

Profile No. 2:

Local Kenyan health-care worker

Envisioning fewer water-borne illnesses with new borehole

Prepared by Jane Lee, HKA board member, August 2016



Nyanchori Village, Southwestern Kenya, East Africa, July 21, 2016 –

Meet **Concepta Omwenga** (shown above), outside the classroom at the St. Anatole Nyanchori Mixed Secondary School in Nyanchori Village, where a three-hour water-related community focus group took place one morning in late July 2016 (please see accompanying overall water article for greater detail).

During the community meeting, Omwenga stood and spoke, saying she serves as one of 10 community health-care workers who each cover one of 10 villages within the greater Nyankoba sub-district of Nyamira County in the tea-growing highlands of southwestern Kenya.

Omwenga said she and her fellow health-care colleagues regularly pay home visits within their assigned villages, moving from one home to another, assessing whether or not community residents there are living well and healthfully. She herself covers one nearby 500-person village.

More specifically, Omwenga, who has served as a health-care worker for the past seven years, says she monitors how residents use water drawn from local streams, springs or other sources, which may, or may not, be contaminated by, among other pollutants, animal waste from cattle, goats or other animals owned by local farmers, especially during heavy rains. (It can be quite rainy in this lush area. The region experiences two rainy seasons every year, typically from March through May, and from September through November, one county official said.)

“The problem we encounter is that, when people don’t use clean water, they get sick,” Omwenga says. “We go from home to home teaching people how to use water properly, how to boil it to avoid becoming sick. The borehole will make clean water available to people.”

One side note: Boiling water requires firewood or charcoal, either of which can be in short supply or expensive, and the resulting smoke from daily cooking fires can cause its own health effects, including eye or lung issues.

Omwenga’s hope?

“This borehole would benefit us in such a way that we won’t have to boil water anymore, she says. “The water would be clean and ready for human use and consumption. The problem we have now is that, when it rains, everything flows into the water and becomes contaminated with animal waste. The water is unclean, not good for human consumption. People get typhoid or amoebae (*amoebic illnesses, such as dysentery*). With a borehole and clean water, we won’t experience those sicknesses again. The incidence of those illnesses will decline.

“We can turn our attention to other local health-care needs,” Omwenga says.

The Nyamira County Department of Health Services’ website (www.nyamira.go.ke/index.php/world-news/tech/ict?showall=&start=3) cites some local health concerns: “The leading causes of morbidity and mortality in Nyamira County are respiratory tract infection, HIV&AIDs, perinatal conditions, (t)uberculosis, malaria, skin conditions, accidents and diarrheal diseases. There is increasing burden of Non-Communicable Diseases (NCDs), such as cardiovascular diseases, diabetes and cancers which currently account for 11-13% of disease burden.”



The community focus group in action: Omwenga (*not shown above during the community gathering*) was one of about 25 community stakeholders total – including community leaders, health-care workers and representatives from faith organizations and schools – who attended the focus group in late July 2016 to discuss community water needs and pricing related to the coming borehole for Nyanchonori Village. The borehole was drilled in March 2016 and is slated for completion before the end of this calendar year, if possible, officials say, and it is likely to be the first of several similar boreholes to come for Nyanchonori and surrounding villages in the years ahead.

“We’ll become water-independent from the springs once we have the borehole,” one speaker said during the Nyanchonori focus group – hosted by the non-profit **Hopewell-Keroka Alliance**, based in Pennington, New Jersey (NJ), USA – that morning. “The springs are not safe. They’re polluted. We **do** take water from them, because we lack otherwise. But we have to ensure the safety of lives. We must boil water. People have been sick and needed treatment. If you don’t boil water, then problems arise. The borehole will help decrease sickness.”

And obtaining water can be an arduous process.

A special water survey of area residents, conducted by HKA New Jersey in late July 2016 found that members of households, primarily women and children, can spend an average 4.6 hours each day procuring water, by bucket or other vessel, from distant springs, streams or other sources one or more times each day.

That’s time lost for other daily uses or pursuits.

During the community focus group, **Dr. Andy Jackson**, HKA New Jersey co-founder and treasurer, urged Omwenga and her fellow health-care colleagues to start collecting data on the incidence of water-borne illnesses, such as typhoid, both before and after the completion of this first joint HKA New Jersey- and Nyamira County-funded borehole.

Similar data has been tracked at the village level for years now concerning the incidence of malaria, he says, shown to have fallen precipitously following an HKA New Jersey gift of 5,000 repellent-treated bed nets in 2007.

Among other points, Dr. Jackson suggested that, for the sake of fairness and equity, the community should consider setting household limits, to start, on the amount of water drawn from the new borehole by residents each day, while continuing to use water collected from rooftop systems or nearby streams or springs for watering crops or farm animals.

During the community focus group, those community representatives attending voted overwhelmingly in favor of serving as ambassadors in reaching out to the rest of the community to promote the judicious use of borehole water and the continued expansion of clean water sources, among other items.

Founded in 2008, **HKA New Jersey** is a tax-exempt, non-profit charitable organization that works hand in hand with its sister organization **HKA Keroka**, based in Nyanchonori Village, the latter organization of which manages wide-ranging community-desired health, education and infrastructure-improvement projects on the ground in this corner of southwestern Kenya.

HKA New Jersey has raised about \$170,000 US total over the past eight years in support of these projects, including this first borehole, rooftop water-collection systems, all-weather roads, and the construction of a tea-buying center to boost local commerce. Both HKA New Jersey and HKA Keroka are all-volunteer organizations, their board members each giving freely of personal time and talent. (*For more information or to donate funds or volunteer time, please see: www.hkalliance.org.*)

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