

# DELIVERY OF HEALTH SERVICES TO A SEMI NOMADIC POPULATION



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# EXPERIENCE IN KARAMOJA (UGANDA – EAST AFRICA)



## Doctors with Africa Cuamm

The Non Governmental Organisation “Doctors with Africa Cuamm” has its headquarters in Padova (Italy) and is the largest Italian body working to improve the health of African populations

It is present in Angola, Ethiopia, Kenya, Mozambique, South Sudan, Tanzania and Uganda

Our inspiration is the principle of attention and care to the most in need with a commitment to provide equitable, accessible and affordable health services to the marginalized humanity.

The values of solidarity and international cooperation are of paramount importance in carrying out this task.

A constant presence in difficult situations is a concrete way to guarantee our mission.



# THE PROBLEM

- The delivery of all essential social services, besides health, (education, water and sanitation, security, etc.) presents a lot of difficulties in a nomadic or semi-nomadic population.
- When people are on the move, they are not easily and regularly accessible.
- There is no universal answer acceptable to this problem; however, different solutions have been proposed
- The experience among the pastoralists of Karamoja is a significant one

# THE ENVIRONMENT

From ecology, living things interact not only with themselves but also with the non-living environment.

The culture and livelihood of a population can in practical terms be influenced/determined by the various elements that constitute a reaction to the environment.

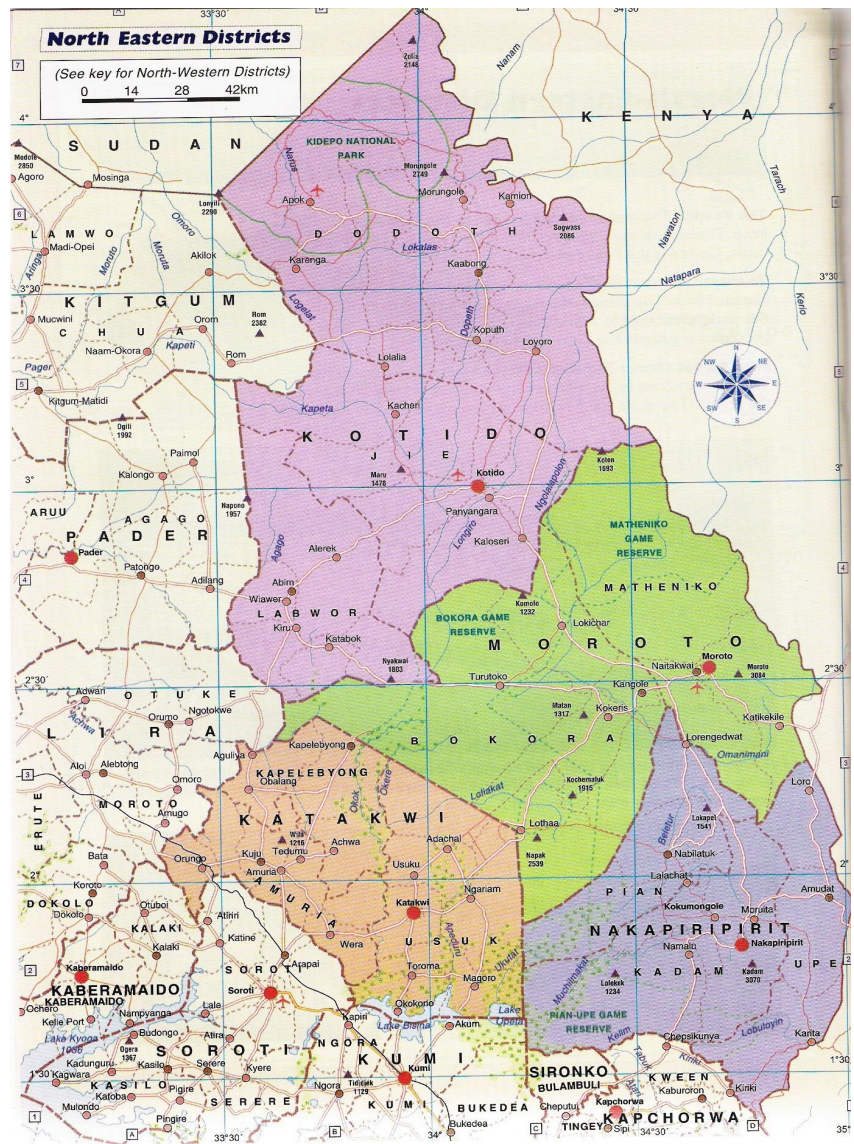
In Karamoja, the arid environment allows survival mainly through cattle keeping, the culture is highly influence by the cow, “cow culture”

Interaction b'tn people, cattle & environment influences health, nutrition, security, survival, culture...











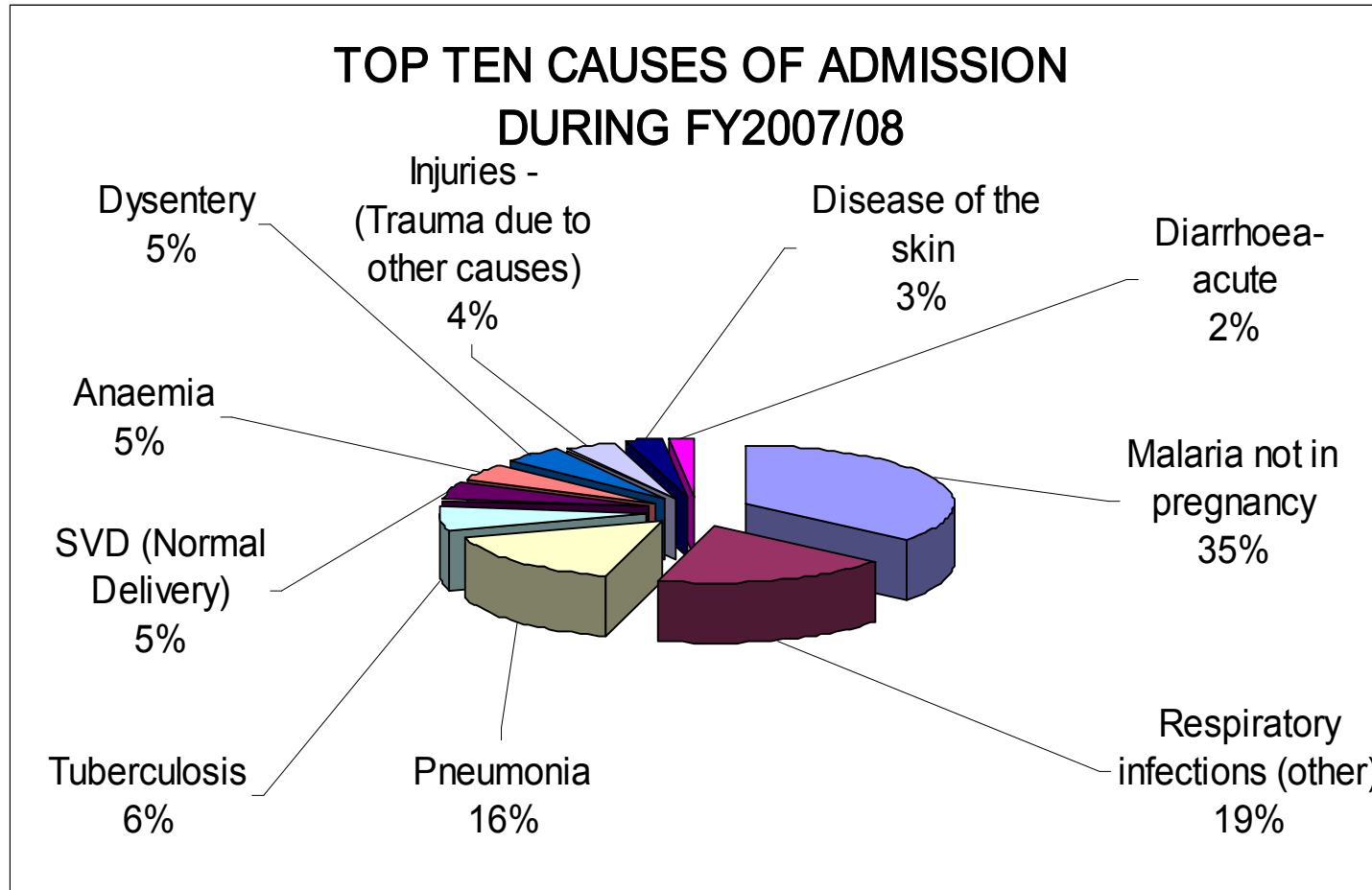


# SITUATION ANALYSIS

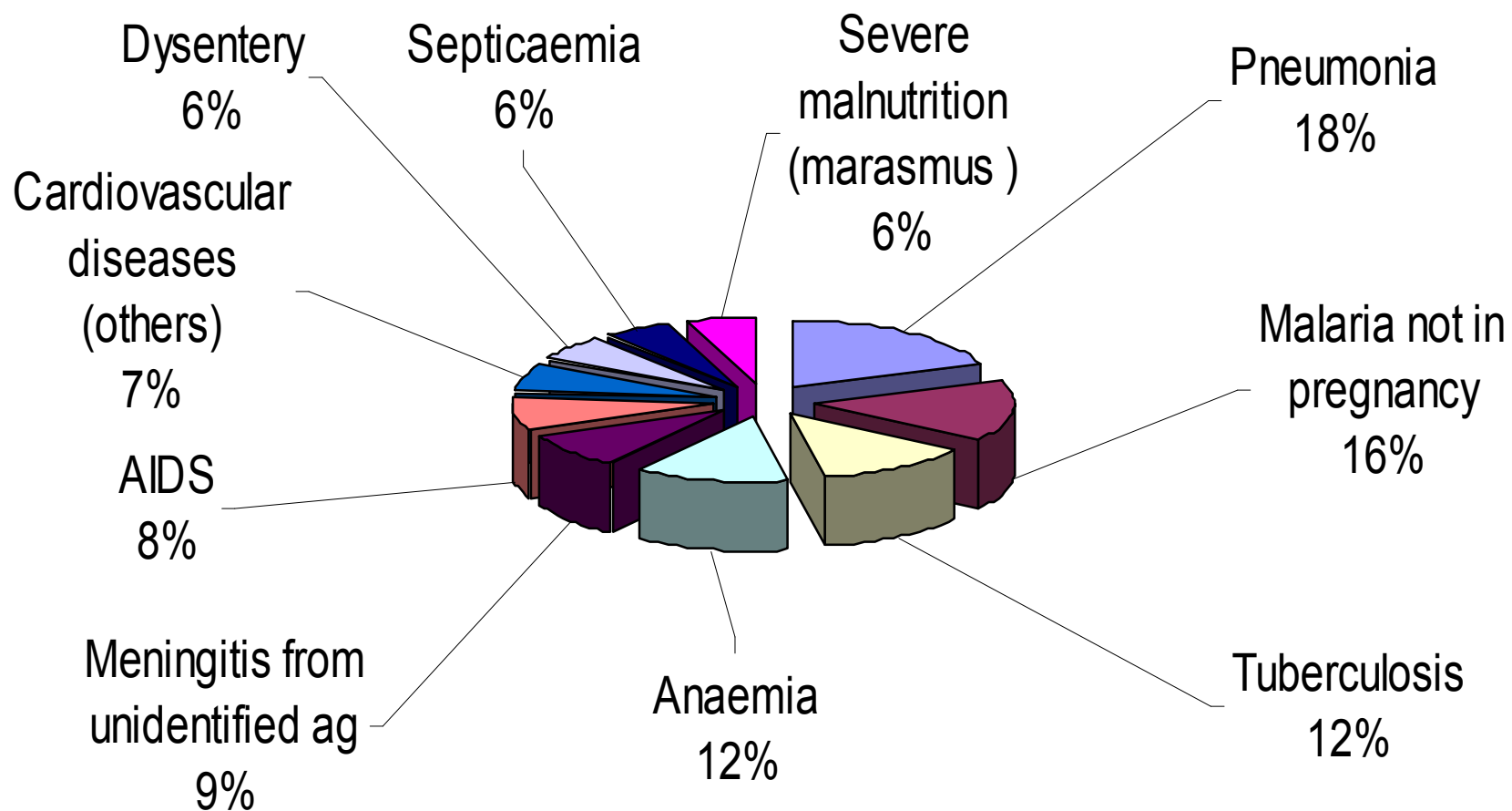
- Some significant health indicators for Karamoja, compared to the national ones

INDICATOR	KARAMOJA	UGANDA
Infant mortality	147 / 1000	81 / 1000
Mortality under 5 years	240 / 1000	203 / 1000
Percentage of assisted deliveries	9,7	40
Access to drinkable water (%)	38	57
Presence of latrine (%)	10%	48

# Pathology Mix.



## TOP TEN CAUSES OF DEATHS IN MATANY HOSPITAL DURING FY 2007/08



# Areas of intervention

- Malaria control
- ANC
- Nutrition

- HIV/AIDS
- ARTI
- Immunization



# THE PLANNING CYCLE

Starting from the situation analysis

- the problems and the priorities are identified
- the objectives are decided
- the activities and the expected results are defined
- the indicators for monitoring and evaluation of our health programs are established
- Unfortunately the necessary resources are very inadequate

# IN KARAMOJA

The practical implementation of the activities aimed at the delivery of essential health services to a semi-nomadic population is a great challenge.

The difficulties are mainly related to the environment, illiteracy, insecurity, cultural values and “brain drain” affecting all developing countries.



# THE THREATS

The people who move with the cows and live in the cattle camps ("kraals" or "nawii") are predisposed to several threats:

- Bad weather-poor shelter
- Injuries and trauma-hostile environment
- Animal bites
- Illiteracy-limited opportunities to quality education
- Limited resources, both human and financial.
- Violence and indiscipline-war like behavior
- Lack of water / safe water!
- Malnutrition-the leading killer for the under five years.
- Zoonotic diseases (Tuberculosis, Brucellosis, Anthrax, etc.)
- **Hard to reach settlements; on mountain tops or physical distance from health facilities.**

The main threat in Karamoja is anyway the one of the cattle raids



From the film “Ekisil”  
of Dr. G. Dall’Oglio  
produced for the promotion of peace among the Karimojong

# POSSIBLE SOLUTIONS

## The experience of Karamoja

1. Mobile Clinics.
2. Position Health Centres along the ways used by the people when they move with their cattle.
3. Training of community resource persons among the nomadic community.
4. Collaboration with traditional healers & TBAs

# RESULTS

The mobile Clinics have produced good results but in the long term perspective they are not sustainable for the high maintenance costs

They are very useful in case of sporadic interventions, especially when combined with other programmes (for example veterinary programmes), or in case of emergency interventions, for example in case of epidemics or interventions after cattle raids



From the documentary  
of Dr. G. Dall'Oglio produced during the implementation of the health  
projects of "Doctors with Africa CUAMM" in Karamoja

# RESULTS

The position of Health Centres along the ways used by the people when they move with the cattle is useful only in particular cases, that is when the ways are well identified and used regularly

Usually the ways are in isolated places and not easily accessible for the supply (of medicines, equipment, personnel) and they are often changed by the pastoralists, due to security reasons or unpredictable changes of the weather

The management of Health Centres in isolated places is particularly costly, and presents the serious problem of the security of the personnel, who has to live in an environment "socially" difficult and hostile



# RESULTS

The training of Health Workers chosen among the nomadic community is the activity which appears to offer promising results

It respects the local culture and it is therefore acceptable by the nomadic community

Its limit is that cannot deliver health services of high level, but only primary health care

# The training of Health Workers in a nomadic community

In practice it means to prepare and to supervise, even from distance, health workers chosen by the community among the members of that very community, with the commitment of the community to take care of them

These “nomadic” health workers are themselves shepherds, and are trained during basic courses on how to deal with the most common pathologies (malaria, diarrhea, cough, trauma)

They are trained on how to use essential drugs, given to them for the treatment of the diseases most common in the cattle camps, and a simple system is established in order to monitor, supervise, and support them



# WHICH FUTURE ?

## “the way forward”

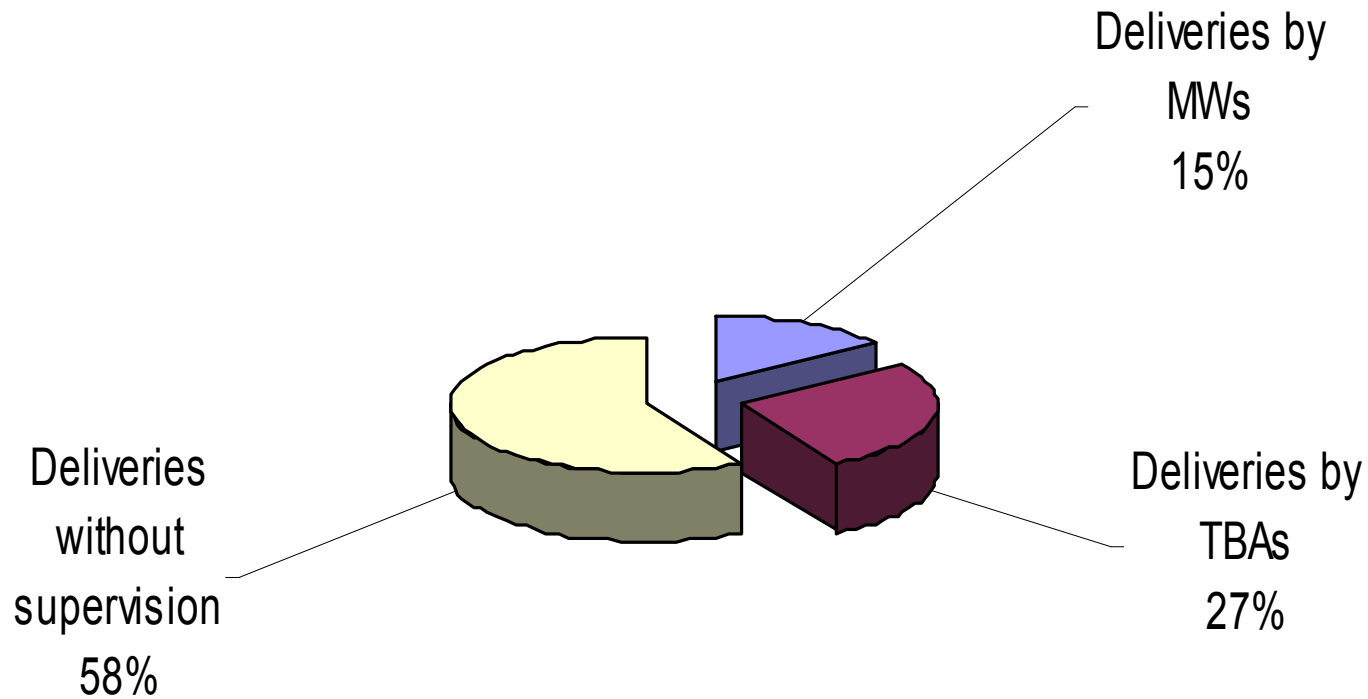
The training of “nomadic health workers” is practically still at experimental level, but it seems at the moment the most solid response to the problem

The future of the nomadic populations involved in cattle keeping presents a lot of doubts in the present society which at global level tends to be in prevalence settled

More experiences on this field are encouraged, with the main objective of looking for solutions in order to reduce the poverty and the suffering of populations like the one of Karamoja, living in an environment particularly hostile

# Collaboration with Traditional Healers / TBAs

Distribution of deliveries in Bokora HSD during FY 2007/08.



# THANK – YOU !



“ALAKARA-NOI”  
(in Karimojong local language)