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Health Situation in Pastoral Districts of Kenya
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Thank you Mr. Chairman.

The Nomadic Pastoral communities over the years have hardly had any access to basic health care services. The Pastoralists have been marginalized, discriminated from the mainstream of development agenda due to their ways of life (nomadic pastoralists or hunters and gatherers), poor infrastructure and fragile ecosystem.

These communities have remained vulnerable to easily preventable conditions and diseases. The people suffer from constant attacks of epidemics of new and endemic diseases as they wander in pursuit of water and pastures. They depend principally on livestock that do not provide sufficient income to cover health care. This is attributable to low and erratic rainfall in the arid and semi arid lands. This situation is further compounded by frequent droughts and famines. The arid and semi arid lands are characterized by a perennial lack of health services, distant health facilities.

A general perspective on Pastoralism:

- About 75% - 80% of Kenya's total landmass is characterized as Arid and Semi - Arid.
- About 25% of Kenya 's population live in arid and semi Arid environments and are largely dependent on Pastoralism. Pastoral regions of Kenya have the lowest social and economic indicators of development.
- Pastoralism has never been officially acknowledged as a productive sector in its own right. As such, there have been little government investments in the form of human, social and economic capital to strengthen and develop the pastoral production system.
- Despite the pastoral sector being consigned to the periphery of the mainstream economy, it continues to make a significant contribution to

the nation, it is estimated at 1% of the G.D.P. The growth of Pastoralism to its full potential however remained stifled.

Some of the common diseases in pastoral areas are: Malaria, Respiratory diseases, Waterborne diseases, eye and ear infections, urinary track infections, HIV/AIDS, skin diseases, Intestinal worms, Rheumatic diseases and Tuberculosis. Normally efforts to adequately avail health care to these migratory peoples are complicated as they are difficult to reach due to the underlying lack of infrastructure coupled by rough and inhospitable terrain. The existing health facilities on the other hand are either kilometres apart, without medicine or non-existent. A high percentage of pastoralists are illiterate which limits their understanding of the facts about such diseases as typhoid, TB, and AIDS. They rely heavily on traditional medicine, traditional birth attendants, others include, pure herbalists, ritual herbalists and spiritual (diviners) healers.

The lack of awareness among pastoralists has rendered them unsuspecting victims of HIV/AIDS. A high percentage of the pastoral populations are illiterate thus limiting their understanding about AIDS and its implications. A great majority of the nomads considers the pandemic as mere misinformation of some hitherto mystical manifestation. This is largely due to scant information available and attitudes thus making them more susceptible. Studies show that Anti-AIDS campaigns reach less than 10 percent of the nomadic population with a rural prevalence of between 4 and 5 percent. As most pastoralists still cling to their culture with zeal, some of these cultural practices exposes them to the risk of contracting STI and HIV/AIDS.

Due to acute financial constraints among the pastoralists, many do without the required medication attention that is, vital to the sufferers and their families. Observations and Evaluations have shown that efforts to adequately avail health care to these migratory peoples are complicated as they are difficult to reach due to the underlying lack of infrastructure coupled by rough and inhospitable terrain. During dry seasons and droughts, the Nomads move up the hills and far uneasily accessible areas for search of pasture and watering points, which makes it difficult for health providers.

Accessibility is reported as quite bad such that one out of six children among the different Pastoralist groups, do not live to celebrate their fifth birthday. In fact, people have been known to travel up to 50 km to reach a health

center or hospital. High mortality rates and malnutrition are common in pastoral areas. The underlying factors include deterioration in the quality and accessibility to health facilities following the introduction of cost sharing policy. There has also been a decline in food availability, and Immunization coverage has also decreased.

The volume of resources allocated by the government to the health sector is only 60% of the requirements. Also the bulk of these resources go to curative services, leaving less than 20% for rural, preventive and promotive health care services which are most used by the poor. Out of the amount allocated, about 80% of the expenditure is estimated to go to personnel, which indicates that very little is left for running costs. The impact of this funding pattern manifests in poor quality services and frequent shortages of essential inputs such as drugs and equipment.

Among the worst affected members of the Pastoralist indigenous group are women and children. Maternal mortality acquires relevance among the indigenous women because there is evidence that the well being of children under 5 years of age depends directly on the health and power, which women possess in both the family and society. Women's health involves their emotional, social and physical well – being and is determined by the social, political and economic context of their lives as well as biology. The major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographical regions of our Pastoralist groups. Lack of influence in decision-making and power have great influence over their sexual and reproductive lives.

Recommendations.

- It is important to undertake awareness creation, information sharing and education in order to inform the communities on different health problems and share on how to tackle them. This will also ensure full and effective participation.
- Traditional healers and traditional birth attendants, whose efforts have been of support to the communities, should be trained on improvement and promotion of the good practices, and be discourage the harmful ones like the Female Genital Mutilation.

- **Mobile health Services should be encouraged so as to prevent childhood diseases as well as among pregnant mothers hence lowering the morbidity and mortality rates**
- **More research to this area of traditional herbs to establish their efficacy. It is also important that the health Management committees/Boards and other support groups are trained especially on management that would include planning, implementation, evaluation and proposal writing for soliciting or lobbying for support.**
- **Communities should be trained on income generating activities that are viable to alleviate poverty hence sustainability of health among the indigenous women.**