STATUS OF ENVIRONMENTAL HEALTH EDUCATION IN THE EASTERN AFRICA REGION: OPPORTUNITIES, CHALLENGES AND THE WAY FORWARD

Department Environmental health
Kenyatta University
2004
Poverty and Environmental Health in Garissa, Kenya: Reflecting the Links by Dekow, M. S. and Koskey, P.K.

Abstract
At independence, the government of Kenya identified poverty, disease, illiteracy and ignorance as obstacles to national development and had to formulate policy strategies, which have been articulated in National Development Plans, Sessional Papers and Task Force Reports. This paved way to establishment of special programs such as Rural Water Supply and Health Promotion. Despite the government’s efforts, today, over 60% of Kenyans languish in poverty and are victims of environment-related diseases such as malaria, diarrhoea and typhoid. The situation is more deplorable in Garissa District. This paper, therefore, explores the links between poverty and the poor environmental health of the residents of Garissa.

Data was collected through literature review, field observation and key informant interviews. The study concludes that poverty leads to poor environmental health and for environmental health to be improved, poverty has to be reduced among the population.

Introduction
When Kenya attained independence, poverty, disease, illiteracy and ignorance were seen as challenges to national development (GOK, 1997). The government developed policy strategies, which were emphasized in National Development Plans, Sessional Papers and Task Force Reports. The challenge to national development and prosperity was seen as temporal hardships of which with sound economic agenda, they would be overcome. As such, many sectoral-based projects and programs were initiated in the country. These included Rural Water Supply Project, Livestock Development and Expanded Health Programs. These programs were guided by national intervention policies such as Sessional Paper No. 1 of 1963 on Africa Socialism and its Application on Planning in Kenya, (Sessional Paper No. 4 of 1981 on National Food Security and Sessional Paper No. 1 of 1986 on Economic Management for Renewed Growth and many National Development Plans).

Despite these efforts, currently over 60% of Kenyans languish in poverty and over 45% lack access to water and environmental sanitation. The figures collected from the district on the themes were compared with national averages in order to get a good perspective.

Study Area
Garissa is one of the four arid districts in northeastern province. The rainfall vary in space and time and is about 350mm per annum. The temperature is high and is about 32-35°C. Livestock is the main economic activity coupled with irrigation farming along Tana River. Farmers grow horticultural crops for local consumptions. Despite the potential to produce food crops and horticultural crops for local market and export, the district remains a net “importer” of stable foods from other regions of the country.

Materials and Methods
Data was collected through literature review, field observations, discussion with community members, officials from line ministries and Non-Governmental organizations. The information collected was then organized into related themes for discussion. The figures collected from the district on the themes were compared with national averages in order to get a good perspective.

Results and Discussion
Nutrition Security
In nutritional surveys in Kenya, the following indicators in the under-five population are commonly used: weight for age, to identify acute and chronic malnutrition; height for age, a linear measure for growth; and weight for height, a measure of recent nutritional deficiency. The manifestations of malnutrition in Garrissa district are protein energy malnutrition, micronutrient deficiency, low birth weight and chronic energy deficiency (G.O.K/UNICEF 1998).

According to 1999 census, the level of poverty in the district was estimated at 68% against national average of 58%, indicating high chances of malnutrition in the district. The results of community baseline survey conducted by GoK/UNICEF (2003) indicate that Garissa has the highest under weight in under-five children (36%) and the highest population of low birth weight (5.6%). Iftin location within Garissa urban has the highest population of low birth weight babies (6.8%).
Field observation and discussion with the public health officials indicated that mothers with low birth weight babies and under weight children are also malnourished and under weight (less 40kg). This scenario is common in urban slums than in the rural areas. Households in this predicament depend on famine relief and lack nutrition security. Poverty has therefore exposed such households to nutritional diseases and low standards of environmental health. This has in turn paved the way to high risk mother - child survival in the district.

Although Garissa District has the irrigation potential to grow food and horticultural crops for local consumption and export, this remains elusive. This is partly because of expensive and inefficient irrigation technology, and the lack of marketing strategy. As a result of these limitations few farmers are engaged in serious irrigation farming. Introduction of efficient irrigation technology can improve production, create employment and thus improve nutrition security in the district. Unfortunately this will remain elusive in the near future unless a comprehensive irrigation policy is in place in Kenya.

Access to Safe Water
In the Welfare Monitoring Survey, access to safe water was defined as having reasonable access to safe water supply, including treated surface water, untreated but uncontaminated water, roof catchments, borehole water, protected springs and wells (GOK, 1996). A study on access to safe water conducted by ministry of health in 1997 has shown that households in urban and rural areas are yet to enjoy safe water supply. At the national level access to safe water supply have declined from 48% in 1992 to 45%(1996)(GOK and UNICEF, 1998). In Northeastern Province only 17% of the population have access to safe water. In Garissa District with poverty level is 68%, only 32% of the populations have access to safe water (Fig.1).

Baseline survey by GoK/ UNICEF (2003) put the level of access to safe water in Garissa at 35.1%; the remaining over 60% of the population rely on unsafe river water. Most of them are the urban poor in the slums who use water drawn by donkey carts. According to the Public Health Office there is high incidence of water -related diseases in the district and a high proportion of the affected are the poor urban in the slums. The Annual Public Health Report, (2003) indicates that 34% of reported cases in Garissa hospital were malaria, 19.7% respiratory infection, 10.6 % pneumonia and 4.8% diarrhea. This makes up almost 70% of reported cases in the hospital and the victims are people with low income in the district.

Access to Adequate Sanitation
Access to adequate sanitation may be defined as reasonable access to sanitary means of excreta and waste disposal. In the light of the above, adequate sanitation mean access to public sewer, septic tank, pour or flash latrine, ventilated improved pit latrine and simple pit latrine. In 1997, the ministry of health estimated sanitation coverage in the country at 46%.(other studies put the figures higher). In this study, the ministry considered effectiveness and convenience of human excreta disposal so as to eliminate contamination. These indicate that majority of households in this country have no adequate access to safe toilet facilities. The most affected are the urban
and the rural poor in Arid and Semi Arid area (ASAL). In Garissa about 32% have access to sanitation (Fig. II). This is consistent with community baseline survey conducted by GoK/UNICEF in 2003, which put at 31.2%. The most common form of feacal disposal is the simple pit latrine, which gets filled up faster since the community is wipers-and washers. According to the Public Health Officials almost 98% of the slum dwellers in Garissa lack access to sanitation facility of any kind. There are only 260 households in the town center connected to public sewer. As a result of inadequate access to safe toilets and overcrowding, prevalence of environment–related diseases is on the upsurge. The situation is compounded by inadequate and inefficient waste collection by the Local Authorities. Field observations indicate that less than 10% of the garbage generated is collected and lack proper disposal mechanism. Waste collected is dumped in the open and finds its way to river Tana when it rains. The inefficiency of waste collection is associated with inadequate personnel and lack of logistics. The personnel in Sanitation Department also lack any form of training on environmental issues. As a result, garbage at various stages of decomposition is a common site. These moulds of garbage act as breeding site for environment related disease vectors.

Conclusion
The study found a strong relation between urban poverty and environmental health. The burgeoning level of poverty and environmental health diseases are as a result of poor planning and intervention development policies. The national food security policy, for example, does not emphasise traditional food crops such as millet, sorghum, and pulses compared to high yielding hybrid crops limited to high potential areas. There is less emphasis on camel and camel products despite its high nutritional values. Planning interventions in Kenya is sectional and fails to meet the needs and aspirations of the people. This calls for reorientation where planning should be based on holistic approach.

Recommendations
Government planning strategies should be based on holistic approach in order to link poverty, water and sanitation. This will help to diverge from the current curative approach to prevention of environment related diseases. There is a need to impart environmental health education to social worker and the same passed to the rural and urban dwellers. Environment health education should also be incorporated in urban planning. Environmental health is multi-disciplinary therefore a multi-disciplinary approach must be adopted to solve environment-related problems. Such an approach brings together interested and affected people to engage in a dialogue and formulate a sustainable solution to pervading environmental health problems in the district. The government and research organization must give priority to research on environmental health in order to enhance disease prevention in the country.

Reference


