



Waste Management at Kersa District Eastern Hararge, Eastern Ethiopia, July 2007

This policy brief describes waste management of the residents in 12 selected kebeles of Kersa demographic surveillance and health research center field site.

For this brief purpose, waste management include only human excreta and refuse disposal. The result is based on census conducted on July 2007.

Introduction

Waste management is vital for healthy life. Proper waste management prevents the occurrence of communicable diseases, properly described waste management system of the households helps to identify the type of intervention to be directed in improving the availability and utilization.

The study was conducted on 48,192 residents living in 10,256 households of the study site. The highest population count was recorded in Adele Key Key kebele (6053) and the lowest in Kersa town (1811).

Among 10,256 residential households, 4,132 households have toilets. The remaining 6,124 (59.7%) of the households do not have toilet facilities.

Among respondents who replied to have toilet, the majority (84.9%) uses traditional pit latrine, while the rest (1.8%) have Ventilated Improved Pit-latrine and 13.2 % of the residents uses other type of toilet. Among those having access, 86.8 % use private latrines.

Table1: Distribution of households by type of toilet in 12 selected kebeles of Kersa District, Eastern Hararge, Eastern Ethiopia, July 2007.

Type of toilet	Frequency	Percentage
Traditional toilet	3,508	84.9
VIP	74	1.8
Toilet with flush water	4	0.1
Other types	545	13.2
Total	4,132	100

Among 9,914 respondents, 3,893 (39.3%) replied that they dispose their refuse in open field, 3,233(32.6%) disposing in pits. The remaining 1,415(14.3%) and 1,132 (11.4%) disposes their waste by spreading in farms and use refuse it as compost respectively. Only 229(2.3%) burn their refuses.

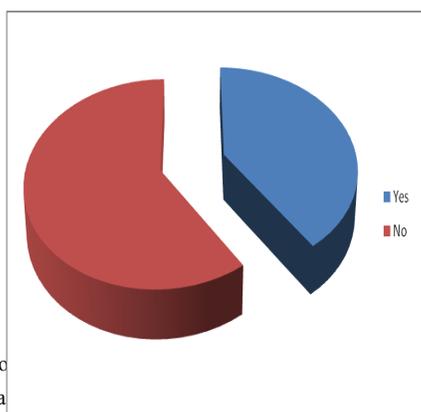


Fig 1 Toilet po
in Kersa
2007.

Conclusion

Proper waste disposal is not an option for households; each family should have proper toilet for disposition of human excreta and proper refuse disposal mechanism. In this study, a large number of families do not have toilet access. This means they are disposing human waste on open field that favor transmission of disease causing organisms.

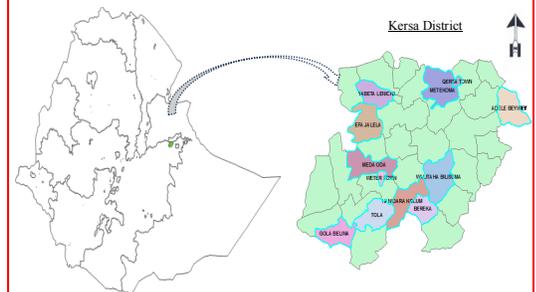
Recommendation

Each family member should have access to toilet and proper refuse disposal mechanism like using pit or use of refuse as compost. Kebele health extension workers should emphasize on the importance of constructing toilet for family use and availability of proper refuse disposal.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.



According to the first census there were 10,256 households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

