo belonged to a section of the Shungilla, a clan of the Dasnech people living on the northeastern shores of Lake Turkana.

That the Dasnech are themselves an exotic community sharing a Cushitic dialect close to the twin-tongues of the Rendille and the Somali, sheds some light on the El Molo evolution.

What's more though a majority of the elders concur they El Molo consists of seven clans, they could only name the Olmerio, Olkalito, Orisole and Origaltile. Perhaps memory is failing them.

Be that as it may, El Molo women are highly ornamental, dressed in beautifully ochred beads and head-gear, but which on a closer look is an adaptation from the Turkana.

What has dealt a death blow to their survival as an entity is their sporadic intermarriages occasioned by years of migration to the southern tip of Lake Turkana has equally robbed them of their traditional land and with it their identity.

Successive migration and assimilation has systematically tossed the tiny El Molo by their numerically superior neighbours, the Rendille, Samburu, Gabra and Turkana.

Loiyangalani has thus become a cultural crucible of diverse cultures

even though the El Molo remain marooned on the lake shores on the two main *manjattax* of Leiyani and Komote both at El Molo Bay some 10 kilometres from the town.



Young original El Molo bride.

In spite of the cultural onslaught, it is instructive to note that the El Molo still bury their dead on the lake shores.

And as the lake slowly shrinks and fish volumes dwindle, the life of the El Molo hangs by a loose string, prompting a section of the community to resort to nomadic pastoralism.

This nomadic group are now settled at Soite, Sand Bay and Moite, all to the northern shores of the lake towards Alla Bay.

Others have moved to towns in search of subsistence. "All our lives depends on this water (lake) and we shall have nothing to eat if it dries up", laments Mzee Tokai.

It is another fast dash to oblivion; the El Molo minority, whose only respite for a cultural renaissance may lie in the enigma that is their cultural unpredictability. Sample this in the words of one local European missionary, "An El Molo could catch

a fish and not cut it himself, but gives it to a Turkana to do it... for strange reasons".

The Waata: A Self-Hate Identity on the Wane

The Waata are perhaps the only present-day true remnant of the hunter-gatherer groups in Kenya today. Yet this quasi-monocultural community mainly found in Marsabit and Moyale districts, is too fast disappearing like most other indigenous groups, but they thanks to a sense of self-hate of their identity resulting from an indelible social stigma by those they live with.

This self-hate, a function of the traditional attitude harboured by the Waata neighbours chiefly the Boran and Gabra has systematically killed their self-esteem and enthusiasm. To them there is nothing to be proud about their being Waata given to be one is akin to belonging to a low and wretched caste similar to those of the Hindu caste system in India.

Understandly, the Waata, living side by side with the Boran and the Gabra own no livestock and have had to subsist on handouts from these two of their neighbours who are in fact benign to their survival and existence.

For instance, the Gabra would occasionally need the Waata for marriage and child-naming rituals, practices commonly known as "Khane" and "Cheefi" respectively. A family who have the misfortune of losing children at childbirth would nominally hand over a surviving one to a Waata family to bring up such a child. The philosophical import of this makes the name Waata itself to imply survival and resilience.

Despite this self-perpetuating role played by the Waata, both the Gabra and the Boran they live side by side have never treated them humanely. The Waata have had to take because of their abject poverty and a situation of want, depending on them for food handouts since they never use to have livestock of their own do though a good number of their youth and later

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day generation are now economically independent.

"It is time we get out of this dependent mentality, recognize and appreciate our identity instead of burying our heads in other peoples identity who only use us (Waata) as tools of their convenience", quips Ali Balla Hashim, a toadie and crusader for Waata identity.

But already, murmurs of the Waata shedding of their perceived ignoble status is slowly picking up, a fact that is in turn denying them their often denigrating "rights" from the Gabra and the Duma such as specific meat cuts whenever an animal is killed for meat.

It is a combination of this self-denial borne of low esteem and resultant rampant assimilation for want of shedding off this social stereotypes and stigma, makes the Waata one of the equally little known indigenous communities in Kenya.

Traditionally, armed with the trademark tools of their trade and survival and subsistence, namely the bow and arrow and a hunting dog (s) to boot, the Waata were known to roam the bushes scouting for wild animals, berries and roots. They had no permanent homes - home was where a kill was landed. Movement was along small family bands and usually patrilineal. But with the bushes today shrunk with Man's unabated



Elmola young boy holding fish at Lake Turkana

conquering of the wild and the Kenya Government having outlawed hunting, the Waata have had to contend with sedentary life in the trading centres living off handouts or as herdsmen for their stock-rich communities.

Interestingly, the Waata still cling to their age-old traditions, manifest in their numerous songs, chants and

dances usually sung and performed at nightfall preferably after a kill. There is a song and dance for virtually everything that graced their menu - from that for the "Big Five" like the elephant, giraffe, Zebra, Ostrich to small prey like the spiked hedgehog not to forget the bold and ravenous hunting dogs. In addition, the Waata also engage in blacksmithing, as a means of subsistence.

Perhaps one aspect of the Waata tradition that has irredeemably vanished is their language, spoken in faltering traces by a few old men. In fact not only do the Waata speak Ki-Borana with relish but a majority also identify themselves as Borans in what they commonly and even derogatorily say "Karava Thothuqo" (sub-Borana).

"It is a tragedy that not even we the older generation can today speak our language. We have no legacy to meaningfully bequeath our children", moans Doyo Bori, a water technician who only speaks words of the Waata.

Ultimately, and for now it is apparent that not even their newfound status and economic independence could possibly help redeem the Waata identity. They have indeed worked overtime to erase it themselves, making Ali's lone crusade an uphill task but one which could be won albeit with an unrelenting resolve.

World Conference on Racism

By Nomadic News Writer

It is almost eleven years since the second World Conference was held. It is a great honour for Africa that the conference will be held and more to the happiness that the venue will be a country where Racism has been experienced for a decade - the Republic of South Africa - from the 31st of August to the 7th of September 2001.

Well, the decision to hold the conference against Racism was taken by the General Assembly, resolution 52/111 of 12th December 1997, which recognized the need to take more effective and sustained measures at

the national, regional and international levels for the elimination of all forms of racism and racial discrimination.

The General Assembly designated the Commission on Human Rights, meeting in an open-ended session as the Preparatory Committee.

The Bureau of the Preparatory Committee is composed of ten representatives, two from each regional group. The High Commissioner for Human Rights as the Secretary-General for the Conference is responsible for the preparatory process and the conference itself.

Five expert meetings and four regional intergovernmental meetings are planned; others have taken place and others are still to be held as you will see in the calendar of events.

The main themes for each regional expert seminar were: *trends, priorities and obstacles in combating racism and racial discrimination, xenophobia and related intolerance.*

Sub-themes under discussions were:

- Remedies available for victims of racial discrimination
- Protection of minorities and other

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- vulnerable groups and strengthening human rights capacity at the national level.
- Migrants and trafficking in persons with particular references to women and children.
- Prevention of ethnic and racial conflicts.
- Economic, social and legal measures to combat racism with particular reference to vulnerable groups.

The World Conference against Racism provides an opportunity for indigenous peoples to draw public attention to their concern and win commitments for new policies to end long-standing injustices. What is important for indigenous peoples is to participate as much as they can.

Accredited indigenous NGOs in consultative status with ECOSOC or approved under the special process established for participants in the working group on the draft declaration on the rights of Indigenous Peoples (ECOSOC resolution 1995/32), may send a request letter to the secretariat to participate in the World Conference, Indigenous.

Peoples wanting to take part in the conference should also write to the secretariat giving information about their organization. Remember, Indigenous Groups and Organizations have different experiences and stories to tell and their contribution is very important. Participating and contributing in the Conference will make a difference to 300 million Indigenous People worldwide.

Prior to the conference, a whole range of expert meetings, regional preparatory meetings and NGO meetings will be held in different regions of the world to begin some of the important discussions in advance of the conference.

Like the first and second World Conference on racism in 1978 and 1983, the final objective of all these efforts is the adoption of a declaration and program of action — highly important

for the development of international standard-setting procedures. For Indigenous Peoples it was a great strength for our brothers and sisters who attended the Prepcom meeting in Santiago de Chile, December 2000.

Fighting for recognition and a right to participation, was a good move for the success of the Indigenous Peoples worldwide and their participation in the World Conference. In Santiago, the Indigenous Peoples came up with a declaration. This declaration is a guide and represents not only the Indigenous Peoples of the Americas, but also Indigenous Peoples from all continents.

DECLARATION OF THE INDIGENOUS PEOPLES OF THE AMERICAS IN SANTIAGO DE CHILE

We, Indigenous Peoples, who participated in the People's Preparatory Conference to the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in Santiago de Chile on 3rd and 4th December 2000, do hereby adopt the following proposals, being the reflections and contributions of the participants. By this means, we demand an end to racism against our peoples and the full recognition of our rights.

These proposals, which constitute our demands to the States based on the historic debt they owe to our peoples, will be presented for their inclusion into the American Regional Preparatory Conference of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, to be held on 5th, 6th and 7th December 2000. They should be included in the proposals to be discussed at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, which will be held in Durban, South Africa in 2001.

It is our desire that these demands be fulfilled before the end of the International Decade of the World's Indigenous Peoples in 2004.

CONSIDERING

That racism, discrimination, xenophobia and related forms of intolerance are characteristic of the dominant Western ideology and are reflected in the relationship Western society has maintained with the Indigenous Peoples of America, and that this forms a historic problem with deep roots in colonialism and the enslavement of entire peoples, a problem that began with the invasion of 1492 and which continues to this very day, denying Indigenous Peoples their self-determination;

That we Indigenous Peoples are the holders of a great cultural and spiritual wealth, based on our Cosmo vision, which accepts, respects and values all cultures and peoples, for which reason we consider it necessary to contribute to unity through diversity and to continue developing processes that reconcile the individual with the universal, through an intercultural dialogue;

That the consolidation of democracy in our countries, along with the eradication of poverty and progress towards fairer and more equitable societies in which political, economic, social and cultural rights gain full validity has not taken into consideration the support of the native peoples, excluding and marginalizing us;

That economic globalisation and the modern neo-liberal system are modernising and intensifying the institutionalised and systematic discrimination of our peoples, condemning us to a perpetual intensification of poverty and marginalisation and denying us the right to life;

That the phenomenon of globalisation threatens the survival of Indigenous Peoples as a whole, in all aspects: our lands and territories, our individual and collective integrity, our Cosmo vision, our forms of organisation and our cultural, spiritual and traditional values; and that the dispossession of our lands and territories has meant a great number of indigenous

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populations being forced to migrate to urban centres, thus increasing their poverty.

That demonstrations of racism and discrimination can be seen in the following (non-exhaustive) list of actions

1. Indigenous peoples have been the victims of, and continue to suffer from, acts of genocide, ethnocide and exocide.
2. The spread of colonialism in all its forms continues to rob us of our ancestral knowledge, cultural and spiritual practices, of the traditional economy and way of life of our peoples, not to mention our cultural and intellectual heritage, of which our spirituality, sacred places and areas of historical significance form a part, along with our health practices and significant pharmacological knowledge, and now also human, animal and vegetable genetic codes.
3. Practices based on an ideology of the superiority of one group of culture over another seek to erase the distinct indigenous identity, considering it to be inferior, and include processes of transmigration that change indigenous majorities into minorities on our own territories.
4. The forced displacements and relocations of Indigenous Peoples outside our territories due to armed conflict or militarisation with the pretext of combating the drugs traffickers or for construction works and the implementation of mega projects, without the agreement — even the consultation — of our peoples, and against our will, which threaten the life and integrity of our peoples.
5. The exclusion of our Indigenous Peoples from social rights such as health care, education, access to housing and training at all levels, not to mention employment, leading to the frustration of our integral life plans and to greater impoverishment.

6. The imposition of the hegemony of colonial and neo-colonial legal systems that ignore and destroy those of our people, aggravated by a lack of adequate access to the courts and a denial of the principle of a fair trial, contributing to a perversion of justice.

7. The education and communication systems, being the transmitters and generators of racism, discrimination and harm towards Indigenous Peoples because they exclude our thought, language, spirituality, science and technology, and end up damaging the identity and development of our peoples.

And therefore - We, Indigenous Peoples, call for a new type of relationship with the States and their governments, which coexist on our territories under conditions of equality. This new relationship must respect the social, cultural, spiritual, linguistic, legal and organisational diversity both amongst Indigenous Peoples and between Indigenous Peoples and the States.

We, Indigenous Peoples of the Americas, call upon the international organisations, the States and their governments to incorporate the following measures, and to ensure the widest and most effective participation of Indigenous Peoples in the process:

A. Legal actions

1. We call upon the international community, the UNO and the OAS to recognise that we, Indigenous Peoples, are Peoples in the full sense of this term as understood within international law.
2. We call upon the UNO to create a body that addresses the exclusive issue of the rights and development of Indigenous Peoples, a body with the power to watch over and penalise lack of compliance of international treaties and agreements signed by all States in favour of Indigenous Peoples.

3. We call upon all States to recognise the rights of Indigenous Peoples within their respective political constitutions as well as within other regulatory texts. This recognition must include the right to lands, territories and natural resources, the right to exercise and develop our own legal systems and jurisdictional powers and the right to decide upon our own political, economic, social, educational and cultural development, and on our own indigenous institutions and authorities.

4. To promote the necessary legal and constitutional reforms and to define policies that will guarantee the self-determination of our peoples along with the right to define our own priorities and strategies so that we can exercise our right to sustainable development.

5. We call upon the States to incorporate the collective rights of Indigenous Peoples into their legal code, and to ensure their full application, clarifying and criminally punishing all offensive, discriminatory and racist conduct against the indigenous communities.

6. To incorporate legal frameworks that promote truly multicultural and multilingual policies, with full recognition and respect for the diversity of intercultural relations and their promotion, within the framework of individual and collective rights.

7. We call upon the States to ratify and implement ILO Convention 169, overcoming its deficiencies in subsequent proceedings and ensuring its ongoing appraisal by Indigenous Peoples.

8. We call upon the governments to sign, ratify and/or fully apply the following international conventions and treaties: "The International Convention on the Elimination of all Forms of Racial Discrimination, and formulation of the Declaration provided for in Article 14"; "The International Convention on the Protection of the Rights of All Migrant Workers

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and their Families", "The Convention on the Rights of the Child", "The Convention on the Elimination of all Forms of Discrimination against Women" and "The Convention for the Prevention, Punishment and Elimination of Violence against Women (Belém do Pará Convention)".

9. We call upon the States to formulate, revise and implement policies and legislation governing indigenous migrant workers, involving the wide participation of their own organisations and of other bodies linked to the issue, so that they may establish the full validity of the fundamental human rights of migrant populations and corresponding migratory services within this context.

B. Political and Social Participation.

1. We call upon the States to promote and maintain political reforms that will enable real representation on the part of Indigenous Peoples within the structure of the new State model.
2. We call upon the States to guarantee the full exercise and development of indigenous institutions and authorities, respecting the Indigenous Peoples' own forms of social and territorial organisation, and we demand that their opinions should be the determining factors when adopting decisions relating to policies that affect us.
3. We call for the adoption of policies and public actions that take into account the cultural specificity of the Indigenous Peoples they are intended for, and that these include policies in favour of developing the indigenous family, indigenous women, children, youth, the elderly and any other distinct group, designed with the involvement of the population they are aimed at.
4. We call upon the States to assign and redirect the investment of sufficient resources from the

respective national budgets in order to strengthen Indigenous People's communities and representative organisations and thus fight for the eradication of all forms of racism and for the assertion of our inalienable rights, at local, national, regional and international level, and with the effective participation of Indigenous People themselves.

C. Education and culture

1. We call upon Spain and Europe to return the records and historic sources of information of the Americas, and to provide compensation in the form of resources (compensation for damages caused) aimed at the development of Indigenous Peoples and at programmes combating racism.
2. Education and interculturality are the affirmation of identity and, at the same time, are indispensable tools in the Americas because they are the way to peace, to coexistence in diversity and to the development of Indigenous Peoples. For this reason, it is essential that all American universities in which homogenisation and euro-centrism can currently be observed, should become intercultural, and that indigenous universities should be created.
3. Educational systems must adopt policies that guarantee environmental conservation and thus grant us the right to live in a world free from contamination.
4. We call upon the international organisations and State governments to allow indigenous organisations and peoples to have their own forms of media.

D. Final conclusions

1. We reaffirm our desire and commitment to work jointly with other peoples and sectors affected by the same issues, conscious of the fact that only coordination and alliance amongst those affected can contribute to forging an international community free from racism.

2. We call upon the States, international organisations and the private sector to restructure all their institutional programmes in order to detect elements of discrimination against Indigenous Peoples and to take measures to eliminate them.
3. To promote, within regional organisations, the formulation of plans of action against racism and discrimination that incorporate the programmes of action that may emerge from the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance to be held in 2001.
4. As a positive sign, the United Nations and member states should promote the advancement and approval of the draft Declaration of the Rights of Indigenous Peoples approved by the Sub-Commission on Prevention of Discrimination and Protection of Minorities in its Resolution 1994/45, with neither abandonment nor weakening of the main criteria, such as the right to self-determination, which are contained within the text.
5. The Permanent Forum for Indigenous Affairs within the United Nations system must be established, with adequate resources.
6. To affirm our decision that crimes against humanity that have been committed against Indigenous Peoples throughout the world should not go unpunished but that there should be recourse to the appropriate courts in each case.
7. To ensure that governments facilitate and guarantee the effective participation of Indigenous Peoples, through recognised delegates from their respective community authorities, in all the preparatory events and in the World Conference itself.
8. To guarantee the right of decolonisation to all Indigenous Peoples in protected territories that are not self-governing.

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E. As Indigenous Peoples we condemn:

The Chilean State and its power structure, which is one of the most racist and discriminatory in its treatment of its Indigenous Peoples, and which is why:

- ◆ The Chilean National Congress has refused to recognise Indigenous Peoples within its Constitution, being the only State in South America (with the exception of Uruguay) to do so.
- ◆ It has spent almost a decade processing the formalities for ratification of ILO Convention 169.
- ◆ There is no legislation that criminally punishes racism, discrimination or xenophobia.

◆ It has undertaken various mega projects, such as the Ralco Hydroelectric Power Station, the "Xuf - Xuf" bypass, has misappropriated lands for transnational forestry companies against the will of the Indigenous Peoples living in these areas, and enabled the misappropriation of Indigenous Peoples' waters.

That the Peace Agreements in Guatemala and San Andrés de Cuapás (Mexico) have been empty promises of justice for Indigenous Peoples. Repression against indigenous leaders continues in Honduras, Chile, Mexico, Peru, Bolivia and Guatemala.

The Colombia Plan, the zero cocaine policies in Bolivia, Peru and Ecuador carried out with support from the United States of America, bring with

them more repression, militarisation and suffering for both Indigenous and Non-Indigenous Peoples and, even worse, may end in a regional problem of unforeseeable consequence.

In Argentina, there are violent racist groups that are attacking and sowing terror amongst immigrants, many of them Indigenous People from different countries, going so far as to attack families and kill people. These events occur in other countries and continue to occur without the authorities investigating them and punishing those guilty.

Santiago de Chile, 4th December 2000.

Further information could be obtained from: www.iwgia.org or twischberg.hehr@unog.ch

Maasai Women Seek Divine Fertility

By Michael Timpatti

The Maasai are a proud and traditional people. Often strikingly tall and slender, the Maasai dress in brilliant red cloth and set their hair with ceremonial ochre. The Maasai men have a reputation for courage and high self-esteem.

Cattle are the heart of the society. There are dozens different names for the colours and patterns of their bodies. Each animal is cherished and rarely slaughtered.

Traditionally, the Maasai live on milk and blood obtained through an incision of the jugular vein of a cow or a bull. This life-giving mixture is held in high regard.

Maasai women, neither own nor lay claim on a property and are totally dependent on men.

Their main role is to give birth to children—preferably boys—who will carry on the family name. If children do not arrive at regular intervals, the women feel they are being punished for some past sins either committed by them or by other family members.

When a ritual expert or the *Oloiboni* deems it necessary, a committee of

women elders called *Olamal Loo-Nkituak* (Delegation of Women) hold a meeting. This is done to mobilize other women and solicit for tokens to facilitate the *Entoomono* ceremony. This ceremony is held to pray for blessings and fertility for the women. Mature yet childless women pray for many offspring, while the young ones pray to get married, conceive and bring forth children on time.

Traditionally, the Maasai live on milk and blood obtained through an incision of the jugular

on the ritual expert, according to Ole Ndilai, a *manyatta* committee member. "When the *Oloiboni* deems it appropriate, after consultations with God and the fore-fathers, an emissary is sent to the elders to prepare the *Olamal* (delegation) for this very important women's ritual."

Preparations can take up to six months and women travel from all over Maasailand to take part in this special ceremony. The location chosen this year was the Enarropa Oung'ela in the Suswa plains. A special homestead or *manyatta* where prayers and the rituals are to be held was built.

Although this is specially a women's day, they need the support of their menfolk. The only male presence is an elder

who will oversee the ceremonies. Korio ene Tanyai, a mother and grandmother and also the head of the delegation says: "Our husbands play a vital role because we don't own property. So when we gather, we are away from our husbands, from whom we get every material thing. So, our

"I stayed for sometime without a child - almost five years. After attending *Entoomono* the first time, I was given three boys and five girls and that's why I still come. I believe I got three boys because I was blessed," says a 50 year-old Lucia ene Timpatti.

The *Entoomono* ceremony could be held every two to five years depending

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husbands are important for the process of this ceremony."

In this close-knit community, women "don't have a free hand. The menfolk have to observe everything. It has to be done according to moral obligation."

Traveling long distances often through the night, the 800 or so women arrive at a manyatta in a nearby village. After exchanging greetings, the women decorate their heads with ochre and wear ceremonial garments called *likiani* made from dried but treated hides. They carry a sacred bamboo called *Larriati*.

In full traditional regalia, they move on to the main manyatta to join other women. They form small groups to sing praises to God. The men watch the proceedings from a distance. The barren women are often overcome by emotion with some even fainting as the fairly elaborate process climaxes.

The *Eutoomono* offers rare rights to women, who, according to the social set-up maintain a reserved presence and hardly air their voices in any decision-making. This is a special opportunity "for if a husband happens to beat his wife during this period, the women will arm themselves with pangas and march to the man's home. If he manages to escape, they will set upon his livestock and slaughter them, then have a feast in the homestead. Unlucky men who are

captured by the irate women are attacked and left helpless as at that particular time they cannot fight back. "No sane man dares get anywhere near them," says 78-year-old Ole Maloi. "That is why we marry more than one wife so that when one wife attends such a ceremony, there will be one left to take care of the domestic chores and therefore no trouble with

ceremony, a private moment whose aim is to cure infertility. During this time not even the men attend.

To signify their purity, each woman is garlanded with leaves from an *Ostinodes* (holy) tree, which have been woven and blessed by the male elders. Along with a fur ring cut from the skin of the sacrificed sheep, the women will keep the garlands until they wither to dust.

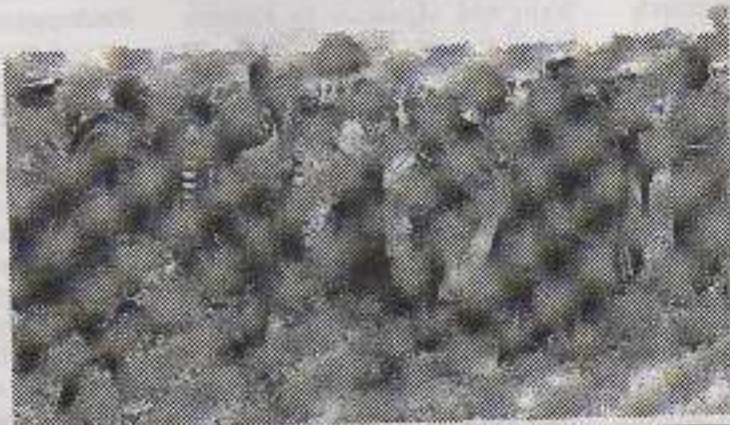
Although many Maasai have now converted to Christianity they believe that this worship of their Creator in the open countryside is of vital importance. "The idea is to pray to God. This is our church and we pray and trust in God to forgive us our sins. We come here praying to God to give us children first and second to give us peace in our country."

elaborated Lucia who participated in the *Suswa* ceremony.

After the three-day event, the women are required to walk straight back to their own village. Stopping on the way or talking to strangers could contaminate the blessings they have received. Natakaone Nkepai, 24, and childless, explains that "if for some reason one feels she cannot make it home immediately, it's better to spend the night here and go home the next day lest one loses her blessings".

After the last one leaves, the sacred manyatta is burnt down to signify the closure of the fertility ritual. Life then returns to normal for the Maasai women until the community elders with counsel from the ritual expert feel that the time is right for yet another *Eutoomono* ceremony.

Life is one continuous process, and so is procreation, not just among the Maasai of Kenya and Tanzania, but for all other indigenous groups of the world, who have through such age-old sacred institutions like the Maasai *Eutoomono* ceremony helped in bridging the spiritual and the physical.



The Lamaiyo delegation led by elders.

the 'Lamaiyo' delegation".

After a day of feasting and a night of rest and relaxation, the women prepare a cow-dung pathway where their feet are smeared with a sacred mixture of honey-beer, blood, milk and cows urine. A sheep is slaughtered to kick-off the ceremony and women leave the now sacred manyatta, re-group and re-enter in a single file procession. They then pass through a special gateway, which is purified with an arch made from the *Oseki* (sandpaper) tree. They pass under a curtain soaked in honey-beer and milk, wiping their heads on it, this symbolizing the purported cleansing of each woman's sin. Moving along the pathway, the women embark on the next part of the



Maasai women singing during the ceremony

New Rinderpest Campaign Targets Pastoral Areas

By Dr T. D. Dulu

The nomadic pastoralists residing in Kenya live in arid and semi arid conditions. Their main source of livelihood is derived from livestock and other animals that they keep. The Ministry of Agriculture and Livestock Development has taken it upon its mandate to monitor and control diseases that afflict livestock in these areas.

Eight per cent of Kenya is non-agricultural land comprising of water mass and mountains. Fifteen per cent comprises high to medium agricultural land and the balance of 74 % is arid and semi-arid land. Rainfall and soils vary from area to area but is in distinct seasons.

At present there are about 13 million cattle, 6m. sheep, 7m. goats, 420,000 donkeys, 800,000 camels and 25m. poultry.

Livestock diseases occurrence is influenced by production system practices and the prevailing climatic conditions. However, the major diseases of economic importance are such epidemic and transboundary diseases like rinderpest, CBPP, foot and mouth, CCPP and emerging diseases like the Rift Valley Fever.

The government undertakes control of the major livestock diseases known as epizootics as its core function, while the rest of animal health services are shared or are offered under full cost recovery by the private sector.

According to a report on a project by the Pan African Rinderpest Campaign (PARC) Programme Kenya and Emergency Programme for Eradication of Rinderpest from Kenya (EPERK) the veterinary services responsibilities are independently managed.

The districts covered in the project that runs from 1997 - 2000 are Kwale, Kilifi, Malindi, Tana River, Lamu, and Taita Taveta in Coast Province, North Eastern Province covers Garissa, Wajir and Mandera. In Eastern Province it covers Makuini, Kitui, Mwingi, Machakos, Mbeere, Tharaka Nithi, Nyanhene, Isiolo, Marsabit and Moyale. Rift Valley Province covers Turkana, West Pokot, Marakwet, Trans Nzoia, Baringo, Samburu, Laikipia, Nakuru, Narok, Trans Mara and Kajiado. Nyanza covers Kuria district only.

In the late 1970's Kenya carried out a JP 15 programme and for a period of about 10 years it remained without a Rinderpest outbreak. Rinderpest re-emerged from North Western districts, i.e. West Pokot and Turkana neighbouring Southern Sudan. The policy for Rinderpest control was to annually vaccinate all cattle in border

outbreaks in the border districts in the North and North West.

In 1995 and 1996 there occurred a Rinderpest outbreak in wildlife. Rinderpest was then reviewed to 100 per cent mass vaccination in selected Rinderpest risk districts for two rounds. The country was then zoned according to Rinderpest epidemiology.

Under the zoning strategy, zone I (greater part) has been declared provisionally free of Rinderpest from January, 1999. Vaccination against Rinderpest has ceased in this zone. Zone II and III neighbours Rinderpest endemic areas 9 (southern Sudan for zone III and Somalia for zone II). The zones are sanitary cordon areas and vaccination coupled with surveillance will continue.

CBPP is currently the epidemic disease of concern in regard of economic losses. Up to 1987 CBPP was confined to districts in the region above 0 latitude, through the strategy of stringent movement control, slaughter in designated slaughter house for cattle from the infected zone, and test of breeding stock destined to the clean area, with slaughter of reactors. The strategy included annual vaccination of cattle in the infected zone.

From the mid 1980s, financial constraints, influx of livestock from neighbouring countries and collapse of the designated slaughterhouse lead to the spread of CBPP

to the clean districts below latitude 0. Annual vaccination in high risk areas has helped to avoid heavy losses. The current strategy is to map the extent of the disease spread through surveillance, coupled with annual vaccination in endemic areas and test

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A young Maasai shepherd taking calves for grazing.

districts and annually vaccinate all calves and yearlings in the rest of the country.

However, due to financial constraints, the vaccination coverage was insufficient to sustain adequate immunity. This led to occasional

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and slaughter coupled with vaccination of clean stock in virgin outbreaks.

The PARC Kenya funding was started in 1988. The programme had five components:

1. Privatisation of Veterinary Services
2. Strengthening of Rinderpest control
3. Strengthening of CBPP control
4. Strengthening of FMD control
5. Acaricide Testing.

Up to date, PARC Kenya has been funded by the EU for Sh.254,869,780 (ECU13,398,263.7). The government of Kenya has contributed Sh138,602,654.

1. Privatisation

A privatisation scheme (Kenya Veterinary Association Privatisation Scheme) was launched in late 1994. The scheme's objective is to encourage private veterinary enterprises to provide improved animal health services. The scheme was funded with Sh15,625,000.

A commercial bank extends loans

under a guarantee fund arrangement. The participating veterinarians provide secondary security to secure the loans. Forty-nine veterinarians have received the loans and have started operations in the high potential areas. The future plan is to extend the scheme

to the pastoral farming areas and incorporate the auxiliary animal health providers like animal health assistants. The FEC contributed Sh12,515,860 for strengthening of foot and mouth disease (FMD) control. The funds were used for purchase of vehicles, cold chain equipment, sampling equipment, vaccination equipment and laboratory consumable. The objective was to carry out surveillance, vaccination in FMD control scheme and establish ELISA technique for the FMD outbreak typing. FMD outbreaks were drastically reduced and diagnosis improved through the PARC funding. However, reduced funding and uncontrolled livestock movement has led to resurgence of the disease.

2. Acaricide Testing

Tick control is necessary to control East coast Fever (ECF), which leads to heavy losses in the dairy industry. The FEC contributed Sh3,225,000 for

acaricide testing improvement. The funds were used to purchase three gas liquid chromatographs for dipping liquid, potency testing, laboratory equipment and consumables. The government has handed over dip management to beneficiaries, however, dipping liquid testing remains a government function for equality control. Samples are tested per month under cost sharing arrangement.

3. CBPP Control

CBPP is currently the foremost epidemic disease of economic importance. The FEC contributed for purchase of four mobile laboratories, four support vehicles, laboratory equipment, laboratory consumable and camping equipment. The equipment helped formation of eight testing teams, which has enhanced quick detection of the disease spread and its stamping out.

Vaccination against CBPP has been carried out jointly with Rinderpest. CBPP outbreaks have effectively been reduced. Where the disease has occurred outside the endemic zone, the disease has been contained by ring vaccination and was eventually eradicated through test and slaughter approach.

Parliament Ayes New Livestock Authority as World Bank Queries KMC's Viability

by Abdi Siyad

"That, in view of the Government's commitment to eradicate poverty by the year 2015, and noting that a large number of people living in abject poverty reside in the rural livestock rearing parts of Kenya, and being aware that our livestock industry continues to be a high foreign exchange earner with great potential for generating wealth and employment opportunities; this house recommends that the Government establishes the Kenya Livestock Development Authority under the Crops and Livestock Act, Cap 321 of the Laws of Kenya, in order to promote and develop the livestock industry."

Those were the words of the recently passed Motion which will have far reaching ramifications on the future

of Kenyan pastoralists moved by the Member of Parliament for Wajir West, Mr. Adan Keynan, which received unanimous nod from all the MPs in the House.

During the debate, the past, present and future scenarios of the livestock sector were brought to the fore, but its neglect and decline took centre stage. Nevertheless, the Kenya Livestock Development Authority (KLDA) was formed to cater for the interest of the pastoralists.

Mr. Keynan is expected to introduce another Motion that will seek the leave of Parliament to introduce a Bill that will fully enact the KLDA and give it a proper mandate, structures and

regulations within the law.

"The Minister for Agriculture and Rural Development goes visiting every corner of this country, but I hardly see him visit the livestock dominated areas. Wherever there is a small crisis of coffee or tea disease the whole world is there. Do we not also have the right as farmers to get part of the national cake? For how long are we going to cry?", remarked Mr. Keynan.

Many believe corruption and apathy on the part of the Government led to the fall of the Kenya Meat Commission (KMC). Tracks of land belonging to the KMC, which were used as holding grounds by the Ministry of

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Agriculture and Rural Development and the Livestock Marketing Division (LMD) have now been degazetted



Cows in KMC holding ground.

and allocated to politically correct individuals.

Mr. Keynan says that investors are ready to build abattoirs and butcheries but the lack of infrastructure is frustrating them. He argues that to alleviate the suffering of the livestock farmers and resuscitate the KMC, it does not need an investor or a lot of resources, but liberalization and privatization by the relevant Ministry.

But even if there was a serious investor to revamp the KMC, all the holding grounds have been grabbed all the way from Mandera, through Wajir, Mwingi to Nairobi and all the way from Lamu, Mombasa and Taita Taveta.

The Minister for Agriculture, Mr. Chris Obure, recently promised that KMC will be re-opened in August 2000 for emergency slaughter once the Government secures funding from the World Bank and IMF. But that never materialized as the Bretton Woods Institutions doubted its viability.

One investor, Mitsubishi Corporation of Japan withdrew from KMC because it was told to invest in just a mere physical infrastructure without even being shown the land where those facilities were situated. The land belonged to a different individual because the title deed was with

somebody else and the structures were just handed over to the Mitsubishi Corporation. As a result, KMC remains as dead as a dodo!

Mr. Keynan says that policies that the Government has put in place for the livestock sector like the veterinary clinical services, artificial insemination (AI), education and extension services, meat inspection, provision of holding grounds, disease control, livestock marketing and

research division have never worked well.

Holding grounds at KMC, which used to hold animals before being slaughtered and help in controlling diseases, have been grabbed.

Expounding on the Government's policy on the livestock sector, the Assistant Minister for Agriculture and Rural Development, Mr. Elijah Sumbeiywo, said that the Government is moving away from creating new marketing boards, given their poor performance in the past and burden to the Exchequer.

The KMC, he said, is being restructured, so that it can be privatized before being sold to the pastoralists.

The Government has also rehabilitated existing water pumps, dams and boreholes along livestock routes. He urges the pastoralists to use these facilities established by regional development authorities.

The Ministry is also in the process of revamping the almost defunct Livestock Marketing Division which is a whole division. However, it is not so that it can help the livestock pastoralists in their areas.

The KMC was put under receivership for failing to service a loan amounting to Kshs.720 million borrowed from the National Bank of Kenya. Interestingly, the National Bank of Kenya is not performing because of non-performing loans which it has failed to recover from individuals.

It has emerged that the IMF and the World Bank removed KMC from the Government's shopping list because livestock research land belonging to Kenya Agricultural Research Institute (KARI) has been grabbed, including holding grounds, which have been dished out to individuals.

Lack of enough water in dams and boreholes and insecurity were also cited as the contributing factors to the woes of the pastoralists in Kenya. Some said that there is need to curb insecurity in the pastoral areas, by deploying of the Anti-Livestock Unit officers at areas located in Northern Kenya. Livestock diseases are also rampant and there should be employment of more veterinary officers.

In the whole of North Eastern Province, almost the whole of Eastern Province and half of Rift-Valley Province including Turkana, Pokot, Trans Mara, Trans Nzoia and Laikipia districts, most of the population depend on the sale of livestock and livestock products for their daily subsistence.

Kwansa Member of Parliament Dr. Wakesa says that the KMC, which was created by an Act of Parliament and enacted in 1953 and which provides for the establishment of among others, a drought management tool, has failed. "This country has a drought cycle of between five and six years. But we do not seem to learn from our own experiences," he says.

Even as research on livestock is carried out, our scientists tend to look at the cow for zero-grazing purposes. However, since the mid-1960s, when

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livestock researchers came up with the zero-grazing system for livestock farmers they have provided nothing else to livestock farmers. That is why calls for renewed thinking in the entire livestock sub-sector is intensifying.

He suggests that emphasis be put on the local breeds like Zebu and Boran, which are kept by the Turkana, Maasai, Rendile and Somalis because they are the breeds that maintain whole populations in northern Kenya – a population that inhabits about 80% of this country's land mass.

There is need to rethink and accept pastoralism as part of the modern economy. As long as people would want to eat meat, wear shoes and drink milk, then, the pastoralists sector will continue to be important, however modern the society becomes.

"We will have so many authorities, one authority probably looking after the other authorities, but if the attitude of the Government does not change, pastoralists will not come out of the woes and problems," asserts Kacheliba Member of Parliament Samuel Foghisio.

He queries the issue of placing some areas under quarantine, which blocks the pastoralists from selling their animals for stocking and restocking. During drought, they off-load some of their animals and then restock them later during the rainy season.

When the Kenya National Association Company was in operation, there used to be a pool of insurance companies that insured livestock. With the collapse of the KNAC, that pool ceased to exist, leaving livestock farmers with no insurance option, in the face of persistent drought and famine stalking them.

The lack of trained manpower like extension officers worsened by the recent retrenchment exercise that has affected them, also caught the attention of Parliament.

Cost sharing has also affected livestock farmers because it means livestock farmers buying artificial insemination and the services of veterinary officers.

At one time, Kenya ranked sixth in the world as the leading exporter of hides and skins. Today, because of poor co-ordination and lack of focused investment by the Government there is no organized market for hides and skins and most of them are now going to waste in Thika, Athi River and other parts of the country.

In 1988, the beef production of this country has over 170,000 metric tons. Goats and sheep gave about 6,200 metric tons of meat totaling to 176,200. What we needed annually for our local consumption was 385,000 metric tons.

But today, Kenya gets canned beef from Australia and Botswana, while the country has the capacity to produce beef. This is an indirect way

there was an epidemic that would wipe out the livestock.

It was also one way of helping livestock farmers to earn money, so that they could meet their basic needs.

Abattoirs and slaughter houses should be put up in various parts of the country where people are predominantly livestock farmers.

In those areas where the road network allows refrigerated vehicles could be used to ferry meat to the urban centres, making the economic gains from the livestock sector more realistic.

It will also enhance meat quality because in those abattoirs and slaughterhouses, there are qualified inspectors on site. Once abattoirs and slaughterhouses are in place, there will also be need to improve the airstrips where cargo planes can land. For example, there are already big airports in Wajir, Mandera, and Lokichogio.



Samburu women taking camels for grazing

of wasting the meager resources which is now used to import canned beef. This would have been used to develop the livestock sub-sector.

The aim of the government of establishing LMD and KMC was to help livestock farmers in destocking whenever it was necessary.

For example, destocking was necessary when there was overgrazing, and competition for water resources and grazing pastures was rife and also during the dry season. It was one way of saving farmers' livestock during the drought or when

Already there are plans to set up a daily flight from Nairobi and other parts of this country to Lokichogio.

Investors in the livestock sector could take advantage of such facilities so that focus shifts away from the capital city where the production cost of canned meat is very high because of the high standards of living.

All said and done there is need for change of attitude by the Government. It should open up in terms of policy and resource allocations and radically address the needs and priorities of the livestock farmers.

Curtain Falls on the Last Warriors' Fête of the Century

By Michael Tiampati

From the shoulders of the panoramic hills strutting the Great Rift Valley, 700 warriors donning their traditional attire – the ceremonial ochred hair, painted in diatomite earth, and armed with clubs, swords and spears; the 'Imernesh' age-set, the last one this century cascaded in a single file procession from three general directions.

In March 1999, the 'Imernesh' warriors of ages of between 13 and 28 years geared up for the ritual that will elevate their social status from warriors to junior elders through the baptism of the Eunoto ceremony. They came from far-flung places: the South Rift (Ilkaputici), North Rift (Oike) the central and host (Ewaso) regions of the vast Maasai country.

Senior chief Ole Nkepai expounds, "The warriors are an excited lot because the moment they have all been waiting for since childhood is finally here. Although they will still be the community's army, the Eunoto marks the beginning of a new phase in their lives. They will become junior elders allowed to marry and start their own families", he says as he leads the Ilkaputici warrior troupe into the newly constructed Manyata (homestead).

The last such ceremony was held in 1995 and the next will be in the year 2003. 1999 Eunoto marked the close of the 20th Century. On its inception, the god-father group, which has been the age-set's caretaker from its inception will retire and hand over responsibilities to a specially selected group of five new office bearers comprising of the *Olorrip olkita*, the guardian of the ceremonial cloak and

the *Olopiang olkiteng*, chosen at the ceremonial *enkipaata* dance ritual of the boys. The *Olorrip olavar*, the guardian of the sacrificial fire who is appointed during the *Mowao Olkiteng* fête popularly known as holding the ox's horn, (*Olotuno*, *Olobora Enkeene*, the 'cutler' of the strap, chosen during the warrior inauguration ceremony.



Maasai warriors in a ceremony

These office bearers are highly revered individuals and they will treasure these titles for the rest of their lives. The process of appointing them is billed very democratic and is facilitated by the godfather group and all members of that circumcision group who normally know one another well. A thorough vetting is done and those with a majority of supporters are presented to the ritual expert, called *Olobani*, for further counseling and blessing before they could assume

their various roles.

These roles allow them to indulge in strenuous and often dangerous activities like hunting lions, and stage cattle raid – roles that will guarantee the community's security and survival in the face of adversity.

But one thing was conspicuously missing from this particular ceremony. There was not a single headgear made from the lion's mane following the government's ban on the hunting of lion, a practice that was rampant not too long ago. This, coupled with the fact that 40 per cent of the group were students helped them appreciate the import of the authorities' action though it was still a novelty to many in the old school.

"We were informed through the civic chief that we should desist from killing lions and we warned the boys about it, this has altered the appearance of the ceremony and it seems that we have to learn to accommodate such changes", conceded Melia Ole Ntaiya a member of the settlement committee.

"Previously the lion mane was worn by the fiercest warriors in the age group and this was a good way of portraying one's prowess amongst his peers but now nobody knows who is who. Maybe we are all brave but probably we are all cowards. How will the people whom we are supposed to protect prove our bravery? I find it weird," 25 years old Natlai ole Surum, and one of the warriors laurels.

Meanwhile the 'Imernesh' warriors

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make their way to the Maasai via a specially constructed "kushemi" gateway. A welcoming party of mothers holding calabashes full of a mixture of milk and honey while another mother applies cow dung to the chest and shoulders of each youth.

"This is a blessing gesture by us mothers to our sons. This mixture represents lifetime milk for health, beer for blessing and dung for protection." Njirima and Pungua a 41-year-old mother to one of the warriors says.

As the warriors make their way to the perimeter driven by a youth blowing a kudu horn, a tense atmosphere is apparent as parents - their spirits heightened by honey beer (the ceremonial drink) break down with emotion and mayhem ensues as war cries from warriors fill the air, the situation getting out of control while both parents and warriors convulse to unconsciousness. Onlookers are called in to help calm the warriors who by now have been relieved of their lethal spears and are only armed with clubs and swords. Strong men are asked to pin the hysterical youths with white froth emanating from the mouths and tears streaming down their cheeks, to the ground until they finally calm down.

"We can hardly contain our tears of

pride and disbelief because one minute they are kids and now they are ready to help us with responsibilities. It is worth a tear or two." Ole Toluo, 56 and a father of four warriors says.

Four days of dancing and festivities and relaxation precedes the main event. The people, mainly men and warriors demonstrate their prowess by the height of their jumps. Shaving of the warriors' stands of hair is done outside the hut specifically by mothers. After shedding off the hair, the warrior smears their heads with ochre and continues to dance the days away. The occasion is open to outsiders and a few non-Maasai are notably present, they cannot help but air their admiration of their hosts.

Maina Mwangi a 60-year-old businessman from Nairobi heaps the community with praise. "The Maasai cannot be intimidated by other cultures, they have proved this by retaining their customs. I envy them and support them, where else can you experience such beauty. It is a sight to behold, we should work hard to preserve this culture," he says.

At the crack of dawn on the fifth day a separate settlement comprising 49 houses and a single hut (at the centre for the office bearers called osinkira is constructed. An ox is slaughtered and the warriors accompany the elders to the top of the 'red mountain' (Mount Suswa) for yet another feast. On the

mountain another ox is slaughtered (in both cases the oxen are suffocated by a cloak tied to the muzzle and specially chosen elders hold it until it dies) and the dewlap skin is made in such a way that it forms into a receptacle in which blood, honey beer and milk is mixed as the warriors form a single file to have a sip of the concoction.

This officially marks the end of warriorship. Rubbing two sticks together makes a fire and all the meat is roasted and eaten. The skin is cut into small pieces and each youth dotes a piece on a finger. It is a sign that they have graduated to a higher status. Later the whole group descends from the mountain and into the settlement where another feast awaits them. They converge on the village perimeter all sitted as elders spray them with a mixture of beer, milk and honey while another elder hands each warrior a piece of roasted meat from the cloak. "This is the climax of the ceremony. It closes the warriorship chapter and opens another" explains 70-year-old Maloi Ole Mpoke.

This Eunoto marked the last such ritual for the 20th century and in the face of changing times some cultural rituals like this are left hanging precariously in the balance. As for how much longer indigenous communities like the Maasai would judiciously cling on to the rich mix that is their cultures in the face of threats posed by Western lifestyles, only time will tell.

A Maasai Museum For Posterity

Culture underlines a people's way of life, defining its identity and giving them a sense of belonging. It is for this reason that concerted efforts should be made to preserve it. It is only through preservation that future generations can learn the ways of their forefathers. But most indigenous cultures are today at a crossroad, faced with the danger of becoming extinct through time and external pressures.

An illustrative example is the Maasai culture, which has been a subject of tourist fascination. The once rich culture is in danger of being lost, thanks to the forces of modernization. It is for this reason that a group of Maasai have come up with the idea of setting up a museum that would be used to stock traditional relics of the community's material culture.

At the foot of the picturesque Ngong Hills, at a place called Oloshe-Obor,

By Joseph Ngunjiri
there is a small, almost obscure mud walled building with the words "House of Visual Knowledge", inscribed on the wall. Yet, despite its obscure appearance, the building is of immense importance to the Maasai culture, which is in danger of disappearing due to the rampaging forces of modernization.

The House of Visual Knowledge or *Falapi Oondrot Oolbwaana* in Maasai
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MAASAI MUSEUM

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is a museum set up by the local community. Concern has been raised that the wanton exposure of the Maasai to tourism has seen them lose some of their most cherished cultural institutions and artefacts to unscrupulous entrepreneurs who sell them to unsuspecting tourists.

Local residents reckon that as the Maasai people gradually embrace changes that accompany modernization, their culture is in danger of being lost unless urgent measures are put in place to address the situation.

This concern gave rise to the idea of the cultural museum.

"If things continue the way they are, we might find ourselves in a situation where our children have nothing to show for their once rich culture," says Daniel Salau, who is the Assistant Programme Officer with the Simba Maasai Outreach Organisation (SIMOO).

SIMOO is a community Non-Governmental Organisation charged with both preserving the dying Maasai culture as well as improving the lifestyles of the local people.

Salau explains that the organisation is in the process of collecting artefacts that depict the Maasai way of life and preserving them in the museum for posterity.

"Although it is understandable that the people sell these things in order to get cash, what they do not understand is that some of these things form the heartbeat of the Maasai culture and are indeed irreplaceable," he posits.

Hence, SIMOO has undertaken the task of educating the people on the sacred importance of these relics. "It is not that we are discouraging the people from making business out of tourism, all we are saying is, if they have to sell these things, they should not be originals," he argues.

Although the museum is constructed

in a traditional way, it also has a touch of modernity. Iron roofing has been used over the traditional grass thatching so as to protect the building from effects of extreme weather.

Apparently SIMOO has an impressive collection of artefacts in the museum ranging from warrior gear to bridal wear. One particularly striking collection is the *Otomonyi*. *Otomonyi* is in the form of an overcoat made of feathers studiously laced together. This was a prestigious gear worn by warriors whenever they went on a raiding mission. According to Salau, the *Otomonyi* was last used about 50 years ago.

The SIMOO museum also has an interesting item called *Enconi* that was used to constantly keep the population of goats in check. When tied around the waist of a billy goat, *enconi* covered the reproductive organs of the goat, thus making it difficult for the billy goat to mount the she-goat.

The museum is part of SIMOO's income generating activities thus visitors are required to pay a certain amount of money. And to encourage community participation, the museum routinely invites local groups to exhibit their wares.

"Most products for sale have been submitted by either local women groups or school children. Proceeds from the sale of these items are ploughed back to their owners," explains Salau.

By and large, the items on display at the Olosho-Olor Museum reflect the lifestyle of the Maasai people in general. Behind each item lies an explanation of how and on which occasion the said item was used.

"There are parents who are reluctant to take their children to school, as they feel that it contributes to the erosion of the Maasai culture," outlines Salau. "Therefore, apart from encouraging the school children to make some traditional items for display at the museum, we give cultural talks to

neighbouring schools. That way the parents feel encouraged to take their children to school," he says.

Salau adds that the museum constitutes a useful guide for university students undertaking anthropological studies. SIMOO also organises an annual cultural festival whereby different Maasai cultural ceremonies are performed. This also serves as an opportunity to sensitize people on the importance of preserving the Maasai culture.

SIMOO, which is a membership NGO, was started in 1993 as a community based organisation with about 500 members and was registered as an NGO the following year.

It took over from the now defunct Maasai Action for Self Improvement (MASI), which was initiated in the sixties by a missionary couple. MASI had in its heydays, several projects including water projects, schools, windmills and a dam.

Unfortunately, the projects stalled when the couple left the country in the late seventies and some of their facilities were vandalised.

However, Salau reasons the project stalled partly because there was no participation of the local residents as far as involvement in its implementation and management was concerned and thus it could never become sustainable. He adds that SIMOO fully involves the community in its activities as a way of making them identify with the project. SIMOO also has an indigenous trees conservation project, as well as a tourist campsite.

The World Tourist Organisation (WTO) indicates that in order to attract visitors, a country must preserve not only its natural resources, but also its architectural and cultural monuments, which are often threatened by vandalism, theft, pollution, wars and underdevelopment. This, for now, is a tenet SIMOO appears to fully embrace and pursue with enormous gusto.

Kenyan Indigenous Women

Margaret Iyasi Lesuada

By Nomadic News Writer

Aged 36 years, Margaret is one of the pioneer girls from Mukogodo Division to attain secondary Education. She was among the lucky few to be enrolled in DOL-DOL Primary School in 1972 after several parents were forced through the chief's order and police assistance to enroll their children in Formal Education.

Margaret took her Secondary Education in Narvasha Girls Secondary School where she attained a 2nd Division in the 1982 KCE exams.

Her dream to become a teacher came true when she passed a well-attended interview, which qualified her to be an untrained teacher (UT) in Ipoloi primary school in 1983 to 1984.

She was trained in Kericho Teachers College in 1984-1986. She became a teacher in Ol Ajjo in 1986 and later headed the school till 1989 when she joined DOL-DOL Secondary school as an assistant teacher.

Margaret longed to go back to primary school where she found it easier to confront challenges as the only local Maasai headteacher.

Her aim to set an example to the girls in her community was a better chance to head the most challenging government boarding school — DOL-DOL Boarding Primary where she once was a student. She is known for her strictness on discipline and commitment.

Due to her hard work she was promoted to become a Teacher Advisory Centre Tutor (TAC Tutor), a post she held with pleasure and made her interest more with all stakeholders in the education sector. This was shortly followed by yet another promotion to Inspector of School in charge of the hardship zone of Mukogodo West. She was trained by the ASAI programme to ride a motorbike and presented with one to enable her carry out her inspection and supervision of schools easily.

During her fieldwork in Mukogodo she came to see the need to motivate women in her community to think of

their daughters' future and ensure they got educated.

Known for fighting for the rights of the child especially girls, Margaret decided to further show girls that education is the only key to a better future by enrolling for a Bachelor of Education Degree in Kenyatta University. She is a 2nd year student there in the school for continuing education (SCE) where she attends during her holidays.

Other posts she holds in the District include being Zonal Inspector of school in Nanyuki Municipality South (Her zone is leading in nearly all exams to the challenge of her other male colleagues).

The District Secretary - Maendeleo ya Wanawake (MYWO) - Laikipia. Recently they worked hard with her colleague Mrs. M. Kaparo to persuade MYWO to launch an FGM project in Laikipia. She is a mother of two boys, two girls and married to Edward Lesuada a prominent livestock farmer.

Allyce Kureiya-the Rendille ace.

Allyce Kureiya is the first born in a family of five — four girls and one boy. As a Rendille from Logo Logo in Marsabit District, she fought off traditions and came out as a role model not only for the girl child but also the boy child in her Rendille community. She is a single mother of two boys. Born 34 years ago, she attended Logo Logo Primary School. After completing her primary education, she joined Chogoria Girls Secondary for both secondary and higher education. She sat for her 'A' levels in 1984 and joined Kenyatta University in 1986 to study education. She graduated in 1989.

An AIC missionary, Malcan Collins, met Allyce's education costs. Her teachers gave her a lot of support especially because she was the only girl in school from the community at that time. She was lonely and often stayed at home with her friends. But whenever she did not show up at school the teachers would always come for her. Allyce became the first girl from the Rendille community to be admitted to the university.

After graduation, she taught at Moyale Boys Secondary and later Moyale Girls before joining GTZ, a German bilateral development agency



Allyce Kureiya
in a training session

in 1992 as a community development officer dealing with support for primary school education, community-based health care, micro-enterprise and environmental conservation, gender integration into project activities, and designing participatory approaches to project activities.

She was promoted to a deputy team leader in 1997, a post she held until August 1999 when she joined SNV-Kenya, a Dutch Development Agency, as a development assistant. She is the project officer of NOPWIK (Network for Pastoralist Women in Kenya) covering three districts — Isiolo, Marsabit and Samburu.

Allyce who is based in Isiolo is concerned that up to now only a handful of girls from her community go to school and even fewer achieve secondary education. When she left college in 1989, it was not until 1994 that another Rendille girl was admitted to university.

She blames negative traditional practices like FGM and heading for poor turnout in school for girls' education and calls for an end to these practices. She says economic activities should also be encouraged among the pastoral communities so that people could cope with natural calamities like drought.

Halima Defies Cultural Odds to Excel in Arid North

Halima Asli Muhammad. This is one woman driven by a consistent desire to excel and reach greater heights in everything she lays her hands on. Neither her name nor her status rings

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but this unassumingly humble woman is definitely different.

Born in Isiolo District, Halima attended Isiolo and Moyale DEB primary schools. She sat for her "O" Level examinations at Kaaga Girls Secondary School in Meru.

It was while at Thogoto Teachers Training College that Halima began her arduous journey as an educationist. She graduated in 1979 and started teaching as a P1 teacher.

Between 1983 and 1987, she had already risen to the ranks of Deputy Head teacher and Head teacher. About the same time, she got a merit promotion to an S1 teacher. That was the beginning of several merit awards that were to follow in Halima's career.

In 1988, Halima was appointed a district tutor. Shortly thereafter, she sat and passed a Public Service Commission (PSC) promotion interview after which she was appointed Assistant Education Officer (AEO) in charge of Elwak Division in Mandera District. She was later posted to Western Province in the same capacity. Her dream finally came when she moved up a notch to become a District Education Officer (DEO), in whose capacity she served in several districts between 1994 and 1996.

One would at a glance be forgiven to reckon that Halima is content with her achievements this far, but far from it. She sat for an upgrading interview after which she was promoted to the position of Education Officer 2. In that capacity, Halima worked in Turkana, Rachuonyo, Nyanza and is currently working in Isiolo.

The meteoric rise to the top has not even though been an easy one. She had to battle countless hurdles among them stereotypes based on her being a woman. But she contends it has been through her sheer hardworking and determination. And this fire of determination in her is not just about to find solace in time and feathers in her cap this far.

But the said feathers were just about to be plucked from Halima coming from a community that regards a girl who



Halima listening carefully in a women's leadership training.

has reached the Fourth Form and not married as a bad omen. She was initially faced with an uphill task of having to convince her father to let her complete her primary education, secondary education aside.

By the time Halima was in standard seven her father had already received dowry from a man who was already married with two wives.

She had to convince her father that she was not against getting married

but could he please let her attain some training. After completing secondary education, Halima had to get engaged and was married to a man of her choice immediately.

She has had a hard task of balancing her career with motherhood. The main problem has been that she has had to follow her husband, who is an administrator to every station he has been posted.

With other like-minded women in Isiolo, where she is currently based, Halima has formed a lobby group advocating for equal opportunities in education of the girl child.

Yet the road to recognition for Halima has not been without impediments. She had to face numerous challenges and barriers that stood in her way by virtue of her being a woman. As a head teacher she had to fight off inhibitive cultural norms that often acted as a disincentive to education of the girl child in her community.

This required her to pull all stops to prove her self as a leader if she had to retain the girls in school. As an education officer she has ensured that teachers who impregnated school girls are punished accordingly. Her crusade has however been watered down by the community, which regards a girl who gets pregnant before marriage as an outcast. Such a girl is usually kept in seclusion and married off immediately.

But despite having to confront such and similar cultural setbacks, Halima's lone crusade goes on and is not just about to be scuttled.

Indigenous People welcome the millennium with strength

Indigenous Peoples Experience With Electoral And Political Party Systems.

All Indigenous Peoples of the world are marginalized. They are not represented in the national systems. This was clearly spelt out in an international workshop on "Indigenous Peoples Experience with Electoral And Political Party Politics" Nairobi in November 2000 and convened by International Work

Group on Indigenous Affairs (IWGIA) and Indigenous Information Network (IIN). This was the last of a series of workshops with the theme **Indigenous Peoples political parties and electoral systems** that were held in different regions (Mexico, Norway, Malaysia, Fiji and Canada). The aim of the workshop was to look at the results and conclusions of the regional meetings and to analyze experiences, strategies and look at future

By Nomadic News Writer

possibilities of dealing with local, regional and national governments from a more global perspective. It was very clear during the different presentations and discussions that, the system of political parties and electoral system violate traditional systems of decision-making and representation of Indigenous Peoples. The structure of traditional state-party system does not accommodate

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multicultural or heterogeneous population/constituency for proper representation and selection. The colonial governments' history of oppression dominates the present political system of nation states. The present system finds its roots in the colonial system. Resource exploitation and utilization continues to worsen under the present political system and Indigenous Peoples' control of their lands and resources continue to be violated.

Also attributed to the grievances of Indigenous Peoples is their high illiteracy level that has continued to cripple their struggle against the current political and electoral process. Further, the division of populations into minorities/majorities in the nation does not allow proper representation, limiting the democratic space for Indigenous Peoples. National parties came under fire as not representing the interests of Indigenous Peoples and being only interested in their votes.

The division has worsened conflicts on boundaries, borders and resource control resulting in division of ethnic communities. That is nation-state borders cause conflicts on issues of territories, resource and representation. It has caused competition on proper representation of their constituency - small groups become more marginalized/disadvantaged.

Lack of access to and participation in media in highlighting indigenous peoples' issues, due to government control and corruption in media houses, has aggravated the situation of indigenous peoples.

To help Indigenous Peoples in this challenging situation, the participants came up with some strategies to be employed in the process of struggle and self-determination. Among the strategies are:

- Promotion of alliances with other groups and sectors.
- Reform of the state political system to strengthen Indigenous Peoples communities for local autonomy.

- Seek alternate systems in Indigenous Peoples territories within nation states.
- Fight for recognition of democratic rights of peoples allowing mechanisms for the proper representation of Indigenous Peoples in their own process of decision-making.
- Proper representation of Indigenous Peoples with clear system of accountability from the local to national levels.
- Strengthen Indigenous Peoples systems of decision-making, representation and election of leaders.
- The national parties system and electoral process should give Indigenous Peoples the democratic space to set up their own decision-making mechanisms for self-governance.
- Nation states should review current border divisions to take consideration of Indigenous Peoples when setting constituencies.
- There should be a system to let Indigenous Peoples control their land and other resources in any political system.
- Form broad alliances at local to national and international levels for protection of Indigenous Peoples resources.
- Build on Indigenous Peoples' education systems that focus on Indigenous Peoples' needs and enhance or transmit knowledge and culture, information and serve the needs of Indigenous Peoples.
- Adopt communication/information strategies to highlight Indigenous Peoples' issues and concerns in the public media.
- Special consideration/attention be given to Indigenous Peoples for their selection and participation in the national political systems.
- Ensure maximum participation and representation of women and youth in decision-making processes from the local up to the national and international levels.

Indigenous Peoples and climate change

The Indigenous Peoples welcomed the new millennium with a lot of energy and hope.

They have worked so hard and have been committed to ensure some change among the Indigenous Peoples they represent. This becomes clear when we look at the 2000 calendar for Indigenous Peoples that was full of activities some successful, some frustrating. The positive thing is that at all times the Indigenous Peoples representatives in this meetings never gave up the fight. One very good example is the meeting of the Sixth Conference of Parties to the Climate Change Convention held in The Hague - Netherlands, from 13 till 24 November 2000. This was just after two months when the Indigenous Peoples met in the first International Forum of Indigenous Peoples on Climate Change in Lyon, France from 4 till 6 September 2000. Indigenous Peoples, have historically played an active role in the conservation of ecosystems crucial to the prevention of climate change such as forests, wetlands and coastal and marine areas. Unfortunately, scientists of western society have dismissed the Indigenous Peoples as sentimental and superstitious and accused them of being an obstacle to development. Paradoxically, those that previously turned deaf ears to Indigenous Peoples' warnings now are dismayed because their own model of development endangers Mother Earth. In The Hague a delegation of indigenous representatives from 22 different countries, and 28 distinct cultures were attending the COP6 to advocate preservation of the fragile ecosystems on their lands, which are suffering serious environmental damage as a result of global warming. The delegates were also demanding that the governmental representatives of the Parties recognize them as full participants in the negotiations, the executive decision-making, and the ultimate implementation of the Framework Convention on Climate Change and the Kyoto Protocol. The Second International Indigenous Forum on Climate Change was held the weekend preceding the COP6, on the 11th and 12th of November, so as to develop common points of negotiation to present at the Conference. The basis for "The Hague Declaration" (the informal name given to the document

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written by the IP representatives for COP6) was discussed at the aforementioned Forum and was presented to the President and Secretariat of COP6 for subsequent widespread distribution to governments. To create more awareness for their participation, a press conference was held to inform the public about the results of the Indigenous Peoples Forum and the IP presence at the Conference. IP delegates gave their personal testimony on the serious effects of climate change experienced on their homelands in various parts of the world.

Rosemarie Kupatana, an Inuit native to the Canadian Arctic, related the concerns that the Inuit have about global warming. "The changes in temperature have warmed waters, thinning the ice cover and greatly increased the dangers involved in marine hunting and fishing on ice. Such meteorological changes have also affected the emigration of new bird and animal species to the local region, endangering the way of life for her region's native species, which are now competing for territory."

Representing the concerns of Indigenous Peoples in the Island of Samoa in the South Pacific, Clark Petera informed the press that, given the effects of global warming, small islands, and its indigenous populations, have no other alternative than to disappear or emigrate to other areas of the world, losing their lands and thus their cultures and identities, in the long term. "We are seeing the arrival of catastrophic cyclones to the area that are causing the deterioration of coral reefs, which are our food source. Fresh water areas have become more and more scarce everyday," said Petera.

Antonio Jacanamijoy, representing the indigenous tribes and organizations of the Amazon Basin, gave an overview on the processes that led to the IP Forum in The Hague and the subsequent Hague Declaration. The

IP presence on climate change issues began with an IP workshop in Quito, Ecuador from which "The Quito Declaration" was produced and consequently encouraged the presence of an IP delegation to the UN Subsidiary Body meetings held in Lyon, France in September. He told the press that the countries that are



Such forests are disappearing at an alarming rate, causing environmental degradation

part of the Amazon Basin are uniquely concerned with the effects of climate change on their region. Jacanamijoy related that one of the direct results of global warming on the Amazon territories is the frequency of dry spells now altering wildlife habitat, and, therefore, the way of life of native indigenous tribes. Jacanamijoy expressed his concern over the Clean Development Mechanism proposed to the Kyoto Protocol, which can negatively affect the lives of Indigenous Peoples. "We are not in agreement with the definition of carbon sinks that the Kyoto Protocol proposes. We have managed natural methods of carbon sequestration on our lands, and have been doing so for millennia," said Jacanamijoy.

Representatives from Africa explained how Indigenous Peoples and local communities have in the past experienced a great change in their climate and the weather becoming more and more unfriendly. Climate change is a life and death issue for the poor indigenous and minority communities.

Recently in Kenya it was not strange to see livestock in the streets and suburbs of the city of Nairobi. Frequent rural urban migration has increased in towns occupied by

Indigenous Peoples of Africa, all desperately looking for survival. The pastoralists have experienced long periods of drought. The northern pastoralists have moved to the neighboring countries in the hope of greener pasture. Land laws in most of the countries do not favour these communities making them even more desperate than ever. In other parts of Africa the desert seems to be spreading. Climate change meeting is not one that they can understand easily. To them Kyoto is just a name. The continuous activities of logging and clearing of forests in Africa is happening in a very alarming rate.

The Indigenous communities like the Batwa, of Rwanda, Burundi, and Uganda, the Olkik of Kenya, Hadzabe of Tanzania and the Pygmies of the Democratic Republic of Congo have been pushed out of their habitat. They have to adopt a life, which is not conducive to them. In their lobbying tactics, The Indigenous Peoples' representatives were able to meet Minister Jan Pronk, the President of COP6 and Minister of the Environment of The Netherlands, host country of the Conference, and with the Co-Chairs of the Contact Group on Land Use, Land Use Change, and Forestry (LULUCF) and the Contact Group on Mechanisms. In the meeting with Minister Pronk, the IP delegates emphasized the need to create a UN working group on Indigenous Peoples to be present at future climate change conferences. After consulting with legal counsels, Minister Pronk responded by promising that the next conference will take into account the creation of an IP Working Group for inclusion in upcoming COP meetings, once the interests of other UN Working Groups are considered. The Indigenous Peoples presented the declaration to Delegates and Government Representatives.

More information available at www.klimabundnis.org. Further enquiries to info@im.co.ke

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Indigenous Peoples Meet to discuss conflict in their territories

"WE WILL KEEP THE PAST NOT BEHIND US BUT IN FRONT OF US"

Indigenous Peoples from different continents meeting in Manila-December 2000.

From 6th to 8th December 2000, over 100 Indigenous Peoples representing over 50 organizations met in Manila, Philippines to attend an "International Conference on Conflict Resolution, Peace-Building, Sustainable Development and Indigenous Peoples."

The main objective of the conference was:

- Bring indigenous peoples and indigenous advocates to analyze the processes and substantive issues in resolving conflicts involving indigenous peoples, states, and corporations.
- To highlight the lessons learned from these processes and come up with policy recommendations to be addressed to Indigenous Peoples, governments, NGOs, inter-governmental bodies, corporations, and liberation movements.
- To create a mechanism for a continuing research and advocacy program among indigenous peoples organizations worldwide.

The conference consisted of panel discussions covering different themes

like *Peace Accord with States, Land Rights, Rights to Resources, self-determination as a central issue, Liberation Movements and Post-Conflicts Reconstruction, Indigenous Peoples and Co-Management, Negotiating Gender in Conflict-Resolution and Peace-building Processes, Indigenous Definitions of Identities, and Role of Civil society, Donor Agencies and Multilateral Organizations.*

During the conference that was also attended by various donors and International NGOs, the Indigenous Peoples concluded with a declaration. Papers Presented and declarations during the conference that was organized by Tebtebba Foundation are available from the internet: www.tebtebba.org or further enquiries to: tin@tin.co.ke

Indigenous Minorities Now Focus on Multiculturalism in Africa.

Sharing of different cultural aspects among Indigenous Peoples and Minorities is one of the most interesting and learning processes on how Indigenous Knowledge still exists among these groups in Africa.

Rekindling the subject of multiculturalism in Africa is both the United Nations Working Groups on Minorities and Indigenous Populations who endorsed it in the resolution 1999/20 of the Sub-

Commission on the Protection and Promotion of Human Rights. The first such seminar was held in Arusha, Tanzania from 13th to 15th May 2000 and was organized by the International Center for the Ethnic Studies Colombo, Sri Lanka, with the financial assistance of the Ford Foundation, New York.

The United Nations High Commissioner for Human Rights and the International Criminal Tribunal for Rwanda based in Arusha. Participants came from universities and research institutions, human rights organizations, minority groups and Indigenous Peoples organizations. The issues discussed focused on the topic: *Multiculturalism Africa: Peaceful and constructive group accommodation situations involving minorities and indigenous Peoples.*

The second seminar was held in Kidal-Mali from 8th to 13th January 2001. Kidal region is inhabited by the Tuareg Indigenous Peoples of Mali. Participants were drawn from Mali, Burkina Faso, Niger, Guinea-Conakry, Nigeria, the Sudan, Algeria, Kenya, Morocco, Chile and representatives from the United Nations Office for Human Rights and the Africa Commission on Human and Peoples Rights. In Kidal, key themes deliberated included an overview of multiculturalism in West Africa and experiences elsewhere in Africa, customary and traditional arrangements for the maintaining good relationships among different peoples in the region, development in a multicultural environment, and the role of international and regional inter-governmental organizations.

The financial support for the Kidal seminar came from the Agency for Cooperation and Research Development and the chairperson of WGII with the Office of the United Nations High Commissioner for Human Rights. After five days of discussions, the Kidal participants came up with a declaration and recommendation.

Further enquiries to:
iblyth-kubota@clu@unog.ch
iburger@clu@unog.ch
tin@tin.co.ke



Elders from two different communities in Mariabiti exchange gifts like tobacco after a peace reconciliation meeting.

Letters to the Editor

Dear Editor
It would be wonderful to include stories from the southern part of Africa in the magazine. We will ask a friend to write something about the San and also send some photos.

It might be interesting to profile an IP in Africa who is working for the promotion of indigenous rights and tell their personal story.

IPAAC would like to have copies of the magazine sent to Geneva.

Keep up the excellent work.

Paul and Sheila Dutton,
118 Mansfield Rd Durban 4001
South Africa
dutton@icun.co.za

Dear Editor
First of all I would like to take this opportunity to congratulate you with the IIN Magazine "Nomadic News". It is very impressive and interesting indeed and I gained much from reading the articles. I look forward to reading the coming volumes as well.

I had never imagined such a sophisticated magazine. My only worry is how you'll be able to keep the momentum!

Diana Vinding dv@iwgja.org

Dear Editor
I just want to say rather belatedly how much I enjoyed receiving "Nomadic News".

What a splendid publication - good looking and with a lot of information presented in a readable style.

I was particularly interested in the article by Osman Mohammed about mobile schools; and the piece on the Iichamus, who are a people too often overlooked.

However, I would like to point out about the Konso people mentioned in the article by Ali Abdi (Konso, a people with no place to call home) that where they actually are at home in Ethiopia this remarkable people are not nomadic at all but have lived since time immemorial in their own stone-build towns.

I look forward to receiving the next publication. Meanwhile I hope you are getting survival's publications in return.

Virginia Luling
Africa Campaigns Officer
Survival International n-i
info@survival-international.org

Dear Editor,
I got information about your Nomadic News Magazine through Francis Chibari (Team Leader of Marsabit Development Programme/GTZ). I found the first edition very interesting and informative, and I appreciated the professional and catching layout and editing.

As problems and interests of indigenous people are much the same on both sides of the

border, and as our project concentrates more or less on the same "mission statements", you have mentioned for your publication (promote, protect rights, empower and help build capacity of indigenous peoples through education, environmental conservation, human rights and training), please put us on your mailing list.

Florian Menzel, Team Leader
BLPDP/GTZ
Post Box 12031
Addis Ababa

Dear Editor
I wish to acknowledge receipt of the nomadic news magazines which you sent to me through SNV-NOPWIK. From our side I will ask my Health Colleague if he has any interesting information on the health programs to send to you.

Sabdiyo Bashuna
Marsabit Development
Programme
Farming Systems Development
P.O. Box 104
Marsabit

Dear Editor
Nomadic News is a very educative magazine focusing on indigenous people.

We will be exchanging ideas in this regard with a view to improving and/or propagating our mutual motives and principles. Since your issue has a longer time-frame, I welcome IIN to take advantage of our bi-monthly newsletter *Mwelakao*

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from previous pages
for quick advocacy issues.

We look forward to your next issue and wish you the best in publishing the nomadic briefs.

Ms. Judy Muthuri
National Council of Women of Kenya
Information Officer
P.O. Box 43741 NAIROBI
jewiki@insightkenya.com

Dear Editor
Congratulations with the first issue of the Nomadic News Magazine.

I was very pleased with this edition because it took education as the main topic. At the moment we are discussing how we can handle best the education for pastoralists.

I hope you could also send a copy to U/C consult to lose Ruitoy, the education specialist, since we have been working together on this project.

Thank you in advance and keep up the good work.

Martine Benschop
martine.benschop@ecordaid.nl

Dear Editor,
Chirapag wants to congratulate you and your team for the nice nomadic news. It must have been quite a piece of work to coordinate such an educational magazine on such sensitive issues. You have done an incredible good work and we wish you all the best of luck and inspiration for the next numbers.

Chirapag-Peru
chirapag@iamauta.rcp.net.pe

Dear Editor
Nomadic News is a masterpiece. Hat's off!

Hannelore Krause
Krause@dwelle.de

Dear Editor
Recently I came across a copy of your magazine "Nomadic News" and I liked it very much. I believe it could be very helpful to us here as we work among the Turkana people. Put me on the mailing list and let me know the details of subscription.

Father Seamus O'Neill
Catholic Church
P.O. Box 15
LODWAR

Dear Editor
Nomadic News is informative and will be useful to visitors to our documentation center. We wish you well with new initiative.

L Muthoni Wanyeki
Executive Director
Femnet
femnet@africaonline.co.ke

Dear Editor
This is to thank you very much for putting Christian Children's Fund on your mailing list. We look forward to contributing articles for the subsequent editions. We have a lot to share in the areas of health and nutrition, basic education, non formal education, early childhood development and girl child advocacy program.

Stephen I
Stephnl@ccfkenya.org

Dear Editor
We did receive a copy of Nomadic News from you. It looks great! Congratulations to you and your team! To whom and how will you distribute the magazine?

Angeline Van
Angelinevanadri@indovannan.nl

Dear Editor
Thank you for your newsletter and congratulations with the first issue! I liked it very much, first of all because I got a new and another view of Africa. I have been reading and watching TV programmes about Africa, but it is mostly made from a non African perspective. This time I got to know about how life and challenges are from different indigenous peoples situation, your own descriptions and notions.

I simply got a new understanding of the realities both in your continent, but also about us Indigenous Peoples. I also realized more concretely what your dreams for the future are. I thank you so much for what you gave me and I hope with all my heart that the newsletter will succeed and be permanent. We need this view so much!

Jurun Ekijok
FUGLOQYUN 2 0020
TROMSDALEN
NORWAY

Thank you all for writing.

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Dates	Organs	Session	Location/Press release when available
8-13 Jan	African Sub-regional meeting on Racism	2 nd	Rabat, Morocco
8-13 Jan	Multiculturalism in Africa		Kidul-Mali
8-26 Jan	Committee on the Rights of the Child	26th	Geneva
15-18 Jan	Open-ended Working Group of the Preparatory Committee for the World Conference against Racism		Geneva
15 Jan-2 Feb	Committee on the Elimination of Discrimination against Women	24th	New York
22-26 Jan	Board of Trustees of the United Nations Trust Fund on Contemporary Forms of Slavery	3 rd	Geneva
22-24 Jan	African Regional meeting on Racism	2 nd	Senegal
24-26 Jan	Liaison Group on Agricultural Biodiversity - Back to back with the Ecosystem Conservation Group (ECG)	Confirmed	Rome, Italy
25-26 Jan	Global Biodiversity Outlook Advisory Group	Confirmed	Geneva, Switzerland
29 Jan-2 Feb	Working Group on the Right to Development		Geneva
29 Jan-2 Feb	Working Group, Committee on the Rights of the Child	27th	Geneva
5-8 Feb	Workshop on the justifiability of economic, social and cultural rights, with a particular reference to the Optional Protocol to the Committee on Economic, Social and Cultural Rights		Geneva
5-8 Feb	Working Group on Situations		Geneva
7-9 Feb	Seminar on Human Rights and Extreme Poverty		Geneva
12-25 Feb	Working Group on the Optional Protocol to the Convention against Torture		Geneva
February	Technical Expert Group on Marine and Coastal Protected Areas	Tentative	Leigh, New Zealand
5-8 Feb	Global Taxonomy Initiative Regional Meeting in Central America	Tentative	San Jose, Costa Rica
17-21 Feb	International Movement Against All Forms of Discrimination		Asia
26-28 Feb	ICANN's Ecosystem Conference		Juneau, Alaska
27 Feb-2 March	Global Taxonomy Initiative Regional Meeting in Africa	Tentative	Capetown, South Africa
19 Feb-16 March	Community based tourism for conservation plus development		Thailand
26 Feb-9 March	Working Group on Structural Adjustment		Geneva
5-9 March	Open-ended Working Group of the Preparatory Committee for the World Conference against Racism		
5-23 March	Committee on the Elimination of Racial Discrimination	54th	Geneva
12-16 March	Expert Consultation on the Right to Food	3rd	Geneva
12-16 March	Working Group, Human Rights Committee	71st	New York
11 March	Informal Consultation on the proposed Global Strategy for Plant Conservation	Confirmed	Montreal, Canada
12-16 March	Open Meeting of the Scientific Technical and Technological Advice (SSTTA-B)	Confirmed	Montreal, Canada
19-22 March	Panel of Experts on Access and Benefit Sharing	Confirmed	Montreal, Canada
19 Mar-18 Apr	Human Rights Committee		New York
19 Mar-27 Apr	Commission on Human Rights	57th	Geneva
28-30 Mar	Board of Trustees of the United Nations Voluntary Fund for Indigenous Populations		Geneva
2-5 Apr	Advisory Group of the United Nations Voluntary Fund for the International Decade of the World's Indigenous People		Geneva
23 Apr-11 May	Committee on Economic, Social and Cultural Rights	26th	Geneva
23 Apr-27 April	Working Group on Enforced or Involuntary Disappearances	63rd	New York
23-27 April	Technical Experts Group on Forests		Edinburgh, United Kingdom
30 Apr-10 May	Committee against Torture	26th	Geneva
11-15 May	Working Group, Committee on Economic, Social and Cultural Rights		Geneva
14-18 May	Working Group on Minorities		Geneva
14-18 May	Working Group on Arbitrary Detention		Geneva
28-30 May	Indigenous Knowledge Conference		University of Saskatchewan, Canada
18 May-1 Jun	Board of Trustees of the United Nations Voluntary Fund for Victims of Torture		Geneva
21 May-1 Jun	Preparatory Committee for the World Conference against Racism	2nd	Geneva
21 May-8 Jun	Committee on the Rights of the Child	27th	Geneva
[June]	Preparatory Committee of the International Consultative Conference on School Education in Relation with Freedom of Religion and Belief, Tolerance and Non-Discrimination	2nd	
4-8 Jun	Workshop on Sustainable Tourism	Tentative	To be determined
13-15 Jun	Workshop on Finance for Biodiversity	Tentative	Montreal, Canada
5-8 Jun	Board of Trustees of the Voluntary Fund for Technical Cooperation in the Field of Human Rights		Geneva
11-15 Jun	Working Group, Committee on the Rights of the Child	23th	Geneva
11-15 Jun	Working Group on Contemporary Forms of Slavery		Geneva
18-22 Jun	Annual meeting of Special Reporters, Experts/Representatives and Chairpersons of Treaty Bodies	8th	Geneva
2-6 Jul	Working Group, Human Rights Committee	72nd	Geneva
9-27 Jul	Human Rights Committee		Geneva
23-27 Jul	Working group on Indigenous Populations		Geneva