



2025 ANNUAL REPORT



COMMUNITY RESILIENCE AND HEALTH

DEAR MEMBERS OF SAUTI MOJA COMMUNITY

This year, Sauti Moja began a reset of its governance and management. Our long-serving Chairperson, Dr. Ernie Fuller, retired from that position, and another Founding Trustee, Matt Helleman, who has considerable experience in humanitarian policy and governance, was appointed. We also welcomed Kathy Platt to the Board, a retired United Church minister active in social justice and who monitored our projects in East Africa during a sabbatical.

Although I am healthy and plan to continue as Director for many years, the Board has wisely asked for succession planning in case of illness or eventual retirement. As part of this transition, Corey Wright—Co-founder of both Sauti Moja and Sauti Moja Tanzania, Professor of International Development Studies at University College Utrecht, Director of UCU's East Africa program, and with over 20 years of experience in Maasai communities—was appointed Partnership Manager for Tanzania. These changes reflect the Board and management's ongoing commitment to marginalized pastoralist communities.

Community leaders recognize that our partner agencies in Kenya and Tanzania respond to their felt needs and are making considerable impact with the education, livelihood, and health programs that you support. We will continue to respond, as Trustees recog-



Corey joined Tim and Lyn in monitoring Marsabit projects. RETO operates 4 adult literacy schools for young moms. This class demonstrated their proficiency in reading Swahili.

nize new and increased challenges to pastoralism, are supporting new projects to address these, and remain focused on effective and efficient delivery of humanitarian aid. This is energizing to all of us; together, we are addressing the present and preparing for the future!

Tim Wright
Co-founder and Director, Sauti Moja



Cover photo: Livestock are a lifeline to food security. Receiving goats brings great joy to vulnerable moms and children who are often hungry.

FINANCIAL SUMMARY

Donations to Sauti Moja in Financial Year 2024-25 totaled **\$270,274**. Total expenses were **\$259,618**, giving a carry-forward of **\$10,656**.

PROGRAM EXPENSES FOR FY24-25

EDUCATION: preschools, vulnerable youth (child mothers, orphans, deaf children, and young herders), adult literacy classes, and school clubs (sexual and reproductive health, peace, and environment).	47%	\$121,294
LIVELIHOOD: land resource security and management, food security (livestock, crops, and small business), and community peacemaking.	33%	\$86,568
HEALTH: family health education (child care, family planning, women and child rights, etc.), HIV/AIDS prevention and care, and emergency medical assistance	7%	\$17,990
FOOD ASSISTANCE: Priority was investing in livelihood recovery, but many still need food aid until their recovery initiatives provide food and some income.	10%	\$26,616
ADMINISTRATION AND FUNDRAISING IN CANADA	3%	\$7,150
		TOTAL \$259,618

Learn more by visiting Canada Revenue Agency's website: www.canada.ca/en/revenue-agency/services/charities-giving/charities/information-about-a-charity.html

PASTORALIST PRECARIETY

By Corey Wright

When considering the difficult history of Maasai, ‘precarity’ frequently comes to my mind; for these pastoralists, precariousness continues with endless uncertainty due to continued displacements, global warming, and oppression which constitute existential threat. In particular, their history is one of continual land displacements, beginning in colonial times, when the Germans and then the British violently stole vast amounts of the Maasai’s most fertile lands and restricted them to a ‘Maasai District’. Then, in post-colonial times, the Government’s effort to re-settle them in villages had a devastating effect on traditional life, identity and access to grazing land.

Most recently, and the focus of my current work, globalization and international tourism have been another driver of massive land change and displacements. In Tanzania, prioritizing global tourism and national revenue supersedes the needs of rural Maasai. For example, in Loliondo, villagers were excluded from 1500 km² of their grazing land, and hunting rights were provided to foreign investors.

In May, I learned of a new existential threat to the Maasai communities where we have programs. Corporations in the Global North can offset their carbon emissions from oil and gas by buying credits for carbon fixation (plant growth) in the Global South; this is creating a new ‘green finance’ and so-called ‘international carbon market’. Now, rural communities in Longido District are being convinced to sign ‘carbon credit’ contracts without full disclosure of the need to restrict grazing, which will lead to further land displacement. Land rights advocates call this growing trend, ‘carbon colonialism’. Currently, about 30 villages in Longido are being targeted by corporations like Volkswagen.

Reflecting on Maasai history and increasing precarity, one traditional leader’s words seem especially cogent, “We are a people waiting to be chased away.” More than ever, our Indigenous partner agencies in Tanzania and Kenya are dedicated to the well-being of their communities, and appreciate Sauti Moja contributing to survival of Maasai, and other pastoralist, communities.

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ADDRESSING ALCOHOLISM

Alcohol abuse is a serious problem among men in many Maasai villages. Clan leaders attribute this to growing environmental and socio-economic challenges related to livestock-keeping, lack of alternative livelihoods, and feelings of despair and failure among young men and fathers. Alcoholism is often a downward spiral – increased poverty and hunger and, often, abandonment of the family, leaving mothers unsupported to raise children. The prevailing solution, even among religious leaders, was that the only hope for their recovery from alcoholism was imprisoning alcoholics for offenses.

In response, SMTZ initiated a meeting of men, women, youth and religious leaders in one community. A Maasai addictions counselor from the Institute of Public Health provided training on alcohol’s effect on mind and body, and that it is a disease that can be addressed through counsel and care. Arising from that meeting, an Alcohol Committee of six leaders, representing men, women, and youth was formed.

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These Kenyan agro-pastoralists lost their homes and farmland due to ethnic conflict, so were eking out a living by crushing rocks, earning about \$1/day. This year, our donors provided each of 55 households with 3 goats to help with food security.



Land dispossession of pastoralists is an existential threat in Kenya. Moga places high priority on visiting Rendille villages, alerting them to outside threats, and discussing security of community grazing lands.



Oshumu, Grace and Tim collaborated with local doctors to review major health concerns, determine public health education priorities, and establish a schedule for clinic support.



Yusuph, a lecturer at the Institute of Public Health and advisor to SMTZ, provided training on social determinants of health and ways to address these challenges.



At a preschool, SMTZ staff assisted in training PHEs (Public Health Educators) on use of MUAC (middle-upper-arm circumference) tapes to screen for malnutrition.



Village elders and PHEs have selected a few women leaders for each sub-village. These moms are trained in family and community health matters, and then, are responsible for sharing healthy practices with other households.

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In their sub-village meetings, they focused on alcohol's physical and social effects and on prevention of this disease. Further, they advocated with the Chief and elders who agreed to outlaw production and sale of local brew.

A respected Maasai, who previously abused alcohol, joined this SMTZ project as peer support for local action, which includes identifying those ready to address their addiction, help them access sobriety services, and counsel families on their role in support of recovery. Six persons with alcohol dependence have joined the Committee not only seeking help but to help. The elders have agreed, “This is among the programs that will help much in rescuing our community from this tragedy.” We are cautiously optimistic about mitigating the effect of alcohol on these families and this community; in that event, we will extend this service to other villages.

potable water; malnutrition related to diet and disease may not be detected and addressed. Sexually transmitted diseases are also common, but there's general lack of understanding about cause and prevention. Therefore, Sauti Moja chose to address such health concerns in the three villages (5100 persons) of Sinya Ward.

Sauti Moja Tanzania (SMTZ) established a three-year pilot project to train and support Maasai Public Health Educators (PHEs) in collaboration with Ministry of Health and the doctors in three local clinics. Formal health training is conducted by the Institute of Public Health, Kilimanjaro Christian Medical University College; on-the-job learning comes from assisting local doctors; and proficiency in community education comes from mentoring by experienced SMTZ staff leading other health projects.

To date, major activities of PHEs have included assisting and translating for doctors on Mother and Child clinic days; growth monitoring of the 1225 children under-five years, referring those moderate- and severely-malnourished to the clinic, and later, monitoring home recovery; supporting doctors to distribute Vitamin A capsules, and vaccinate and deworm children in remote locations; and establishing a ‘women's health promotion and advocacy group’ in each of nine sub-villages. The under-financed Ministry of Health is delighted with this initiative. We expect that some variation of this pilot project can and will be replicated by both Sauti Moja and other charities. ■

PUBLIC HEALTH EDUCATION

Often, remote Maasai communities in Tanzania lack adequate public health services and doctors conversant in Maa, the local language. This contributes to poor health and patient care. There are too few prenatal visits to clinic, and too many home births lead to complications for first-time young mothers. Many children are unvaccinated due to distance from a clinic, and too few mothers know the importance of a balanced diet and

