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Field Trips: Population-Health-Environment Projects in Kenya, DRC, and Madagascar

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Edited Transcript –Sam Weru

Thank you. And good afternoon, everyone. I am happy and privileged to be here in such a diverse country to share examples of our PHE work from one little Kenya -- one little village in Kenya known as Kiunga within Lamu district. And Kiunga is located to the north coast of Kenya next to the Somali border. And although I'll be talking about issues of insecurity, don't worry about the piracy.

Kiunga Marine National Reserve is one of the most biologically diverse areas of Kenya. Perhaps it's the only remaining pristine marine area with pristine coral reefs. [Unintelligible] has about two-thirds of the standing biomass of mangroves in Kenya and the most important marine turtle-breeding site within Kenya. And for those of you who like big game fishing, it's one of the most important billfish-breeding site, I think, in the world.

I talked about insecurity. Being close to the Somali border, we have suffered a bit from the infighting within Somalia. A number of Vodivesti [spelled phonetically] challenges with regard to marine turtle poaching because marine animals don't know any boundaries. And although we protect marine turtles on our side of the border, they are butchered across the border. However, within the area we have Lamu village or Lamu Island, which has been declared a world heritage site a few years ago. It's one of those old coastal villages representing the Swahili culture. There's only one vehicle belonging to, I think, what you would call here the governor. And a lot of, a lot of transportation there is done by, by old traditional [unintelligible] known as dhows or a donkey. So there's a donkey clinic, actually, in order to treat, to treat donkeys. Just like you'd have your car garage.

But like my colleague Dario mentioned, logistical difficulties, there are no roads. Very close to what you saw in DRC, perhaps worse. Lack of business amenities like hospitals and schools, and therefore, it makes it very difficult and expensive to work in. WWF is the only NGO working there currently. Challenges in access to healthcare, like I mentioned,



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education, high level of literacy and a very high level of dependence on national resources, and therefore, you can imagine the threats to Vodivesti with ever increasing demand for food globally, and Kiunga being the -- one of the, I think the most productive area in terms of marine fisheries in Kenya. Most likely if you ever had lobster somewhere in a restaurant, I would bet you one out of ten you had one from Kiunga.

A lot of harvesting of mangroves is not sustainable. Although this has been addressed by the government by banning the export of mangroves to, to the Middle East, which was the biggest market. But a good thing is they still allow for domestic use of mangrove posts. By-catch and illegal -- use of illegal fishing methods is a big thing. Nets sizes that are below the threshold in terms of mesh size. The legal in Kenya is two-and-a-half-inch mesh. A lot of people use one-inch and less, up to the level of the mosquito net. I did mention earlier there's a high dependence on natural resources, both fish and mangroves because of lack of [unintelligible]. And therefore, it made it very difficult for us as WWF to spread our message of conservation.

It's one thing to tell people not to eat the marine turtle or not to cut mangroves or not to fish a certain species of fish or in certain area but they have no alternative. The immediate needs are health, water, education, and therefore, we looked at how we could spread out our message of conservation by integrating our work with social needs. They need health, so we went in, and in collaboration with our health partners and the government, we started mobile clinics where we would go to all the villages and immunize children and expectant mothers. Basically because we would have also a doctor on board, we would treat any, any kind of ailment that we encounter. And while doing this we would also spread the conservation gospel. You get a dose of your vaccine, then you also get a dose of the science of conservation.

In some places we would develop infrastructure. The picture on the, on the left depicts one of -- a dispensary in one of the villages built by collaborative efforts of the village folk there. But it never operated because the government did not classify it as one of the -- as a suitable health facility. Therefore, they could not supply medicine or qualified personnel because it was substandard. So we went in and with the help of partners, Johnson & Johnson and USAID we built the structure you see on the right which has a pharmacy, a store for drugs, a consultation room.



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It has a small room for expectant mothers. There's a big waiting area which can also work as a training center. And this is organized by the government, and therefore, this village was able to get medicine, although we still have challenges in terms of maintaining personnel there because the government would send the personnel to run the dispensary, but because of the challenges of living and surviving this area, the person sent there would not last for long. They would up to three months would look for transfer to work elsewhere. So we are still working on that. But at least that alleviates a lot of the health issues.

Water supply is a main challenge in this area. A lot of dependence on bore holes and wells. The one on the left is before intervention. This was an open bore hole, lots of dirt going in, and therefore, water contributes to a lot of disease in the village, but we worked with partners to develop -- I mean, to cover the well and install a hand pump, treat the water and this eradicated the incidents of water-born disease in this one village, just that simple action. So it's very -- it's a very, you know, essential tool.

Because of all these logistics, the difficulties in logistics, any expectant woman depends on a traditional midwife for delivery as the first line of defense. And therefore, unless there are complications, rarely do they go to what you would call a hospital. Therefore, what we do is to train the midwives on better methods of delivery, on how to train the mothers on silver -- on how to provide nutrition for their newborn, how to take care of their children, or their babies, and the benefits of family planning and smaller families. And this has worked very well, although currently it is in conflict with the government policy because the government policy is to do away with the midwives and replace them with qualified personnel. But in these kind of villages, it will take a while before this policy takes effect. So the midwives continue to play an important role in Kiunga, in this particular village.

I did mention the high dependence on natural resources and over harvesting of resources like fish. It is illegal in Kenya to use fishing gear that is below two-and-a-half-inch mesh, but 90 percent of the fishermen in this particular area use illegal fishing gear. So it's one thing to enforce the government law but that would, in essence, put 90 percent of the population out of livelihood. So we worked a program whereby we replace the illegal fishing gear with a legal one, would provide the fishing nets to the fishermen, and they would pay a certain percentage of the cost of that gear, given a time period. And by doing so, would reduce the conflict with the government, the fishermen would have -- would infringe less on the law. It would also increase the quality of their catch. The fish would be bigger and bigger, that is, the fish which is landed, and contribute to the ecological health of the environment.



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The Kiunga area is at the, the meeting point of two ocean currents. One flowing from the north, the Somalia current and the one from the east African region, the confluence in this area, and by so doing there's a lot of debris that comes from all over the world. Flip-flops is one of -- is one big challenge. We organized the community groups, youth and women groups to collect this debris, especially the flip-flop, and work them into handicrafts: beautiful little things, wall hangings, bracelets, baskets, you know, just beautiful stuff that you can buy and make money out of it. The money goes in -- goes to provide for the needed domestic requirements, you know, lighting for the house, maybe some improved food, you pay school fees for your children, pay more, you know, pay more for healthcare. So it's very well needed cash in this region.

Another was -- of our health interventions is malaria control. As you know, children below five are affected more and more, and we provide bed nets to families with children below five years or expectant mothers, and this helps to control the incidence of malaria in the region. The youth are engaged in conservation activities that are fun to practice in. One of them is the marine turtle conservation. And by doing this together, working together with our partners, we talk about -- we spread a word or two on HIV/AIDS and how to practice safer sex. At the same time we would increase our conservation ideals.

Recently we did launch a satellite-tracking program where we will track marine turtles by satellite as they move all over the world. This began last July so we have yet to know all the individuals who are tracked right now are still within the east African waters so we yet know where they go beyond east Africa. But because of the involvement of the community, out of all the nests that are reported, 67 percent reported by the members of the community. And as a result of this collaboration, every year we are able to insure that 10,000 -- over 10,000 marine turtle hatchlings emerge and enter the sea successfully. This is our benchmark. Sometimes we get more than that.

In terms of family planning and immunization, we have seen the optic of family planning increase rapidly as well as coverage of immunization of children below five years has increased over time. We hope to -- we hope to reach their hundred percent coverage perhaps by this year or next year.

And to summarize our achievements in terms of livelihoods, I did mention of the flip-flop art. All the participating households are able to increase their, their monthly income by \$130.



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This may be nothing in terms of what you spend here in the U.S., maybe it's one day's expense while in town maybe traveling paying your taxi or your metro, but for a village in Kiunga which has no other household income, this is a lot of money and does a lot of -- it goes a long way in providing clothing and improving the domestic lifestyle. I have talked about how the community participates in our conservation work with an increased buy-in into our conservation work, support, local support from the politicians and the elders in the area.

We have increased our partners. As a conservation organization perhaps, you know, your donor base is limited to people who can only support conservation but by bringing in the PHE work, we bring in partners who otherwise only support humanitarian aid. So now by integrating conservation and environment work we are able to increase our donor base, and therefore, our funding base. The main message that we like to give the local population, the local politicians, the leaders in the area is that conservation is for you, the people, and it is supposed to be done by you, the people. In other words, we are conserving the environment for the people, and therefore, healthy people and healthy environment.

The lessons that we have learned over time is that it is important to integrate PHE work right from the beginning of the project. When you are planning PHE may be -- have been in practice for the last, I think, four years -- four to five years. But would have been worthwhile to start planning your project with PHE right from the very beginning, and that you insure that all your partners, after selecting your partners you insure that they understand what their role is going to be and what they are going to be responsible for and how they're going to join you in carrying all the activities and sharing the resources.

By and large, conservation -- the conservation world is practiced by biologists, and therefore, we may not know how to deal with changing people's behaviors and attitudes. If you're talking about family planning or talking about conservation, it's all about changing attitudes. And therefore, you need skills beyond the biological, the ecological skills. You need social skills. And we've learned the lesson that we need to bring in both biological skills and social skills in doing PHE work because you're dealing with -- basically dealing with changing people's behavior.

Sometimes as conservationists we are very comfortable doing what we do best. We are poor at communicating what we do. And I think PHE work needs to be effectively communicated to all levels, the policy makers, potential donors, and other scientists and practitioners in the



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field. And I'd like to end my presentation there. I thank you very much and wish that one day you'll be able to visit our beautiful seascape.



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