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### **Kenya: Helping to Keep Kenyans Water Safe and Available**

This paper will be about Kenya, Africa, and the dangers they face everyday from not having clean drinking water and having poor sanitation. Many people die each day from these dilemmas they experience daily. There are problems that extend from hunger, to disease, poor food preparation, even to lack of access to facilities. The Kenyan people are surrounded by garbage and they practically live in a landfill. Rats roam around everywhere picking in the waste for food and spread diseases. Their inability to find food to feed their families is very stressful for the parents who do not want to see their children die, so they sacrifice their food, even if it was a tiny amount to begin with, to give to their children so they can survive. These personal sacrifices can not be ignored and we must help these people with finding clean water and more sanitary ways of living.

There is usually an average of four children in a family in Kenya. Sons are highly valued because the family traces the line of descent through males, who will then inherit land. Extended families are usually important and households usually contain multiple generations. Children have obligations to work and to help support families. Their diets consist of meats such as, goat, beef, lamb, chicken, and fish. Staple foods consist of milk, ugali (stiff dough made from cornmeal, millet, sorghum, or cassava), unj (porridge made from ugali ingredients), red bean stew, mandazi (a dough-like food), githeri (corn and beans), and chapatti (a flat bread). They eat colar greens, sweet potatoes, avocados, and cassava, as well as pineapples, mangoes, oranges, bananas, plantains, and papaya.

Since 2003, primary school has been free and is compulsory, from age 6-13. Involvement has increased about 82%. After primary school children take a test to determine what secondary school they can attend. Secondary school lasts for four years and students pay tuition. About 50% of children attend secondary school. Many schools are run by churches (Christian and Muslim). Kenyans view education as a path to a better life. If they cannot afford tuition the family will send their son over their daughter. Rural kids were first taught Swahili or sometimes a native tongue. English is taught beginning in first grade and is the language of instruction for all subjects after third grade. Rural schools suffer from under-funding, and their classes are large. Kids can travel far to school. Few kids have technology. For college, only a small percentage can afford.

Many Kenyans do not have access to basic health care. Rural hospitals have integrated medical supplies. Patients in hospitals must often provide own medications and meals. Rural people rely on traditional healing methods. There is a high rate of HIV infections and children who have an HIV positive parent are less likely to be treated than children with an HIV negative parent. Malaria is prevalent in low-lying areas.

Majority of farms are smaller than five acres. Coffee, tea, horticultural products-especially fresh flowers-are their chief cash crops. They also grow pyrethrum, livestock, corn, wheat, rice, cassava, sugar cane, and cotton. About 75% of Kenyan workforce works in the agricultural field. Less than 10% of Kenyan land can be used for agriculture. Lack of water and irrigation hurts the agriculture also. Kenyan agricultural workers make about fifty dollars a day. Recently Kenya has not been able to provide enough food to feed all of its people. Kenya is among fourteen countries under performing in fighting hunger and under-nutrition according to The Hunger and Nutrition Commitment Index report launched by the Institute of Development Studies.

Kenya is classified as a water-scarce country. They have limited amount of renewable freshwater supplies. Rainfall varies throughout the year. The family cannot produce enough food due to the lack of rain and irrigation systems. Without enough irrigation systems they cannot produce enough to make a good quality wage. When a drought occurs, it hurts the entire economy of Kenya and its peoples' livelihood. Half of the rural Kenyan people do not have access to clean water. Contaminated water leads to diarrhea, which is the second leading cause of death in children under the age of five and also the number one leading cause of hospitalization with children under the age of five. Polluted water causes cholera epidemics and other diseases that affect your health. Pregnant women are affected greatly by unsafe water.

Currently seventeen million people lack safe water. It will take at least thirty years for rural area to have acceptable water access. Water security has been a major issue in Kenya for decades caused mainly by years of recurrent droughts, poor water management, and contaminated water. Lack of water has affected the ability to attain food and has led to violence in Kenya. Kenya's government has poorly invested in improving water quality and quantity. All poor (rural and urban) are at a disadvantage. In urban areas, it costs the poor more to buy water since they do not have access to piped water. Health conditions threaten the life of the unborn child and of the maternal mother. The mortality rate of children under five is around 10%. Water security issues are likely to increase in the future. Kenya's population is projected to grow over the next few decades. This will mean more people without access to sanitary water.

Improving water quality would have some major benefits for Kenyans. Better water decreases the amount of disease, such as cholera and malaria, as well as hospitalizations due to contaminated water. Deaths from polluted water would also decrease. Improving water availability to farmers would mean better crops and livestock production as well as decreased poverty levels. Building and protecting forest could lead to better water management.

The relatively high population growth in Kenya has had another negative impact on having access to safe water. Water is less accessible with an increase in population. Poor sanitation breeds disease and exploitation in Kenya's slums. Population in urban areas is increasing and the sanitation in these areas is severely lacking. Contaminations of water in the area could be caused by children dipping dirty objects in the water sources, drawing water from the source with dirty containers, domestic animals excreting around water sources, and people washing their clothes at the water sources. Slum conditions make these settlements and urban areas breeding grounds for diseases. Only 38% of the urban population and only 13% of rural residents have access to piped water. An estimated one in five Kenyans uses a bush as a toilet. The challenges of water and sanitation pose a major threat to the wellbeing of Kenya. Kenya's population is speculated to grow up to one million people a year. Water and sanitation issues will urgently need to be addressed.

There are several recommendations on how to solve this problem. Rehabilitating and protecting indigenous forests is one. You can improve the forest cover by helping to stop the water run-offs. This would lead to better water and erosion management. This is a good agricultural practice and helps sustain the crops and flowers for export which could also help poverty level.

Another recommendation would be for water storage and harvesting of water. The establishment of dams on Kenyan rivers could help with preventing water shortages. This would supply water for people, livestock and irrigation use in the arid and semi arid lands in Kenya. Multi-purpose dams could bring both electricity and jobs to the area. Dams could also provide infrastructure to the country.

The third idea for the improving of the wellbeing of Kenya is national water and supply sanitation. This could be done by improving water pipelines to supply more people with sanitized water. Not only do you need to improve the pipelines, but build more. Sanitation facilities also need to be improved.

An easy idea would be to provide water filtration systems at the household level. This is a simple and cheap way to reduce illness.

Finally, people in Kenya need to be provided with more water education. They need to be alerted of the dangers of contaminated water. They need to learn not to drink the contaminated water, to swim or bathe in it, or to wash things in it. They also need to learn how to not produce this polluted water. Education into better farming practices concerning water would also be viable.

Better water polices need to be established in Kenya. They need policies to help protect unsustainable water and land as well as forests. Investments need to be made on infrastructure as far as water pipelines, dams, roads, and sanitation facilities are concerned.

The Catholic Relief Services are helping communities in the northeast of Kenya to improve their quality of life by protecting and maximizing their water resources. This project could be spread throughout the rest of Kenya. CRS also helps small-scale farmers increase their incomes through a variety of other agricultural products.

The World Bank's Water and Sanitation Program is helping the Water Service Regulatory Board to reach out to communities and establish Water Action Groups. These groups are local committees made of community representatives. This gives local families a say in implementing recommendations concerning water. The World Bank continues to facilitate local and national change in water quality. The United Nations can continue to encourage Kenyan leadership to make water quality a major focus of funding and policy. Non-governmental and civic organizations need to collaborate with Kenyan government to push for higher water and sanitation standards. In addition, these agencies can work together to better educate the people of Kenya.

In conclusion, the water quality and sanitation is a major problem in Kenya. There are many ways in which these problems can be solved by investments in infrastructure, forest conservation, and education. As far as cost is concerned, the Kenyan government won't be able to pay for it all. They will be able to pay a little, and world-wide programs and services can raise donations to help pay for the installation of such said resolutions. This would also help to create jobs as well as help the health and well-being of Kenyans.

## Bibliography

Marshall, Samantha. "CRS Work in Kenya." *Kenya*. N.p., June-July 2011. Web. 25 July 2013. <<http://crs.org/kenya/projects.cfm>>.

Network, IRIN, Part of the Guardian Development. "Poor Sanitation Breeds Disease and Exploitation in Kenya's Slums." *The Guardian*. Guardian News and Media, 28 Sept. 2010. Web. 25 July 2013. <<http://www.guardian.co.uk/global-development/2010/sep/28/kenya-slums-poor-sanitation-disease-exploitation?INTCMP=SRCH>>.

Solomon, Lotoot Ekitela. "AFRICAN COMMUNITIES HISTORY ." *AFRICAN COMMUNITIES HISTORY*. N.p., n.d. Web. 25 July 2013. <<http://africancommunitieshistory.kbo.co.ke/Kenya>>.

[www.encyclopediabritannica.com](http://www.encyclopediabritannica.com)

[www.unpd.org](http://www.unpd.org)

[www.uwazi.org](http://www.uwazi.org)

[www.water.org](http://www.water.org)

[www.worldbank.org](http://www.worldbank.org)