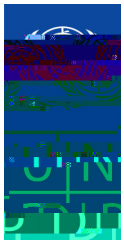

B c gro nd o he s dy

Delivery of social services to pastoralists is widely acknowledged to be one of the most evident processes of marginalisation and exclusion by policy makers. Mobility and difficult physical environment have been generally used as the explanation for underdevelopment in pastoral areas or for the poor use of social services. Despite this view, various innovative methods of delivering social services to pastoralists have come to light in many parts of the world. This study focused on provision of services to mobile pastor

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Executive summary

In the past century, pastoral zones have frequently been neglected by governments for consideration in economic development programs and establishment of public services. Both schooling and health are perceived as 'social goods' but provision is generally poor or inexistent in pastoral settings. Governments often use the difficulty of providing services to mobile pastoralists as a reason to promote settlement. However, more recent studies show that pastoral livestock production importantly contributes to agricultural and national Gross Domestic Products of countries of the Sahel, the Near and Middle East as well as Central and Inner Asian countries and that a mobile production system allows a sustainable use of natural resources and fragile semi-arid ecosystems.

The absence of social services such as primary education, health services, infrastructure (e.g. safe water, roads, and markets), services that promote security and peace consolidation in pastoral areas can alter grazing patterns towards ecologically destructive patterns because groups reduce mobility in favour of staying closer to urban centres with health and education services or avoid contact to other communities in the case of insecurity. Still little is known on the provision of adapted services in pastoral areas and achieving a balance between people, livestock and environment.

Health among pastoralists

In comparison to settled communities of rural areas, causes of increased mortality among mobile pastoral groups can be summarized as; late medical attendance for example for maternal and neonatal mortality. Morbidity patterns of mobile pastoralists do not differ substantially from those of poor people of rural zones in resource-poor countries, but periodic exposure to disease risks due to migration, seasonal periods, difficult hygienic conditions, timely response to a disease, inappropriate information, and close contact to livestock can lead to a shift in the importance of diseases, for example of tuberculosis and the zoonosis

Education among pastoralists

The decision of pastoralist communities and parents on whether to favour strictly formal education, enabling the children to engage in higher level training and education, or whether more emphasis should be placed on culture and livestock production, depends on how education is perceived. The decision is influenced by whether learning is seen as an investment for future security, on the type of learning systems available, and on the perception of the socioeconomic context. It is rare that research looks at formal schooling as one type of education among many. In most studies there is an equation between education and formal schooling.

Many pastoralist communities have gender inequalities in terms of access to education, with girls in mobile pastoralist groups commonly showing a fraction of the levels of enrolment than boys. However, in some cases it is more likely that pastoralists will send their girls rather than their boys to school because the boys are more involved in herding.

Constraints to providing and accessing education in pastoral zones include:

- the remoteness and sparse population of the areas makes it difficult to retain qualified teachers,
- rigid curricula may be culturally distant and not relevant to the pastoral way of life,
- a high labour demand from pastoral children generally and gender inequalities in child labour specifically for girls,
-

Introduction

Pastoralist development has undergone a steep learning curve over the past 15 years. Before this, development attention usually focused on settling mobile populations, regulating herd sizes, restricting resource access, intensifying capital input, and narrowing the range of products from the system. In more recent years it has become clear that these measures have contributed to undermining pastoralism, degrading natural resources, and impoverishing pastoralists. It is now better understood that herd mobility, flexibility of herd sizes, labour intensity, and reliance on a variety of outputs, are all necessary ingredients for managing rangeland environments where the climate is unpredictable or the natural resource base has limited potential. These features of pastoralism he

refugees, indigenous people and groups experiencing discrimination. This report on social service provision to pastoralists focuses primarily on education and health service provision.

Both schooling and health are perceived as ‘social goods’ but provision is generally poor or inexistent in pastoral settings. A differentiation between generally poor social service provision to rural populations and specific poor performance in pastoral zones may become important to identify types of potential and appropriate intervention. Looking at the literature, it seems that there are more examples and experiences

general food hygiene are of prime importance in pastoral environments [Loutan 1989; Medvedeva 1996]. Morton [2006] summarizes factors associated to pastoralists that may account for their weak resilience and resistance to HIV/AIDS, including practices such as use of un-sterilized instruments for childbirth and female genital mutilation or inability to gather information. In Kenya, the proportion of pastoralists being aware of HIV/AIDS was lower than the national proportion (79.5% versus 97%) and this result was much worse for awareness on self-protection measures: a situation perpetuated by stigma.

Traditionally, the diet of pastoralists consisted o

government's ability to provide social services has been seriously compromised. Access is restricted to those services still functioning and where access to transport is no limiting factor [Medvedeva 1996].

Health care facilities are unevenly distributed in most developing countries, clustered in urban areas and scarce in poor rural zones. Health facilities in rural zones rarely offer outreach services to more effectively reach the remote populations and their quality of care is generally poor since they most often lack adequate infrastructure, drugs, quality of care and supervision and, therefore, have a weak performance [Gilson 1995; Medvedeva 1996]. In Mongolia and Inner Asia, an emerging adaptive strategy is for households to send some members to town, provincial centres and the capital to both work for wages and provide social access to town-based resources such as health care and education [Yenhu 1996; Janes and Chuluundorj 2004]. Medical insurances have only been introduced more recently in Mongolia and China. A consequence will likely be an enhanced privatisation of services, which in turn may lead to further decline of rural services in Inner Asia because they are less profitable in rural than in urban centres [Medvedeva 1996].

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Re o e r r zones

The remote and sparsely populated areas make it more difficult to recruit and retain teachers. Educated people commonly migrate out of the rural zones. The countries needing the most teachers have the least qualified personnel [UNESCO-UIS 2006]. In addition, teachers often lack the training to be able to adapt curriculum modules and are often themselves from outside the socio-cultural context, making them unsuitable to carry out this task. In Inner Asia, there was a decline in the level of schooling after breakdown of socialist collective system and a polarisation o

o oppor n es

A very poor quality of schooling can lead parents to the conclusion that their children will not properly

[Krätli 2000; Oxfam GB 2005]. In Oman, the relative success of a boarding school for pastoral Harasiis was due to the State's willingness to reach this remote community and compromise on the organization of the school so that it would meet the concerns of parents for cultural preservation. Even a few girls were able to participate in mixed classrooms [Chatty 2006]. Boarding schools can be combined with more recent

In Niger, in 1968, mobile units have been set up. Their performance was thought poor and costs high. In 1971, fixed health structures have been built next to pastoral zones, but utilisation by nomads was infrequent. Finally, in 1988 the Expanded Programme on Immunization (EPI) has linked the static with mobile delivery structures.

Outcomes

The AMREF outreach system was logistically rather difficult to manage and therefore only operated two weeks per year in the nomadic settings which, in turn, rendered follow-up of patients difficult. Other problems included patients with vague complaints desiring drugs, the unpredictable movements of pastoral groups compromising the efficacy of how the team moves, rather high costs of the mobile units and that the service was only available to pastoralists for short periods in the year. Therefore, currently more community participation is sought (including cooperation with traditional healers) and integrated approaches including access to essential drugs, mother and child health and other programmes incorporated [Wanzala et al. 2005].

In Niger, once the mobile services have been linked with fixed health structures, the outcomes both in terms of reached people (e.g. 40% of BCG coverage) and costs were more favourable than the single approaches [Aliou 1992].

Subsequent outcomes and potential for going to scale

Combined approaches between mobile and static services are nowadays promoted to make best use of existing infrastructure and human resources, but also to avoid creating communities' dependency to mobile services that are available only during limited time periods.

On the one hand, mobile or outreach health services often can establish a first contact between pastoralist communities and health service providers; On the other hand, pastoralists can perceive the quality services

Outcomes

The average drop-out from first to third vaccination for polio and DPT within a given campaign was 64% for children ≤ 5 years, and for women from first to second dose of tetanus, 32%. Drop-out was very rarely due to refusal of re-vaccination, but rather due to high mobility of nomadic families. The bulk of the costs of vaccination campaigns for both sectors were the cos

Outcomes

teams can be found in southern Sudan (community animal health workers (CAHWs) used for polio vaccination campaign and guinea worm eradication), Samburu, Kenya (project training both CAHWs and CHWs), and Wajir, Kenya (daryelles, traditional healers, trained in both animal health and basic human health) [Catley 1999]. The legal basis and policies in most countries do not allow training of individuals on human and animal health simultaneously and there is fear of misuse, for example use of veterinary drugs for treatment of people.

Examples of education programmes for pastoralists

Tent schools in Iran

Context

The tent school system in south and south-west of Iran among Qashqa'i has now operated for over 50 years, and has successfully educated several generations of nomadic children. The Qashqa'i (there are 6 large tribes and they number 250'000 [CENESTA 2003]) migrate seasonally and in groups of households between summer and winter territories and people move little during these seasons [Shahbazi 2006].

Approach

A Qashqa'i man having a degree in law – Mohammed Bahmanbaigi - has established in the 1950s a modern literacy plan for Qashqa'i tribes people and has convinced Iranian state officials – who saw formal education as a mechanism to create national unity - to support it. The initial phase was also supported by technical assistance from the United States [Shahbazi 2006]. A Teacher Training School, the Elementary School (from 1955 onwards), the Middle School, the High School, the Technical School and the Carpet Weaving School have been introduced subsequently. These schools used a standard curriculum but with conviction that nomadic pastoralists are the cultural resources to be preserved and supported.

As to the Elementary School, teachers from a nomadic pastoral background were trained, equipped with a white school tent and schooling material, and joined a group of pastoralist households, often in an elder's camp with enough children for a mixed-age class). Children of poor and rich households were trained together, and there was a rather equal enrolment of boys and girls. Girls remained under the close supervision of their parents. After 5 years of elementary education, graduates were admitted to the boarding school for nomadic children. Some scholars entered the Teacher Training boarding School (particularly from poorer families and girls), which was considered as the core of the literacy programme among Qashqa'i also because a teacher was viewed as a socio-cultural manifestation of Qashqa'i and role models for the young. A weekly cultural program was arranged for trainees who were also often lectured prior to such activities [Shahbazi 2006].

Outcomes

The introduction of formal education and social mobility through education, coupled with integrated socio-political and economic changes, significantly affected Qashqa'i society: educators stood between tribes people and government officials; scholars were exposed to civil laws and procedures and learned the national language they needed to elevate their skills to the level of many other Iranians. While learning about

Enro ng p s or g r s n ed c on progr es

Context

Education in Sudan has been seriously affected by several decades of civil war, and by detrimental education policies, including decentralised funding. The Darfur region (including the states of North, South and West Darfur) has school enrolment rates of approximately 24-25% and girls' enrolment is much lower than boys'. The Education for Children of Nomads project was initiated in 1993 in the Darfur states. Based on a partnership between communities, state education authorities and UNICEF, the project supported the establishment of mobile multi-grade, single-teacher schools for nomadic children that provide community-based education up to grade 4. Since their establishment, these schools have faced many problems including high levels of drop out, shortage of trained teachers, and wide gender disparity in enrolment. Many of the original 265 mobile schools have ceased to e

sustainability are not resolved. Parents may choose not to send all their children away from home, for economic reasons, and as part of a livelihood strategy of diversifying skills and abilities among their children. When they consider which children to send, it seems less likely that they will choose their daughters than their sons. There is little understanding how to resolve the contradictions between a community's desire to enrol its sons and a policy focus on girls' education linked to international targets for gender equity [Aikman and El Haj 2006]. Supplementary alternative basic education programmes can be especially effective in terms of increasing girls' participation (Leggett). Oxfam's lessons include that it is important to continue working with teachers, parents, and policymakers to provide more schools and curricula that are safe and relevant for girls, to tackle gender inequalities inside and outside the school and at both local and national

little in-country expertise in modern approaches to literacy, and viii) although the service was exclusively for women, material was often written inappropriately by urban men and some visiting tutors were men with inadequate skills to counsel women.

Subsequent outcomes and potential for going to scale

The project met new educational needs in an innovative way in a rather short time. The project demonstrated the importance of a needs-analysis study. It was important to consider the influence of contextual factors (economic, social, political and educational) in understanding how non-formal education

showed that participants could perform real life tasks such as reading manufacture and expiry dates of drugs, reading sign boards, checking figures and amounts on receipts as well as recording profit and loss in trading transactions.

Subsequent outcomes and potential for going to scale

1. ***Ensure deep and meaningful participation of pastoralists at all stages of project design:***

Participation must be geared towards creating motivation in communities rather than only toleration. Participative approaches are required throughout the project cycle, and must include all stakeholders,

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