

Exploring the Spatial Variation Characteristics and Influencing Factors of PM_{2.5} Pollution in Nairobi City, Kenya: A preliminary Analysis

Oguge, O., Nyamondo, J., Adera, N., Okolla, L., Okoth, B., Anyango, S., & Afullo, A. Centre for Advanced Studies in Environmental Law & Policy University of Nairobi

Kumie, A., (AAU), Berhane, K. (CU), Samet (CSPH), J., Atuyambe (MU), L., Rugigana, E. (UR)

Supported by NIH Fogarty International and Canada's IDRC Grnat #5R24 TW009552; 5R24 TW009548; IU01 TW010094; U2RTW010125





Background

- The existence of AQ monitoring stations in cities would enable the tracking of population exposures and assessment of health effects of AP.
- However, AQ monitoring requires significant human, technical and financial resources.
- In Kenya, reliable continuous AQ monitoring stations and the technical capacities to run such facilities is low.
- To address this gap, the Global Environmental and Occupational Health (GEOHealth) Hub for Eastern Africa is undertaking research and capacity building through funding from the NIH (USA) and IDRC (Canada).





Background

- If exposure to air pollution varies spatially, this may lead to significant inequality in related health risk.
- Since air pollution combines with other aspects of the social and physical environment, a likely scenario would be a disproportional disease burden in less affluent parts of society.
- An anecdotal study suggested that fine particulate matter ($PM_{2.5}$) in Nairobi spatially varied between 10.7 and 98.1 μ g/m³ as a mean daytime concentration.
- Comparability of that data with many others is difficult due to use of low-cost sensors with no calibration with a reference monitor.





Aims

- The main purpose of the GEOHealth project involves research, training, and capacity building in human health and air pollution risks by:
- Measuring and defining temporal and spatial variation in outdoor and indoor levels of PM_{2.5} in eight planning zones in Nairobi City County;
- Developing and validating exposure assessment models; and
- Determining the chronic effects of ambient PM_{2.5} on childhood lung function and respiratory symptoms in Nairobi.
- Here we report on how we are systematically establishing the long-term population exposure to PM_{2.5} pollution in eight planning zones of Nairobi.





Methods

- Fine particulate matter
- BAM gold standard reference monitor

Nephelometers (E-samplers) – low cost sensors

















Why the fine particulate matter (PM_{2.5})? Because of its impacts on human health

- PM_{2.5} concentration is characterized by urbanization, industrialization, burning of wastes and use of biofuels (Balakrishnan et al., 2019; Liu et al., 2019; Morelli et al., 2019).
- A recent findings in Ethiopia show a daily mean $PM_{2.5}$ concentrations of 42.4 μ g⁻³ leading to 502 deaths in 2020 (Kumie et al., 2021).





Study site: Nairobi City County



10 E-samplers in 8 planning zones

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Glob







Setup of the AQ sensors

















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Some preliminary findings

- How reliable are exposure readings from low-cost sensors?
- What we found from co-locating an esampler with the **BAM**





PM_{2.5} exposure levels in Nairobi







How PM_{2.5} measures from BAM and a the co-located E-sampler varied over time





The correlation between PM_{2.5} measures from BAM and nephelometer was low positive (r²=0.6376, p<0.001)





This association varied at different time ranges

PM2.5 Concentration (ug/m3)

















Distribution of environmental factors from the AQ monitors



WANDA

AQMD





High Positive Correlations of Environmental factors measures







Correction factor?

- $PM_{2.5}$ in BAM = 9.76 + 0.59 µg/m³ in co-located nephelometer
- The nephelometers did not measure RH which from the BAM was the most important environmental factor affecting PM_{2.5} concentrations in Nairobi (r²=-0.32, p<0.001)





Inferences

- Low cost sensors remain the most cost effective way of generating rapid spatial AQ data in Kenya.
- However, they require regular caliberation to generate reliable and comparable data.
- Although our study seasonally caliberated the nephelometers using the K-factor, the data generated will require further standardization using the following factor y= 9.762 + 0.589x in order to be comparable with the BAM measurements.





Thank you

