

Maasai Agri-Health Cooperative Program Proposal, Tanzania

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Introduction

The Olbalbal Maasai are a nomadic, pastoral tribe living in the geographically isolated Ngorongoro Conservation Area (NCA) of northern Tanzania. As a whole, this population is marginalized and suffers poor health due, in part, to transportation and economic poverty, strict adherence to traditional practices, and grave lack of educational and health services in their remote region. Further, food cultivating is not permitted within the NCA to protect the ecosystem. As a result their diet consists primarily of meat and milk from the animals they raise and rice and maize imported by government. The population widely suffers acute micro- and macro-nutrient deficiency ⁽¹⁾.

Green Hope offers formal care in Olbalbal through its community health clinic, and has special interest in maternal and child health (MCH) ⁽²⁾. To address poor MCH

outcomes, last year Green Hope began offering training to the Maasai Traditional Birth Attendants (TBAs). This practicum included conducting an informal needs assessment prior to delivering this year's workshop to ensure we served the TBAs with the most appropriate and relevant curriculum possible.

The TBAs themselves are struggling economically, potentially compromising the quality care they offer. We recognized the potential to use socio-economic development as a means to improve MCH health, in this case caring for the care-provider. The major practicum deliverable was to collaborate with the Green Hope team to develop a program model addressing both TBA poverty and maternal malnutrition using an *Agri-Health Cooperative* business model. We are actively pursuing funding to implement this program.



Recommendations

A local team member should be formally accountable to follow-up on funding prospects.

Ensure all work has an intrinsic exit strategy built-in.

Continue to dialogue with Maasai TBAs while awaiting and pursuing funding.

Conclusions

The Maasai are committed to maintaining traditional ways while also wishing for improved health and quality-of-life. This dichotomy creates a challenging opportunity for program implementation. Respect for culture must be paramount in all actions.

The proposed *Agri-Health Cooperative* business allows the Maasai TBAs to be their own heroes. Implementation will raise the status of TBAs, increase nutritional and economic resources, and lead to healthier moms and babies.

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Methods

Informal Needs Assessment –

- Interviews with key informants including: director of an Arusha women's hospital, a doctor of Maasai descent, a doctor working in our Olbalbal clinic, the District Medical Officer for the NCA, a Maasai community health student and all 15 TBA training participants
- Informal evaluation of uptake of last years' curriculum content
- Literature review and consultation with Green Hope staff who have been working in Olbalbal for many years

Program Proposal Development –

- Ongoing debriefing and brainstorming following needs assessment and training session resulting in an organic program development process. Deliberating with Maasai-entrenched experts regarding feasibility and acceptability of proposed model.
- Logic model and budget drafted. Funding agencies identified and engaged.
- Grand Challenges grant proposal written and submitted. Formal discussion with Mennonite Central Committee representatives in Arusha.

Results

- Efforts to train TBAs are appreciated but applicability is limited by lack of resources and commitment to cultural practices.
- No reliable baseline data is available and attempts to study population may disrupt trust built. As such, our evaluations are observed and intuitive, not measured.
- Several TBAs have continued to pressure Green Hope for assistance and wish to pursue entrepreneurship with us. The local government has encouraged this by offering farmland free-of-charge to implement an *Agri-Health Cooperative*.
- Mennonite Central Committee has a keen interest in the nutritional aspect of our proposal. Grand Challenges will respond to the funding request by December 2016. No other funding sources have been approached.



1. Martin H, Petrucka P, Buza J. Determination of Vitamins A, C and D Status Using Serum Markers and a 24-Hour Dietary Recall among Maasai Women of Reproductive Age. OALib [Internet]. 2014;01(08):1–7. Available from: <http://www.oalib.com/paper/pdf/3102794>

2. Petrucka P, Bassendowski S, Dietrich-Leurer M, Spence-Gress C, Athuman Z, Buza J. Maternal, newborn and child health needs, opportunities and preferred futures in Arusha and Ngorongoro: hearing women's voices. BMC Res Notes [Internet]. BioMed Central; 2015;8:773. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=4676882&tool=pmcentrez&rendertype=abstract>

Photos courtesy of Dr. Jean-Francois Rostoker